New England HIV Implementation Science Network

Common Interests/Questions/Discussion Points across the Network Work Groups
Identified In the First and Second Web Meeting Summaries (December 2014 – January 2015)

Themes	Hard to Reach/High Risk Populations	Technology and Social Media	Mapping	Modeling and Cost Analysis
Key population: men who have sex with men (MSM)	MSM subgroups: - MSM who meet sex partners online and are not identified regionally - Young MSM who use a variety of social media platforms, e.g., Twitter, Facebook, Instagram - MSM who use substance (alcohol and drug) - MSM who attend private sex parties Research ideas: - Evaluate effectiveness of HIV online information and how it impacts risk behaviors among MSM of color - Collaborate with MSM social network websites/apps such as Jack'd that has 19.6k followers on Twitter to gather data and recruit - Investigate technology gap between African Americans and Whites in general and MSM populations - Recruit MSM of color from social network websites for input on 1) what they are seeking from these websites, 2) ideas for HIV prevention strategies	- Engage older MSM (40+) living with HIV who use social network sites such as Grindr - Develop an app for GLBT of color that addresses primary prevention, secondary prevention and living with HIV - Develop a partnership seeking app or website for men who are looking for safe sex with a link to another health-related app - How can we encourage MSM through social networking to be more honest to their prospective sexual partners without putting others in danger or necessarily invading their privacy? - Use social media/chats to support closeted young gay men, or men who don't identify as gay or bi but have sex with men - Use technology to support and enhance safety for male street workers identified through drop-in and outreach programs	- Conduct mapping of studies (both successful and not successful) implemented in the New England areas that focus on high risk minority MSM	

New England HIV Implementation Science Network

Themes	Hard to Reach/High Risk Populations	Technology and Social Media	Mapping	Modeling and Cost Analysis
	- Utilize peer approach to improve HIV education and testing and specifically HIV-positive peers to engage MSM of color in care - Explore the mobility of MSM and other high risk groups in the New England areas and how it relates to HIV transmission dynamics and potential outreach and intervention designs			
Key population: high risk individuals who do not use social media or technology	Key groups: - Women who do not know the status of their partner(s) and/or do not use social media - Homeless populations - High school dropouts Research ideas: - Identify the differences in HIV/AIDS risk factors and sexual behaviors between individuals who use social media and the ones who do not	- Develop an intervention for individuals who are not using social media and technology to empower, educate or furnish them the technology - Identify ways to interface with the other Work Groups, such as linking with hard to reach populations (e.g. MSM) in order to engage this population that may not have access/education around technology		
Key population: individuals with substance use problems	Key groups: - Individuals in substance abuse treatment and/or those who are seeking treatment	- Focus on developing technology (e.g. apps, software) to improve coordination of care among providers, for example, connecting HIV clinic providers with drug treatment centers		- Use modeling tools to evaluate overdose surveillance data and potential strategic utilization of Naloxone - Investigate how overdose instances contribute to mortality/morbidity of people living HIV

New England HIV Implementation Science Network

Themes	Hard to Reach/High Risk Populations	Technology and Social Media	Mapping	Modeling and Cost Analysis

Using data from state health departments	- Identify datasets regularly collected by state health departments, for example:
	  1) RI: Disease Intervention Specialists (DIS)/partner services data, syphilis awareness campaign data (e.g., number of clicks to DPH website following a campaign), HIV testing
	  2) CT (will need to confirm with DPH): Disease Intervention Specialists (DIS)/partner services data, HIV statistics/epidemiology data
		- Develop apps for Disease Intervention Specialists, partner referral potentially to enhance efficacy/reach of DIS workers	- Review epidemiology and surveillance data prepared by state health departments in New England for trends
			- CT DPH has done mapping projects such as matching with the social determinants of health and they will do this again shortly
			- CT DPH will also do viral load mapping based on current address information
			- Explore possibilities to gain access to CT DPH mapping projects data if Mapping Work Group could conduct analyses that able to do that DPH may not be able to do
				- Consider the modeling project "Using a validated computer simulation to assess HIV prevention efforts in Connecticut" completed by Scott Braithwaite with the CT DPH and look to expand components beyond CT into MA and RI
				- Utilize modeling to compare/evaluate the treatment cascade across the region (contingent on each state's data capacity)

Identifying existing data	- Use existing research or programmatic datasets to gather formative and descriptive data
	- Identify datasets that are of interest:
	  1) Regional epidemiology data to support a collaborative funding application
	  2) A historical overview of past interventions funded by DPH (list and outcomes)
	  3) A compendium of Evidence-Based Interventions (EBIs) that that have been
		- Identify a list of funded technology and social media-related interventions in the New England region	- Conduct a literature review on existing geo-spatial analyses across the region and their outcomes
			- Develop a list of existing databases, whether published or not
			- Prioritize areas covered, methods used and outcomes
			- Query group members about underutilized studies with geo-spatial data not extensively used
			- Determine a common understanding of geo-spatial information within the group, i.e., levels at	

Themes	Hard to Reach/High Risk Populations	Technology and Social Media	Mapping	Modeling and Cost Analysis
	implemented in the New England region 4) Current HIV prevention and care interventions funded by New England health departments (Elaine has recently requested these data from the DPH group) 5) A list of funded technology and social media interventions in the region 6) PrEP 7) ACA		which data are collected and types of data collected - Conduct analyses of what we are currently doing and what we would like to do	
Identifying effective interventions	- Collect information from work group members on interventions (EBIs and other interventions) for hard to reach/high risk work groups that have been funded and implemented in New England, for example: 1) interventions for LGBT youth in RI which include media campaign, peer-led and community-based activities 2) intervention for people who inject drugs to diffuse HIV/hepatitis/STI risk reduction through drug-user networks, for use in drug treatment clinics (Hartford, CT)	- Conduct an assessment of what interventions are currently being implemented in the New England region related to the three sub-groups (i.e., adherence/care, primary prevention, MSM)	- Identify effective interventions starting with small cities and determine what studies are being implemented where and focus on: high risk minority MSM, syringe exchange, substance abuse programs, clinics with effective in seek, test, treat and retain (STTR) programs - Explore possibilities to focus on 5 or 6 urban areas (i.e., Bridgeport, Hartford, New Haven, Providence, Worcester and Springfield) and map prevention, care and treatment services (and specific interventions) and analyze access to services across high risk, high prevalence areas	- Construct a modeling and cost utility project that evaluates specific EBI/DEBI's in small urban areas in the region - Use modeling to inform other work groups as those groups consider which interventions are not being effectively utilized or used at all, and how they should prioritize "implementing" these interventions Syringe exchange program: - Use modeling data and analysis in supporting how funders structure Syringe Exchange Programs - Utilize modeling to compare/evaluate needle exchange programs across the region

Last updated: 2/18/15

Themes	Hard to Reach/High Risk Populations	Technology and Social Media	Mapping	Modeling and Cost Analysis
	3) partner services (CT and RI)			- Engage members of the mapping group to help inform the modeling group about where needle exchange programs might best be implemented
Pre-Exposure Prophylaxis (PrEP)	- Investigate misunderstanding and misinformation related to PrEP on the street and on the internet (e.g., having zero chance of transmission while on PrEP)	- Develop an app to support PrEP implementation to link individuals to PrEP providers especially in smaller cities where prescribers may be distant		- Utilize modeling to compare/evaluate PrEP implementation programs to inform clinical level practice and public health initiatives - Evaluate possible modeling factors that could assist in prioritizing access to PrEP for those most at risk
Primary prevention using technology/social media	- Set up prevention and/or intervention messages at the beginning of a login page at social network websites before user can start search for potential partners	- Use game or a combination of video, games and virtual reality as primary prevention platform - Implement primary prevention programs that have been digitized - Develop social media support for education and support of safer behavior - Develop GIS-based app to direct people to care/locate places to get tested - Develop a social media-based intervention to reduce stigma and change norms around seeking HIV prevention, diagnosis and care – a structural-level intervention		