



Optometrists and ophthalmologists including Dr. Jane Gardiner, Pediatric Ophthalmologist (top left) see patients at the DEEC

Dr. David Maberley, founding ophthalmologist with the DEEC

## Eye clinic provides life changing care in the Downtown East Side

When an anonymous donor helped the BC Centre for Excellence in HIV/AIDS (BC-CfE) establish a space for marginalized populations in the Downtown Eastside to provide healthcare, the BC-CfE worked with Dr. David Maberley, a highly credentialed ophthalmologist, to include an eye clinic. The Downtown Eastside Eye Clinic (DEEC), located at 623 Powell Street (accessible through the alley of the main building), has since – on an almost daily basis – seen patients who haven't had their eyes checked in years, if ever.

Dr. Maberley worked closely with the BC-CfE in planning and developing the eye clinic space, whom he cites as being excellent leaders in helping to provide services to marginalized populations. "We are grateful to the BC-CfE for allowing us to be here and we hope they want to work with us for many years to come," he says.

Dr. Maberley has been providing outreach for most of his career, including at the former location of the DEEC at the Vancouver Native Health Society, VNHS (established in 2000). By offering eye care in an accessible setting, a basic health care service can result in life changing diagnoses and treatment for individuals who may be homeless, under housed or face other challenges.

Tamara Loyer first heard about the clinic while she was living in supportive housing. She visited as a form of preventative care and found it to be "in no way intimidating" with very little wait time.

At the time, it was discovered Loyer had a painless tear on her retina that was later corrected through laser eye surgery at St. Paul's Hospital. She was referred to the hospital's retina clinic on an urgent basis. "The referral [the DEEC staff] gave to St. Paul's Eye Clinic, which they arranged, was applauded," says Loyer. "The treating physician commended the DEEC on catching a few issues that could have – and would have – become serious."

As part of her assessment, Loyer had optic nerve scan and visual field testing done onsite, and was also given a prescription for eyeglasses, which she received within 24 hours at a nearby optical store. "I know of so many people who don't get glasses because of the difficulty, cost and wait time to get a simple prescription," says Loyer.

Loyer's positive experience in accessing full-circle treatment solutions is exactly what Dr. Maberley envisioned when he helped set up the DEEC, with the support from the BC-CfE. At the original clinic at the VNHS, he sometimes saw patients in doorways and did vision testing in the hallway.

Entering the new building via a grey door in the back alley, a visitor walks past the Vancouver Coastal Health Connections Clinic, turns right and down the hall to the eye clinic. The spacious DEEC waiting room has a children's play area and framed photos of street shots taken by Dr. Maberley in the surrounding neighbourhood. Clients are welcome anytime. Bookings are kept to a minimum, ensuring the clinic staff and ophthalmologists can take the time to understand their patients' needs.

Since moving to the new space, the clinic has grown from one to three rooms and acquired state-of-the-art equipment (with the hope of adding equipment for refractive laser eye surgery). Patient volume has increased three to four times, says Dr. Maberley.

"This is a fabulous space. Clients can get assessed, have their eyes imaged, get directed to the right subspecialist, and then they get the proper care with almost no barriers," says Dr. Maberley.

The move has also attracted more volunteers. Currently around a dozen ophthalmologists and optometrists donate their time and funds coming to the clinic through the BC Medical Services Plan. This includes specialists for glaucoma, cornea, and retina; a pediatric ophthalmologist; and even a doctor who flies in monthly from Smithers, B.C., to help out.

Dr. Maberley himself has a long history of health outreach, first in northern Canadian communities and then later in inner-city neighbourhoods in New York City. At Queen's University, he completed a Master's of Science in Community Health and Epidemiology after medical school at the University of British Columbia. When he was still in high school, he followed his father, also an ophthalmologist, on a trip abroad with Orbis International's Flying Eye Hospital.

"My dad volunteered to assist those with vision loss in the developing world, and I always felt there was also a local need. While we see ourselves as being pretty well off here in Canada, we do have gaps – there is no question," he says.

» "As people with HIV are living longer they may encounter gaps in care specific to their overall health needs. Until a cure for HIV is found, there is an urgent need for new research on policy and holistic health program interventions to help this population age in as healthy a manner as possible."

– Dr. Viviane Dias Lima, Senior Statistician, BC-CfE



## Schizophrenia is six times more frequent in people with HIV

Researchers from the BC-CfE have found schizophrenia is six times more frequent in people with HIV than in those without the disease.

Research coordinator Kalysha Closson, MSc and the BC-CfE staff who work with her, conducted the study because previous research highlighted schizophrenia and HIV are both life-shortening diseases. Few studies, however, have examined the combined effect of having both conditions on mortality outcomes and what factors drive early and excess mortality among patients living with HIV and with schizophrenia in Canada - where HIV treatment is available at no cost.

The retrospective study covered more than half a million randomly selected residents of British Columbia between 1998 and 2013. They found that people living with both HIV and schizophrenia had the highest mortality rates compared to people living with HIV

without schizophrenia, as well as people living with schizophrenia without HIV.

“Our findings suggest, in order to reduce the excess burden of mortality among individuals with schizophrenia, that efforts should be targeted towards individuals of Indigenous ancestry, who have a history of substance use and are not adequately linked to HIV as well as psychiatric care,” says Closson.

Three-quarters of the patients with both HIV and schizophrenia were male. There were high rates of substance use disorders among people living with schizophrenia, which were disproportionately high among those with HIV. They also found that excess mortality among those living with both schizophrenia and HIV was higher among individuals with Indigenous ancestry and those with a substance use disorder.

## SPOTLIGHT

## BC-CfE and Positive Living BC: An enduring partnership for HIV/AIDS progress



As you step into Positive Living BC’s (PLBC) new Vancouver location at the corner of Seymour and Helmcken, you are met with a genuine feeling that you belong here.

If you find yourself in the members lounge on the 4th floor of PLBC’s sunny new headquarters, you will meet the people who spent time on the frontlines in the response to the HIV/AIDS crisis of the 80’s and 90’s. Positive Living BC has been their home away from home, a safe haven and a hub for HIV/AIDS activism.

“Positive Living BC has a long-standing history of providing support, care and compassion for people diagnosed with HIV through its peer navigation system,” says Director of Fund Development, Jason Hjalmarson. “The motto here has always been - and continues to be - nothing about us without us. Our board has always been 100% comprised of people living with HIV.”

Increasing support over the years from the medical community, research centres, clinicians and academics has made Positive Living BC the first stop for people who have received an HIV diagnosis. The organization connects people with resources and healthcare services, including a new dental clinic offering care on-site.

“It may come as a surprise for those who realize most people living with HIV in British Columbia have a very low risk of transmitting HIV due to effective treatment,” says Hjalmarson. “But people with HIV are still dealing with stigma when it comes to accessing dental care and massage therapy, for example, so offering those services here at Positive Living is absolutely critical.”

In addition to offering healthcare services, the organization continues to cultivate long-standing, collaborative relationships with clinical and research partners such as the BC-CfE. Elgin Lim, Director of Programs and Services, points to the education programs and webinars the organizations host together and larger projects that allowed them to highlight BC’s very world-leading **Treatment as Prevention**® strategy.

“The BC-CfE and Positive Living BC went to Queensland Australia together – and it was fabulous. We showcased how community support and clinical care need not be separated and these partnerships can be fruitful,” says Lim.

Lim says the support of partners such BC-CfE highlights the options for care that are available to individuals, especially with the peer navigation system. Peer navigators provide mutual support including the support of another individual who may have lived through the same experience and dealing with similar challenges. Lim says the support allows people who are newly-diagnosed with HIV to feel connected and understood and less alone or isolated.

He also points to the larger public health benefits to connecting people diagnosed with HIV to Positive Living BC and the peer navigator program at the heart of the organization.

“We often serve people who may not consider HIV treatment as their most pressing need. They may be dealing with issues around precarious housing or mental health,” says Lim. “In that case, we can support them in accessing anti-retroviral treatment and ensuring they feel supported in taking their treatment.”

Improved and effective anti-retroviral therapy means fewer side effects, a near-normal life span and a dramatic difference in the fear and uncertainty that has historically accompanied an HIV diagnosis. However, Lim says there is still stigma in certain segments of the population on “perceived stigma” among those diagnosed with HIV.

“Diagnoses are not as dire but there is still stigma around intimacy, dating and sex and there are obstacles to moving on with the life you knew prior to an HIV diagnosis,” says Lim. “But peer navigators can be stabilizing force, fulfilling a need for communities that are struggling with chaotic lives, issues around addictions and mental health for whom this added diagnosis can be overwhelming.”

BC-CfE’s Dr. Mark Hull recognized with AccolAIDS Award



On April 22nd, the BC-CfE’s Dr. Mark Hull was recognized with the AccolAIDS Award for Science/Research/Technology for his critical research helping improve lives of those with HIV. Since 2002, AccolAIDS awards have honoured the extraordinary achievements of heroes of the HIV/AIDS movement in BC. AccolAIDS is organized by Positive Living BC, western Canada’s largest charity serving people living with HIV/AIDS.

The BC-CfE is delighted to congratulate Dr. Hull for this well-deserved honour.

## LECTURES & EVENTS

### Spring HIV/Antiretroviral Update

Monday May 7, 2018 , 8:30AM–4:30PM

Sheraton Wall Centre Hotel, Grand Ballroom-North Tower

Registration and a live stream for those unable to attend: <http://bit.ly/Spring2018ARV>

### HIV Care Rounds

**Migration-Related Determinants of HIV and Sexual Health among Marginalized Women**

Speaker: Dr. Shira Goldenberg

Wednesday, May 16, 2018, 12–1PM

Conference Room 6, Providence Level 1, St. Paul’s Hospital

### Forefront Lecture

TBA

Speaker: Dr. Argentina Servin

Friday, June 8, 2018, 12–1PM

Large Lecture Theatre, Providence Level 1, St. Paul’s Hospital

For more information, contact us at [Education@cfenet.ubc.ca](mailto:Education@cfenet.ubc.ca) or visit our website at [www.education.cfenet.ubc.ca](http://www.education.cfenet.ubc.ca)

## BC Centre for Excellence in HIV/AIDS

- > Improve the health of British Columbians with HIV through comprehensive research and treatment programs;
- > Develop cost-effective research and therapeutic protocols;
- > Provide educational support programs to health-care professionals;
- > Monitor the impact of HIV/AIDS on B.C. and conduct analyses of the effectiveness of HIV-related programs.

Physician Drug Hotline  
1.800.665.7677

St. Paul’s Hospital Pharmacy Hotline  
1.888.511.6222

Website  
[www.cfenet.ubc.ca](http://www.cfenet.ubc.ca)

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