

# Fenway Community Health's Model of Integrated, Community-Based LGBT Care, Education, and Research

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## 1 Overview and History of Fenway Community Health

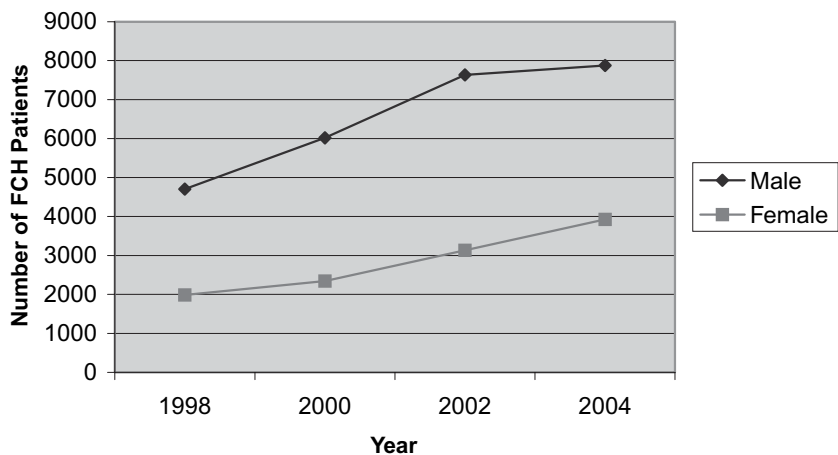
Fenway Community Health (FCH) was founded by local activists in 1971 in the Fenway area of downtown Boston, Massachusetts, as a primary care neighborhood health center serving diverse local populations. FCH quickly developed expertise in caring for lesbian, gay, bisexual, and transgender (LGBT) populations, reflecting the demographics of the staff and clients; and within a decade FCH rapidly expanded its medical and mental health services for gay men in response to the acquired immunodeficiency syndrome (AIDS) epidemic. As part of a growing recognition of the need to develop expertise and cultural competence in lesbian, bisexual, and transgender health concerns to better serve the full spectrum of the LGBT community, clinical services were expanded to include culturally sensitive programs to address substance use, parenting issues, and domestic and homophobic violence as well as specialized medical care programs for lesbians, bisexuals, and transgendered individuals.

FCH began as a grassroots neighborhood clinic. In 1975, the center recorded about 5000 patient care visits. In 2003, FCH's clinical departments recorded 61,983 visits by 11,154 individuals, including more than 1000 individuals receiving medical care for human immunodeficiency virus (HIV) infection. In 2004, a total of 11,799 individuals received services at FCH (Table 1, Fig. 28.1). The Center now has more than 170 staff responsible for clinical programs, community education, research, administration, planning, and development. Over the past few years, FCH's annual budget has exceeded \$12 million.

The specific mission of FCH has been to enhance the physical and mental health of the local general community, with an emphasis on the

**Table 1. Fenway Community Health Patient Demographics, 2004**

| Parameter              | Female | Male  | Total  |
|------------------------|--------|-------|--------|
| <b>Race/ethnicity</b>  |        |       |        |
| Black/African American | 239    | 359   | 598    |
| Hispanic/Latino        | 136    | 364   | 500    |
| Asian                  | 315    | 299   | 614    |
| White/Caucasian        | 2,615  | 5,813 | 8,428  |
| Other/unknown          | 620    | 1,039 | 1,659  |
| Total                  | 3,925  | 7,874 | 11,799 |
| <b>Age (years)</b>     |        |       |        |
| <18                    | 3      | 4     | 7      |
| 18–19                  | 72     | 52    | 124    |
| 20–29                  | 1,891  | 1,957 | 3,848  |
| 30–39                  | 965    | 2,270 | 3,235  |
| 40–49                  | 573    | 2,268 | 2,841  |
| 50–59                  | 313    | 999   | 1,312  |
| 60–69                  | 71     | 262   | 333    |
| >70                    | 35     | 62    | 97     |
| Unknown                | 2      | 0     | 2      |
| Total                  | 3,925  | 7,874 | 11,799 |

**Figure 28.1** Total number of Fenway Community Health patients per year by gender.

provision of services for LGBT individuals. The Health Center also seeks to improve the overall health of the larger community—locally, nationally, internationally—through education and training, policy and advocacy, and research and evaluation. FCH is one of only seven LGBT-specific community health centers in the United States. FCH's services include primary medical care and specialty HIV/AIDS, gynecology, gerontology, podiatry, and nutritional counseling; mental health and addiction services; complementary therapies including chiropractic, massage, and acupuncture; health promotion programs, community education programs, programs for the prevention of

domestic and homophobic violence, and parenting programs; and family planning services that include alternative insemination and same-sex marriage clinics. FCH received accreditation from the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) in the spring of 2000 and was reaccruited in 2003.

FCH has established standards for improved cultural competence about LGBT health issues for other health providers and has developed programs to educate health professionals, as well as the general community, about specific LGBT health concerns. This Health Center may provide a model of comprehensive LGBT health services that have a local, as well as a broader, public health impact. FCH has developed unique programs for community health education and promotion, community-based research, health policy advocacy, and leadership in ongoing and emerging LGBT health care coalitions. These programs have been evaluated by external monitors, including federal agencies, and have been replicated elsewhere in the United States. FCH has also developed an active professional educational program, participating in the training of medical students, residents, social workers and other mental health interns, nurses, and allied health professionals; and many staff have appointments at local professional schools.

FCH developed one of the nation's first community-based research programs. The program has been conducting prospective epidemiologic studies to delineate factors associated with HIV transmission and prevention, as well as the natural history and treatment of HIV infection since 1985. Research is both informed by, and informs, clinical services at FCH to provide high-quality LGBT health care.

## 2 Medical Care

Although FCH offers a diverse array of clinical services, and defines health care broadly, incorporating preventive services and complementary therapy, the provision of comprehensive primary, and relevant subspecialty, care is at the core of its mission. As of 2004, the Medical Department employed 12 primary care staff physicians who are boarded in Internal or Family Medicine; many are also certified in a subspecialty. The Medical Department also has a gynecologist and a family practitioner trained in pediatrics. Medical staff physicians have admitting privileges at Beth Israel Deaconess Medical Center, a Harvard-affiliated hospital; and FCH physicians hold faculty appointments at Harvard Medical School.

To augment health center-wide communications and further improve quality of care in its clinical departments, FCH began using Logician (now known as Centricity EMR), an electronic medical record system, in 1997. The electronic record system enhances the comprehensiveness and integration of care by allowing providers who share patients to easily access reports, medication lists, and diagnoses scripted by other providers (including medical, mental health, and complementary therapy providers) and to notify relevant staff of critical chart notes immediately.

## 2.1 Primary Care

The Medical Department is the largest FCH clinical department. Physicians are teamed with other primary care providers (nurse practitioners, physician's assistants, registered nurses, licensed practical nurses) and medical social workers, who deal with issues ranging from health insurance access to housing and provide triage for mental health services. Primary care providers can readily refer clients to on-site mental health and other prevention services, including stress reduction programs, nutritional counseling, and substance abuse treatment.

Every medical patient at FCH works with a primary care team. Patients may select a primary care provider at the Health Center or at a freestanding, affiliated satellite practice. Depending on the patients' preferences, their primary care provider may be a physician, physician's assistant, or nurse practitioner. Patients may also request a female provider or a Spanish-speaking provider. The medical provider serves as a team leader and coordinates all routine medical care: examinations, laboratory tests, medical imaging, diagnosis, and treatment. In addition, providers can make referrals to other professionals within FCH who can promote wellness measures, such as stress reduction, nutritional education, and substance abuse counseling or to programs to help decrease sexual risk-taking behavior. FCH has also developed specialty clinics to address unique community needs, ranging from an anal dysplasia clinic, which provides high-resolution anoscopy and specially trained staff to manage complex lesions, to premarital screening clinics for same-sex couples.

## 2.2 Urgent Care/Hospitalization

For patients who are facing a medical or mental health crisis, FCH offers 24-hour emergency coverage 7 days a week. During office hours, patients may contact a member of their physician's team directly, who then directs them to the right resources. Depending on the situation, FCH staff arranges for them to be seen at the Health Center or the Beth Israel Deaconess Medical Center emergency room.

## 2.3 Case Management

For patients with complex health problems—such as HIV infection and other chronic illnesses—FCH offers comprehensive case management services. Registered nurses and medical social workers help clients understand and access the many resources available to them. For chronically ill patients, the primary care nurse assumes the additional role of case manager, assisting and supporting patients throughout the course of their illness. The primary care nurse helps patients understand the disease process and the impact it is likely to have on their health.

In addition, medical social workers are available to help patients cope with the practical and emotional aspects of their care and help them access mental health services. A medical social worker can help patients apply for Medicare or Medicaid and access community-based

services such as financial, housing, and legal assistance programs and pastoral counseling; coordinate and facilitate communication among multiple service providers; and make referrals to various other services. To help patients deal with the profound disruptions—physical, emotional, financial—that serious illness or injury can bring, medical social workers also provide short-term, focused counseling and education to patients and their families.

#### **2.4 Pharmacy**

In 2003, FCH established its own freestanding pharmacy, and after 1 year of opening it dispenses more than 2700 prescriptions per month. The pharmacy is staffed by two pharmacists, who provide culturally sensitive patient education in addition to enhancing the “one-stop shopping” goal of FCH for facilitating comprehensive health care while minimizing barriers to care.

#### **2.5 Senior Services**

FCH has a long-standing relationship with the many seniors who live in the Fenway neighborhood. Senior patients make extensive use of the Center’s board-certified geriatricians, a staff nutritionist, a podiatrist, and medical social workers. In addition, providers may make “house calls” for homebound patients, provide blood pressure screening, flu shot clinics, and educational information.

#### **2.6 Specialty Care**

FCH has a broad spectrum of on-site specialists, including clinicians trained in infectious diseases, gynecology, psychiatry, gerontology, nutrition, and podiatry. If a required specialty is not available at FCH, medical providers refer their patients to a specialist at Beth Israel Deaconess Medical Center or through its affiliated CareGroup network.

#### **2.7 Women’s Health**

FCH offers medical and mental health care that is sensitive to the needs of women, particularly lesbians. Women’s health at Fenway addresses the whole woman—from primary care, gynecology, and mental health to complementary therapies and substance abuse treatment (Carroll et al., 1999). The Health Center provides services that include a wide range of women-specific medical issues, including breast cancer, menopause, and osteoporosis. FCH also has providers on staff who specialize in helping women who are lesbian or bisexual address mental health issues. A comprehensive chart review of mental health services to sexual minority women resulted in changes to diagnostic procedures and greater standardization for assessment and referral (Rogers et al., 2003).

FCH also holds women-only and lesbian-only workshops and support groups that encompass a range of health concerns. Knowledgeable, skilled, and compassionate, FCH’s staff has created a climate

where all women can feel comfortable seeking care regardless of sexual orientation, race, or economic status.

### **2.8 Family and Parenting Services**

In addition to having developed one of the nation's largest alternative insemination (AI) programs for nontraditional families, FCH provides support, information, and educational services to LGBT families, including educational presentations where parents can network. Support and counseling groups for lesbians and gay men considering parenting, childbirth classes for lesbians, and resources for prospective LGBT parents are also offered. Since 1983, FCH has been an international pioneer in helping lesbians and gay men claim their rights to parenthood. FCH was one of the first in the nation to offer AI services to lesbians and has assisted in more than 300 live conceptions. When the Massachusetts Supreme Judicial Court declared in May 2004 that same-sex couples had an equal right to marry, FCH responded quickly. The Health Center provided same-sex premarital screening appointments for more than 1000 patients from April 2004 to December 2004. FCH staff co-sponsored community forums to educate community members about the implications of this historic decision, and testimony was provided at statewide and national meetings about the impact of marital rights on personal and family health.

### **2.9 Transgender Health Program**

In 1998, FCH served about 50 transgender patients. By 2004, the number of transgender patients had grown to almost 200. As a result of this growth, FCH formed the Transgender Health Program (THP), whose mission is to provide excellent comprehensive care in a comfortable, safe, respectful environment. A clinical committee that is coled by medical and mental health providers who have significant experience working with transgender patients oversees the THP. The THP developed an extensive protocol for the prescription of hormone therapy, including guidelines for mental health and medical providers, visit timelines, medication recommendations, and consent forms. Additionally, the co-chairs of the committee oversee training within various departments at FCH to foster a welcoming environment for transgender patients.

### **2.10 Complementary Therapies**

Complementary therapies (also known as holistic or alternative medicine) play an integral role in patient care at FCH. The complementary therapies program at FCH was founded in 1989 in direct response to community needs, particularly those of HIV-infected patients. Currently, FCH offers massage therapy, chiropractic medicine, and acupuncture treatment to both its HIV-infected and uninfected patients seeking acute and preventive care. During 2004, there were 318 massage therapy visits, 380 chiropractic therapy visits, and 197

acupuncture therapy visits at FCH. Most of the complementary therapy clients seek assistance with managing chronic and acute musculoskeletal issues. Some of these clients are music, dance, and voice students from the nearby performing arts colleges who use FCH as their primary health care facility. Other reasons for complementary therapy visits include acupuncture for irritable bowel syndrome, anxiety, fertility treatment, and nausea related to chemotherapy after breast cancer treatment. FCH also operates a free Acupuncture Detoxification daily walk-in clinic (see Section 3.1).

Both massage and acupuncture have also been used to help HIV-infected patients with medication and disease-related symptoms, such as nausea, digestion, and neuropathy. Massage also helps promote emotional well-being in HIV patients who may lack the benefit of physical touch and validation in their everyday lives.

Complementary therapy practitioners work in conjunction with medical and mental health providers to determine how chiropractic, acupuncture, and massage can benefit patients. All providers share the same facilities, including access to electronic patient medical records, allowing ease of communication and continuity of care across disciplines.

### **2.11 HIV Testing Services Program**

One of the largest confidential test sites in Massachusetts, FCH provides HIV antibody testing, as well as pretest and posttest counseling to help patients deal with the issues that surround one's decision to test and the impact of knowing one's HIV status. Confidential testing is available for clients who want documentation of their HIV antibody test results. The HIV Testing Services Program (HTSP) was initiated in 1985 and is presently funded by the Massachusetts Department of Public Health AIDS Bureau. The HTSP has three full-time and two half-time staff and offers testing by both scheduled appointments and drop-in hours. From July 2003 to June 2004, the HTSP at FCH tested 1600 clients for HIV antibodies. Of these patients, 1200 identified as male, of which 1000 were men who have sex with other men (MSM). The remaining 600 patients described their HIV risks as heterosexual sex, injection drug use, and occupational exposure. Thirty individuals were confirmed to be HIV-infected, and more than 90% were triaged into other services at FCH.

The HTSP also offers a variety of short-term intervention groups for people newly found to be HIV-infected, those with an HIV-infected partner, and HIV-negative individuals who are at risk of infection. During 2004, approximately 200 individuals accessed these groups.

FCH was one of the first testing sites in Massachusetts to provide rapid HIV testing services to the community; this test enables us to produce results for the patient in about 20 minutes. Rapid testing began in December 2003; and since its inception the HTSP has performed more than 1000 tests. In addition, the HTSP offers hepatitis B and C testing as well as hepatitis A and B vaccinations.

### 3 Mental Health and Addiction Services

Staff psychiatrists, psychologists, and social workers offer a wide range of mental health services, including individual, group, couples, and family therapy as well as psychiatric medication evaluation and management; they also offer 24-hour beeper coverage to handle emergencies. At FCH, mental health intakes consist of a 1- to 3-hour clinical intake interview conducted by a psychologist or clinical social worker to determine the client's therapeutic program. Also, as part of HIV primary care at FCH, patients usually meet with a medical case manager. This case manager assesses mental health needs and makes referrals for mental health treatment when deemed necessary or when requested by the patient. Additionally, some individuals present for mental health treatment at FCH who receive their primary care elsewhere. Between July 2004 and December 2004, on average, the Mental Health Department had the following number of visits: 1494 for individual therapy per month, 163 for group therapy per month, and 196 for psychopharmacology per month. For a complete list of support/therapy groups offered by the Mental Health Department, see Table 2.

#### 3.1 Addiction Services

Outpatient substance abuse treatment and acupuncture detoxification are an integral component of FCH's primary health services. Clients have access to recovery groups, including an onsite 12-step Alcoholics Anonymous (AA) program, HIV risk reduction education, primary care and referral services, and a variety of community support networks. The acupuncture detoxification and relapse prevention program offers daily walk-in clinic treatment 6 days per week. Counseling is offered on-site as part of the treatment model. Clients are required to participate in a series of HIV psychoeducational groups and often receive referrals to the HIV counseling and testing program. The outpatient-counseling program is available for those in various stages of recovery as well as their families and partners. In 2003, a total of 383 individuals received services in the acupuncture detoxification program and about 20% of them were from communities of color. Crystal methamphetamine addiction currently accounts for about 25% of the detoxification clients.

#### 3.2 Crystal Methamphetamine Use Among MSM

The number of people seeking treatment for crystal methamphetamine addiction at FCH has increased over a 2-year period. From February 2003 through January 2004, FCH had 361 new patients in its substance abuse treatment program, 45 (12%) of whom reported crystal methamphetamine as their primary drug of concern. From February 2004 to December 2004, of 266 new patients 52 (20%) reported crystal methamphetamine as their primary drug of concern.



**Table 2. Current Ongoing Support/Therapy Groups Available at Fenway Community Health**

| Group                              | Description   |
|------------------------------------|---|
| <i>Mental health</i>               |   |
| Coming Out/questioning             | Short-term group (10 weeks) for men and women who are in the process of coming out or questioning their sexuality.  |
| Compulsive sexual behavior therapy | Ongoing group for gay and bisexual men to develop skills to address their out-of-control sexual behavior.   |
| Gender identity—biologic male      | Ongoing group for people who have grown up being viewed as biologically male. Issues around gender, gender expression, and sexuality are discussed. Group members may identify, dress, and express their gender in any way they wish, including changing their expression, without any expectations that members identify or dress in any particular way. |
| FTX—biologic female                | A gender queer/gender questioning group for people born into female bodies who are looking for a place to explore a broad range of gender journeys.   |
| Gay men's mood disorder            | Ongoing group for gay men who struggle with mood disorders such as major depression, anxiety, and bipolar illness. This group offers a supportive environment for members to share and cope with life issues that are affected by living with a chronic mood disorder.  |
| Gay men's intimacy                 | Ongoing group focusing on helping members develop deeper and more intimate relationships.   |
| Gay men's general issues           | Ongoing group for gay men who want to explore relationship issues, which may include intimacy, trust, and self-esteem. Men have the opportunity, through the group process, to gain insight into how to have healthier, more meaningful relationships.  |
| 60+ Support                        | Ongoing group to discuss the challenges and rewards associated with LGBT aging, including relationships, social isolation, sexuality, health and illness, loss of friends and family, and reduced income.   |
| Transgender partner                | 10-Week group for people who are partnered with someone who is exploring or has changed in some aspect of gender identity.  |
| Navigating trauma                  | 12-Week group designed to explore the impact that physical and sexual abuse, neglect, and other forms of trauma have on current lives, sense of self, and relationships with other people. The group focuses on making connections and developing strengths.  |
| LGBT considering parenting         | 8-Week support group for LGBT people both single and in a couple, to discuss issues and concerns about parenting.   |
| Partners of lesbians with cancer   | Ongoing free support group that offers a space for self-care for those who are dealing with the impact of their partner's illness.  |
| Lesbians with cancer               | Ongoing free support group for those who want to discuss the impact of this disease and its treatments on their lives.  |
| <i>HIV</i>                         |   |
| 3 Weeks HIV–                       | Reactions to testing negative, maintaining one's health and staying negative, safer sex in the real world, relationships with HIV-positive friends and partners, and handling the stresses of living in an epidemic.  |
| 3 Weeks HIV+                       | A place to talk about the first steps. A chance to talk about whom to tell, medical information, safer sex information, and community resources.  |
| Long-term survivors with HIV       | Ongoing to provide people living with HIV support around issues such as family, relationships, work, and health.  |
| Partners of people with HIV        | Ongoing support group that allows individuals with HIV-positive partners to discuss issues surrounding the virus in every aspect of their lives.  |

Table 2. *Continued*

| Group                                  | Description  |
|--|--|
| <i>Addiction services</i>              |  |
| Orientation                            | Drop-in discussion and education group focusing on differentiating between substance abuse and addiction. Explores the place that alcohol and/or other drugs occupy in one's life and supports members in setting individual goals for reduced use, moderation, or abstinence from any substance the individual determines to be problematic.  |
| Contract                               | Ongoing group for people committed to abstinence from all mood-altering substances except prescribed psychotropic medications, which are being taken as prescribed.  |
| Recovery                               | Ongoing group for LGBT men and women in recovery from substance dependence. Focus is on maintaining recovery, dealing with past trauma, childhood and family-of-origin issues, self-esteem, intimacy, and establishing social support. Participants must have at least 3 months of clean and sober time.   |
| Women's group                          | Ongoing group for women that focuses on reducing behaviors that are self-destructive and looks at current or past substance use.   |
| Crystal meth                           | Ongoing group designed for gay/bisexual men who have goals of abstinence from crystal meth. The group is process-oriented that utilizes relationships, experiences, and support from group members to address issues related to their crystal meth addiction.  |
| <i>Violence Recovery Program</i>       |  |
| Survivors of domestic violence         | Free 12-week group for LGBT survivors of domestic violence. Provides an opportunity for participants to come together to learn about the dynamics of abuse and gain support from each other. Members may still be in an abusive relationship, trying to leave the relationship, or simply want to talk about a past relationship. Location is confidential.  |
| Male survivors of adult sexual assault | Free 10-week group for adult men of all sexual orientations who have experienced a rape or sexual assault as an adult or as a child. The group provides male survivors an opportunity to discuss the impact of the sexual assault/rape on their lives and relationships. Special emphasis is placed on effective coping strategies. The group is run in collaboration with the Boston Area Rape Crisis Center.   |
| Trauma education                       | Free 12-week group for LGBT people who have experienced abuse, violence, or other trauma. Discussions focus on the effects and symptoms of trauma in general, rather than each individual's traumatic story or memories. Group members learn how trauma affects one physically and emotionally; ways to cope with symptoms related to trauma; how to find support and heal from traumatic experiences; and ways to increase personal safety and improve self-care. |

All of the new patients were MSM who frequented nightclubs and used Internet sites for soliciting sex. The rise in crystal methamphetamine use and its detrimental effects on the health of MSM prompted FCH to organize a public forum, held on March 17, 2003. As a result, a local chapter of Crystal Methamphetamine Anonymous was initiated. Initially, the group started with weekly meetings but soon increased its meetings to twice per week. FCH offers space free of charge for the group to meet.

In July 2004, FCH began a public awareness campaign regarding its services related to crystal methamphetamine. Palm cards and posters were printed and placed in community venues. Advertisements were

placed in public transportation stations near places where high concentrations of MSM live. Additionally, advertisements were placed on [www.manhunt.net](http://www.manhunt.net) (Manhunt), one of the most popular Internet sex sites used by local MSM, and web pages were developed and hyperlinked to the FCH website ([www.fenwayhealth.org](http://www.fenwayhealth.org)). The web page includes information about crystal methamphetamine, the connection between crystal methamphetamine and risky sexual behavior, personal stories of former users, and staff who oversee FCH services and area resources.

FCH currently offers two ongoing groups for people whose primary drug use problem is crystal methamphetamine. For those who have questions or concerns about their use, FCH offers a free of charge, weekly drop-in group that provides risk reduction information, referrals, short-term counseling, and support.

### **3.3 Violence Recovery Program**

The Violence Recovery Program (VRP) at FCH was founded in 1986 and provides counseling, support groups, advocacy, and referral services to LGBT victims of bias crimes, domestic violence, sexual assault, and police misconduct. In 2003 and 2004, the VRP saw 158 and 151 clients, respectively. The program also compiles statewide statistics on antigay hate crime and same-sex domestic violence; and in collaboration with the National Coalition of Anti-Violence Programs, it releases annual reports based on these statistics. In 2003, the VRP documented 81 hate crime incidents and saw 75 victims of domestic violence at FCH. VRP staff members frequently give presentations at training sessions for police, court personnel, and human service providers regarding LGBT crime survivor issues. Other services include a support group for LGBT domestic violence survivors, the region's only support group for male survivors of rape and sexual assault, advocacy with the courts and police, and assistance with victim compensation. Via its toll-free number (800-834-3242), the VRP provides assistance to crime survivors statewide and provides short-term counseling to survivors and their families and referrals to longer-term counseling through FCH's Mental Health Department.

### **3.4 Peer Listening Line/Gay, Lesbian, Bisexual, and Transgender Helpline**

FCH maintains the largest LGBT help and crisis intervention telephone hotlines in New England. The Peer Listening Line (toll-free: 800-399-PEER) is staffed by volunteers age 25 and under who provide anonymous psychosocial, health, and informational support to LGBT youths aged 13 to 25. The Gay, Lesbian, Bisexual, Transgender Helpline (toll-free: 888-340-4528) volunteers provide these services to all callers, regardless of age. Both lines are operated seven nights per week by a staff of about 90 volunteers. In 2004, the Helpline received almost 4000 calls, 40% of which were for general support; more than 22% were regarding coming-out issues. Altogether, 65% of Helpline calls came from outside Massachusetts. The Peer Listening Line received more

than 1000 calls, 45% of which were for general support, and more than 31% were regarding coming-out issues. Almost 80% of these calls came from outside Massachusetts.

## 4 Wellness Programs and Community Education

Over the years, FCH has developed a program of community education and health promotion. A variety of programs and services are in place to provide accurate, up-to-date information on health and wellness topics important to the LGBT community and to build skills needed to maintain and/or improve one's health. These programs and services were developed to complement the clinical care of current patients and to assist with connecting more difficult to reach populations (e.g., communities of color and non-gay-identified MSM) in need of the clinical services to FCH.

Today, as the largest provider of HIV and AIDS care in New England, FCH prevention programs focus on both helping HIV-negative individuals stay healthy and dealing with the emotional impact that HIV has on self, family, friends, and community. Other programs assist HIV-positive clients, their loved ones, and caregivers to deal with the medical, emotional, social, financial, and legal aspects of HIV and AIDS.

### 4.1 Living Well

Living Well is a series of seven health education programs held throughout the year that seek to create a stronger gay and bisexual male community by providing men with a comfortable, friendly, supportive space to discuss and explore some of the most challenging personal and social issues in the age of HIV/AIDS. Living Well sponsors workshops, forums, and lectures on topics such as sexually transmitted diseases, substance abuse, stress management, and body image. Most programs are directed toward men regardless of their HIV status, but some are directed specifically toward HIV-infected or uninfected men. Attendance ranges from 10 to 100 people per session depending on the format and topic.

### 4.2 Boundless

Boundless is a series of four health education events held throughout the year promoting holistically healthy lesbian, bisexual women, and transgender communities. Boundless sponsors workshops, forums, and lectures on topics such as adjustments to midlife, bisexuality, alternative insemination, and sexual communication. Attendance ranges from 10 to 50 people per session depending on the format and topic.

### 4.3 HotMale

HotMale is an Internet-based outreach program that provides information, referrals, and psychosocial support to men through chat sites where men seek other men for sex or dating. HotMale allows FCH staff to reach isolated men who may not frequent other outreach venues

such as nightclubs and bars. In 2003, HotMale staff contributed 587 hours conducting online outreach and served 635 individuals.

#### 4.4 Color Me Healthy

Color Me Healthy is a prevention and education program for Latino and African American gay, bisexual, and transgender people. Brothaz Orchestrating Safer Sex (BOSS), part of the Color Me Healthy program, offers 4-week and 6-week groups geared toward promoting healthier life-styles within this community. In collaboration with the HotMale program, FCH held several "Safety Net" parties at BOSS group member's homes. "Safety Net" party hosts volunteer to invite friends to participate in a conversation about safer sex over a meal that the BOSS staff provide. Another program of Color Me Healthy is called the "Down Low." This program holds a series of group meetings for HIV-positive men of color, designed to help keep this community healthy and strong.

#### 4.5 Safer Sex Education Team

The Safer Sex Education Team (SSET) consists of a variety of health promotion programs. The largest program, the Virus and Infection Protection (VIP) Crew consists of a volunteer team of men, women, and transgender people of diverse sexual, racial, and ethnic backgrounds. The VIP Crew conducts outreach about safer sex in Boston area bars, nightclubs, and local hangouts primarily serving the LGBT community. The volunteer team reaches more than 4000 people at risk for HIV per year, and they distribute more than 10,000 condom packets annually to those at risk for HIV and other sexually transmitted infections. The SSET's trained staff members also offer individual risk reduction sessions for those most at risk. Additionally, a group tailored to bisexual and bi-curious men is held monthly at Fenway, serving about 30 men per quarter year.

## 5 Research and Evaluation Programs

FCH initiated one of the nation's first community-based AIDS research programs in 1983 and received its first state and federal funding in 1984. The first AIDS diagnosis among Fenway patients was made in 1981, and prospective epidemiologic studies soon followed (Groopman et al., 1985). The first estimates of HIV prevalence and incidence in New England were derived from Fenway studies (Mayer et al., 1986). For a complete list of FCH research studies, study sponsors, and collaborators, see Table 3.

FCH has been a site for more than 200 research studies since 1984, when the initial longitudinal cohorts of HIV-infected MSM were enrolled (Groopman et al., 1985; Mayer et al., 1986). Since then, FCH has successfully participated in more than 40 clinical trials of anti-HIV therapeutics (Ruff, 1991), enrolling several hundred participants from the medical clinic. FCH has also been a leader in testing biologic

Table 3. Contracts in Fenway Community Health's Research and Evaluation Department and The Fenway Institute, 2004–2005

| Contract  | Sponsors  | Collaborators  |
|---|---|--|
| <i>Research and Evaluation Department</i>                                 |   |  |
| HIV Prevention Trials Network   | NIAID   | The Miriam Hospital (Providence, RI); YRG CARE (Chennai, India)  |
| HIV Vaccine Trial Network   | NIAID   | Harvard Medical School and Brigham and Women's Hospital (Boston, MA); The Miriam Hospital (Providence, RI)   |
| Center for AIDS Research (CFAR)   | NIAID   | Harvard Medical School Division of AIDS (Boston, MA)   |
| CFAR Network of Integrated Clinical Systems                               | NIAID   | University of California—San Francisco (San Francisco, CA)   |
| Acute HIV Infection and Early Disease Research Program                    | NIAID   | Massachusetts General Hospital (Boston, MA)  |
| Understanding and Improving Adherence in HIV Disease                      | NIMH  | New England Medical Center (Boston, MA)  |
| Cognitive Behavioral Therapy for Depression and HIV Medication Adherence  | NIAID   |  |
| HIV Primary Prevention for Persons with HIV                               | NIAID   | University of Minnesota (Minneapolis, MN)  |
| Enhancing HIV Prevention Among High-Risk HIV Infected Men in Primary Care | NIMH  |  |
| Client-Level Data Project   | HRSA  |  |
| The Phoenix Project: A Contextual Model of Microbicide Acceptability      | NIMH  | Centers for Behavioral and Preventative Medicine/The Miriam Hospital (Providence, RI); Sociomedical Research Associates (Westport, CT, New York, NY) |
| STD surveillance projects   | Massachusetts Department of Public Health and CDC                                 |  |
| Topical Microbicide Acceptability Study                                   | NICHD   | Columbia University (New York, NY)   |
| Safer Sex Education Team  | Massachusetts Department of Public Health   |  |
| Peer-to-Peer Project  | HRSA  |  |
| Nonoccupational post-exposure prophylaxis studies                         | Gilead Sciences   |  |
| Clinical trials   | Examples: Merck, GlaxoSmithKline, Boehringer Ingelheim, Saliva Diagnostic Systems |  |

Table 3. *Continued*

| Contract  | Sponsors                   | Collaborators  |
|---|----------------------------|--|
| <i>The Fenway Institute</i>   |                            |  |
| LGBT Smoking Cessation Project  | American Legacy Foundation | The LGBT Center (Los Angeles, CA); Howard Brown Health Center (Chicago, IL)  |
| Patient Retention Project<br>Positive Connections:<br>Health System<br>Navigation Project | HRSA<br>HRSA               | Multicultural AIDS Coalition, Living and Recovery Community at Victory Programs, and SPAN, Inc (Boston, MA)  |
| Social Networks<br>Demonstration Project  | CDC                        | Multicultural AIDS Coalition (Boston, MA)  |
| Ecstasy and Other Club<br>Drug Prevention   | SAMHSA                     | Bureau of Substance Abuse Services, Massachusetts Department of Public Health, Boston Public Health Commission, and AIDS Action Committee (Boston, MA) |
| Community Promise Plus  | CDC                        | AIDS Action Committee  |

NIAID, National Institute of Allergies and Infectious Diseases, National Institutes of Health; NIMH, National Institute of Mental Health, National Institutes of Health; HRSA, Health Resources and Services Administration; CDC, Centers for Disease Control and Prevention; NICHD, National Institute of Child Health and Human Development, National Institutes of Health; SAMHSA, Substance Abuse and Mental Health Services Administration.

interventions to prevent HIV transmission, having been the first site in New England to test therapeutic and preventive HIV vaccines (DeMaria et al., 2000; Belshe et al., 2001). FCH studies were among the first to determine the relative efficiency of HIV transmission between MSM (DeGruttola et al., 1989) and to describe the effects of HIV disease progression and antiretroviral therapy on HIV in genital secretions (Anderson et al., 1992; Mayer et al., 1999). FCH behavioral research studies have focused on the interactions of substance use and risk taking (Seage, 1992, 1998) and sexual risk among younger MSM (Seage, 1997) and bisexual men (Wold, 1998). FCH collaborations have assessed community interest in HIV vaccines and risk factors for HIV seroconversion among MSM (Gross, 1996; Seage, 2001) as well as attitudes about other modes of HIV prevention (e.g., oral chemoprophylaxis) (Gross, 2000).

Recent FCH studies of sexually transmitted disease (STD) incidence, risk-taking behavior among Massachusetts MSM, and utilization of nonoccupational postexposure prophylaxis for HIV have been supported by the Centers for Disease Control and Prevention (CDC) (Mayer, 2002). FCH is the first National Institutes of Health (NIH)-funded site to look at the acceptability of rectal microbicides among high-risk men and women, in collaboration with researchers from Columbia University. FCH is a lead site for the National Institute of Allergies and Infectious Diseases (NIAID)-funded HIV Prevention Trials Network (HPTN), coordinating multiple HIV prevention studies at sites in Boston, Providence, and Chennai, India (Mayer et al., 2001, 2003; Chesney et al., 2003; Koblin et al., 2003; Chin-Hong et al., 2004; EXPLORE Study Team, 2004; Mimiaga et al., 2004b). Qualitative and

quantitative studies of MSM are in development and in progress with collaborators in Chennai, India (Safren et al., 2004a,b,c, 2005; Kumarasamy et al., 2005).

FCH researchers have analyzed medical record information to examine the mental health concerns of lesbian and bisexual women (Rogers et al., 2003), gay and bisexual men (Mimiaga et al., 2002; Berg et al., in press), and HIV-infected gay and bisexual men (Berg et al., 2004; Mimiaga et al., 2004a) as well as to examine nonadherence to medical appointments in relation to increased plasma HIV RNA and decreased CD4 cell counts (Berg et al., 2005; Safren et al., 2005).

Along with its increased expertise in studying the health care concerns of MSM, FCH has increased the range of lesbian research studies and developed a formalized structure and agenda for lesbian health research that is commensurate with the expansion of clinical programs for women and reflecting the community's interest and support. Studies have ranged from the assessment of lesbians' access to care (Bradford and Norman, 2003) to a study of STDs among lesbians to the evaluation of techniques for alternative insemination (Carroll et al., 1997; Carroll & Palmer, 2001).

The Research and Evaluation Department employs more than 40 staff, including research physicians, nurses, psychologists, epidemiologists, data analysts, survey methodologists, and clinical research associates.

FCH has a freestanding institutional review board as well as a community advisory board that help the research staff evaluate the responsiveness of the current research agenda to community needs and expectations.

## 6 The Fenway Institute

As Healthy People 2010 documents were prepared at the end of the 1990s, community advocates and prominent national advocacy organizations argued successfully for inclusion of "persons defined by sexual orientation" as a population experiencing health disparities (Dean et al., 2000; Gay and Lesbian Medical Association, 2001). Additionally, various limitations of the current knowledge about LGBT populations has raised serious concerns. Among them are that data on LGBT persons of different race and ethnicity are insufficient, that few studies focus on transgender individuals, and that research studies are inconsistent in their definition and measures of sexual orientation and gender identity (Sell, 1997; Boehmer, 2002). Based on these concerns, The Fenway Institute (TFI) was established in 2000 to build on FCH's 30 years of innovative LGBT clinical initiatives and its research, education, and advocacy activities to (1) disseminate culturally sensitive best practices; (2) educate the LGBT community, healthcare providers, and public health officials; and (3) create a "think tank" to incubate new ideas to promote LGBT health. TFI has been dedicated to creating a national, interdisciplinary center of excellence to ensure the best healthcare standards for the diverse LGBT community. This is achieved through the development of research to understand better the health

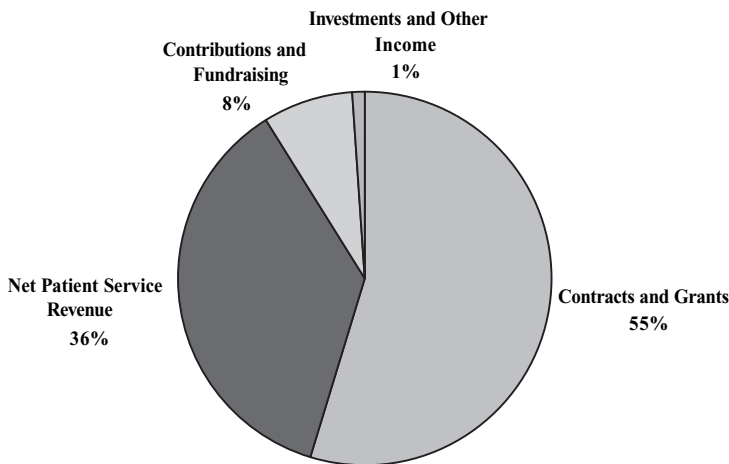


needs of the community, with the creation of programs and policies based on this knowledge. TFI formulates sociologic and epidemiologic questions and collaborates with expert researchers to uncover the answers; it uses the information gathered to develop policies and advocates for their adoption at the local, state, and national levels; it shares the information with others such as medical and mental health providers, government agencies, and community-based leaders (Bradford and Mayer, 2003); and it creates programming models to put the information into practice—and then assists in replicating it through other community-based organizations.

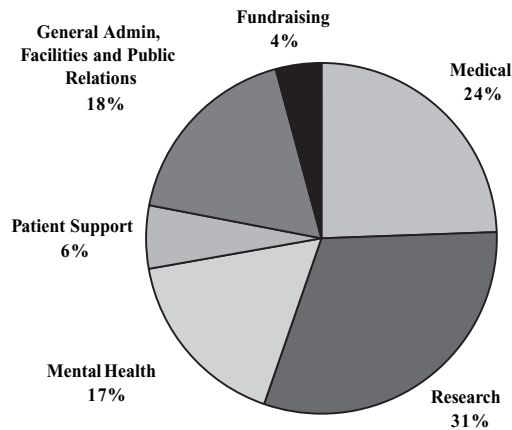
Development of TFI has provided a foundation from which to expand the scope and diversity of FCH research and evaluation studies and to translate results into education and practice. A core strength of TFI is the focus on development of a population research program using the most rigorous methods available to develop generalizable data about LGBT health and to evaluate the effectiveness of interventions. Since the initiation of TFI in 2000, we have been able to attract new researchers to work with us, further broadening our expertise in population-based research.

## 7 Program Support and Sustainability

FCH started as a free clinic, supported partially through donations by clients and partially through subsidies from the city of Boston. Over the past three decades FCH has become a sophisticated multidisciplinary center that is supported through a variety of sources, including patients' private insurance as well as Medicare and Medicaid for the payment of medical and mental health services (see Figures 28.2 and 28.3 for FCH's revenue and expenses for fiscal year 2004). In 2002, FCH was designated a part of the Community Health Center Program, a



**Figure 28.2** Fenway Community Health FY04 revenue.



**Figure 28.3** Fenway Community Health FY04 expenses.

program funded under Section 330 of the Public Health Service Act to provide for primary and preventive health care services in medically underserved areas. Other government-sponsored programs are available for individuals who qualify for specific programs so no individual is turned away because of the inability to pay.

The health education, service evaluation, and research components of the Health Center are usually funded by federal grants, including grants from the CDC, the Health Resources and Services Administration, the NIH, and the Substance Abuse and Mental Health Services Administration, and by the Massachusetts Department of Public Health. However, there is a substantial shortfall in funding for FCH's wide array of programs, and the Health Center continues to solicit independent donors, corporations, and foundations and to conduct fund-raising activities. Presently FCH benefits from three annual community fundraising events—the Men's Event, the Women's Dinner Party, and the Harbor to the Bay Ride, which had about 1400, 1200, and 100 attendees in 2004, respectively. In addition, FCH has close to 2000 individual donors per year.

## 8 Next Steps

FCH has evolved over the past three decades from a community health center to a model demonstrating how community-based LGBT services can be integrated with other innovative and culturally specific programs. The infrastructure that evolved to respond to the complex biopsychosocial challenges of AIDS helped to jump-start the development of a large number of activities that addressed the other health concerns of the LGBT community. Although other communities may not choose to replicate or be able to provide all of the programs that are available at FCH, we hope this chapter encourages local discussions that facilitate the development of comparable programs in other set-

tings. The premise of FCH is not that LGBT individuals cannot receive competent care from heterosexual health care providers or in settings where LGBT patients are not a primary focus. Rather, FCH's unique, culturally specific programs can serve as models of care for LGBT individuals in other settings throughout the country. The goal is for LGBT individuals, wherever they are, to receive the most culturally competent and clinically proficient services possible.

In the future, FCH will continue to disseminate information learned during the establishment of its unique programs and to train health care providers and administrators in other settings to establish programs similar to those that FCH has proven successful in addressing the specific health care needs of LGBT individuals.

*Acknowledgments:* We acknowledge the hard work of dedicated staff, board members, and volunteers of Fenway Community Health, particularly those who gave their talents, time, and energy during the early years. We also acknowledge and thank all of the following FCH staff who have contributed and shared their expertise to help develop this chapter: Jon Appelbaum, Beth Belinky-Cohen, Gail Beverley, Steve Boswell, Frank Busconi, Phyllis Dixon, Nan Dumas, Eleni Eliades, Jerry Fensterman, Phillip Finch, Niamh Foley, Chris Grasso, Will Halpin, Henia Handler, Susan Johnson, Randi Kaufman, Hugo Lopez, Aaron Miller, Emily Pitt, Steven Safren, Peter Stein, Chris Viveiros, Lisa Whittemore, and Ian Wilson.

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