Implementing ePROMISE to Improve the HIV Treatment and Prevention Continuum of Care in Young MSM

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COLLABORATIONS

● CIRA:
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● COMMUNITY PARTNERS:
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  - AIDS Project New Haven (Chris Cole)
  - Connecticut Children’s Medical Center/UConn Health Center (Danielle Warren-Dias)
PURPOSE

● **AIM 1**: Using the ADAPT-ITT strategy for intervention adaptation, to create ePROMISE by integrating one HIV prevention (Community PROMISE) and one HIV treatment (Peer Navigation) EBI to a social media platform that can be delivered to high risk YMSM.

● **AIM 2**: Using a multi-level implementation science framework and prospective step-wedge, randomized control design, deploy the adapted e-PROMISE intervention for 1,200 YMSM in 3 mid-size Connecticut cities to: a) increase HIV testing; and b) facilitate linkage to and further engagement in primary (PrEP) and secondary (ART) biomedical HIV prevention and treatment.
METHODS

● Adaptation process
  - Qualitative interviews with providers and YMSM stakeholders to address issues related to HIV testing and linkage to PrEP (for HIV-s) and TasP (for HIV+s)
  - Peer Distributors will disseminate information with SMS and data source links, including to a secret Facebook group

● Peer Navigator and Peer Distributor Activities
  - Peer navigator will be a health educator/case manager who will oversee YMSM, who will receive training as Peer Distributors

● Step-Wedge, Prospective RCT
  - Community Identification Process for each community
  - Recruitment of YMSM social networks by Peer Distributor
  - Creation of a virtual network / cohort
  - Peer Navigator assists with linkage procedures once tested
Peer distributor

Peer

Information dissemination AND follow-up by Peer distributor

Viral information distributed by Peer
PROGRESS TO DATE

- Establishment of community partners and related activities
- Human subjects/ethics consultation regarding virtual networks, webpages and data management
- Establishment of activities
- R01 submitted with “decent” score, but not funded
- Meetings with community partners (May/June) to review critique and help revise application
- Re-submission planned for September 2016
BUILDING COLLABORATIONS

- New England Implementation Network involved from beginning in bringing partners together and assembling application

- Multiple “group” meetings involved in the planning process and understanding the community stakeholders and their priority interests
  - Interest and experience with EBIs
  - Interest and experience with “new media”
  - Long-term involvement in the community
LESSONS FOR THE NETWORK

● SYNERGIES

- Growing interest in biomedical prevention (PrEP & TasP)
- Growing interest in “new social media”
- Agencies brought different and diverse skills to the process

● RESOLUTIONS

- Young MSM was not universally the primary target population but emerged as a focus after reviewing state and national data
- Deciding on an EBI and recognizing that none of them are optimized for biomedical prevention
NEXT STEPS & GROWTH POTENTIAL

● Resubmission of R01: September 2016

● Making onsite meetings with community partners to better understand their organization and seeing “real world” interests and experiences

● Meeting one-on-one with community partners to better understand their previous experiences and concerns with EBIs and mHealth

● Addressing human subjects concerns about secondary incentives