

# *New England HIV Implementation Science Network*

*The Network aims to improve HIV prevention and treatment in small urban areas with a high prevalence of HIV*



Inaugural Symposium

Mystic, Connecticut

June 4, 2014

## **Summary Report**



**cira**

Center for Interdisciplinary Research on AIDS  
at Yale University



## ***New England HIV Implementation Science Network Symposium: Challenges, Advantages and Transferability of HIV Implementation Science in Small Urban Areas***

The inaugural New England HIV Implementation Science Network symposium was held on June 4, 2014. Attended by over 160 Network members from across New England, the meeting was the launch pad for a new collaboration between the Yale Center for Interdisciplinary Research on AIDS and the Lifespan/Tufts/Brown Center for AIDS Research on implementation science in small urban areas. Participants representing all six New England states included HIV/AIDS research scientists, advocates, health departments, and HIV service providers, as well as consumers and industry representatives.

The goals of the symposium were to:

- Define the unique scientific challenges and issues related to implementing HIV programs in small urban areas, e.g., size, resources, migration, different types of social networks
- Facilitate partnerships between researchers and individuals planning and providing HIV services in small urban areas in New England
- Develop operational plans to prevent and ameliorate the impact of HIV infection

### **Why Focus on Small Urban Areas?**

The National HIV/AIDS Strategy (NHAS) and the Enhanced Comprehensive HIV Prevention Planning and Implementation for Metropolitan Statistical Areas Most Affected by HIV/AIDS (ECHPP) focus on areas of the U.S. with the largest number of HIV infections (“12 cities initiative”). Programs developed in these jurisdictions are essential to addressing HIV/AIDS but may not readily translate to smaller urban areas. Additional research and modifications will likely be needed to identify optimal interventions for smaller urban areas that have a high prevalence of HIV infection. Communities in New England states face comparable issues related to the conduct of research in small urban areas with higher HIV prevalence and HIV disparities and limited health and social service capacity. For example, there are 11 cities in CT, RI and MA combined with populations of 100,000 or more, surrounded by even smaller cities with populations that are disproportionately impacted by HIV. A unique focus on research in these areas will facilitate wider implementation and evaluation of the NHAS and the development of interventions tailored to smaller communities.

### **Building the Network**

The Center for Interdisciplinary Research on AIDS (CIRA) at Yale and the Lifespan/Tufts/Brown Center for AIDS Research (LTB CFAR) are collaborating to form a New England HIV Implementation Science Network. The Network, now approaching 200 members, will foster regional research collaborations across New England and serve as the springboard for a Resource Center to assist academic and community-based HIV researchers working in small urban areas throughout the U.S. The ultimate aim is “*Getting to Zero*” by supporting the implementation of high impact HIV prevention and treatment interventions in small urban areas with high prevalence of HIV in order to reduce new infections to zero. CIRA will provide on-going coordination and support to the Network and Resource Center through its Community Research and Implementation (CRI) Core with the assistance of our LTB CFAR partners.

CIRA and the LTB CFAR have a long history of supporting research that is community-driven and focused on populations most impacted by the HIV epidemic. We will work with Network partners to assure equitable representation and participation in the process of developing

philosophical and operational principles for the Network, and to foster implementation science research that is specific to relevant subgroups that are embedded within small urban cities, addressing the unique cultural, social, and population specific features relevant to small cities.

### Symposium Program Highlights

The symposium agenda included presentations and breakout sessions where scientists, service providers, and advocates were able to interact and explore research priorities and partnerships. The program began with an introduction by CIRA and LTB CFAR Directors, Drs. Paul Cleary and Charles Carpenter who presented the vision and concept for the Network and the rationale for the small urban area focus. HIV/AIDS directors/coordinators from each of the six New England State Health Departments then provided a panel presentation of HIV epidemic trends and pertinent socio-demographic characteristics in their states. These state profiles revealed several themes across New England including a disproportionate incidence and prevalence of HIV among gay men, profound racial/ethnic disparities for both men and women with Black and Hispanic individuals disproportionately impacted by HIV, an aging population of persons with HIV, a concentration of persons living with HIV in urban areas and particular neighborhoods, and significant concern with late diagnosis and entry to care.

**Symposium Participants – at a glance**

- Community Advocates – 4%*
- Community Based Organizations – 16%*
- Community Health Centers/Hospitals – 18%*
- Industry/Private Sector – 4%*
- Public Health Departments – 11%*
- Research/Academic – 47%*

Another panel presentation focused on current implementation science projects in the New England area and illustrated some of the differences in research and implementation issues in small and larger urban areas, e.g., New Haven and Providence versus New York and Boston. While the panel presentations helped to inform the dialogue at the symposium, the structured work sessions served as an incubator for developing research issues, priorities and potential research questions from the perspective of both HIV research scientists and HIV service providers/practitioners.

In the morning work session, five groups comprised of scientists or providers/practitioners identified implementation issues that they considered to be significant research priorities generating a total list of 28 issues/questions across the groups. These issues and questions, emanating from the perspective of research scientists and providers/practitioners, were then compared and combined, and formed the basis of a second break out session in the afternoon where 16 newly configured work groups of *both* scientists and providers/practitioners considered this list of issues generated in the morning break out session, added other issues/questions in some cases, selected three priority questions, and then endeavored to define project aims for their selected research questions. These combined researcher/practitioner group discussions also provided an opportunity for participants



to make connections, and to explore opportunities for collaboration between community practitioners and research scientists across study sites in New England.

### **Symposium Outcome: Preliminary Research Agenda**

Together, the breakout groups and table discussions generated *four potential areas for focused research*:

***Technology and social media***, i.e. *how do we best utilize technology to reach impacted and “hidden” populations and to promote prevention, early identification of HIV infection, and treatment?*

***Hard-to-reach/high risk populations***, i.e. *what are the optimal approaches to reach the most impacted and hard-to-reach populations and how do we address the underdiagnosed and out of care populations?*

***Modeling and cost utility analysis***, i.e. *what are the most cost-effective methods to reach undiagnosed and hard to reach populations and how do we increase uptake of evidence-based interventions and cost-effective decision making?*

***Surveillance data mapping***, i.e. *how do we better utilize mapping, geospatial coding, psycho-demographics to improve interventions and impacts?*

### **Operational and Ethical Framework for our Work**

An outline of formative operational and ethical principles for the Network was also presented at the symposium for participant feedback. An important consideration that has been raised in discussions with Network participants is the issue of how to conduct community-based implementation science projects that are relevant and responsive to questions and issues identified by impacted communities and by HIV service providers, with both scientific and ethical integrity. These concerns will continue to be articulated and addressed as the Network is solidified in the months ahead.

### **What’s Next?**

As the only National Institute of Mental Health AIDS Prevention Research Center in New England, one of CIRA’s primary goals is to support research that will be relevant for areas within and like New England. CIRA is located in Connecticut, a state with areas of persistent high HIV prevalence and HIV disparities in small urban areas. Similarly, LTB CFAR is located in a small urban city in Rhode Island where the prevalence and incidence of HIV is high. Other parts of New England where small urban areas exist face comparable issues related to the conduct of research in areas with limited health and social service capacity.

We will continue to build on the momentum and energy from the symposium to achieve the goal of “becoming a resource for implementation research on the prevention and treatment of HIV/AIDS with particular focus on small urban areas with high HIV prevalence.” We will further develop the New England HIV Implementation Science Network and create a National Resource Center. Our primary planning group with representation from CIRA and the LTB CFAR will guide this process. Other Network members who wish to be involved in the planning group will be invited to join.

We expect the Network to:

- Address empirical questions specific to small urban areas, e.g., what needs to be changed in programs from large cities to facilitate their implementation in small cities in New England? What unique facilitators can support implementation in these small cities?
- Like ECHPP, create a balance between the science and what the community needs, focused on small urban areas.
- Promote the ability to conduct research in smaller urban areas and investigate what specifically works in such settings.
- Develop methodological and analytical techniques to help address potential limitations in conducting research in small urban areas.
- Provide input to address heterogeneity across studies conducted in small urban areas.
- Conduct modeling activities to help quantify, locate and target undetected HIV infections, support effective decision-making in selecting and funding high impact HIV interventions, and focused on small-medium size cities in order to inform programmatic allocation that minimizes the number of new HIV infections in specific jurisdictions.

### **Developing the Network and Resource Center**

In the months ahead CIRA will work with our partners at the LTB CFAR to:

- 1) Hold follow-up meetings with Network partners in the New England area to learn more about research expertise and interests and discuss ways to support collaborative research.
- 2) Synthesize and disseminate work group notes from the symposium for the Network membership – these discussions concentrated on creating research project aims, potential collaborations and funding.
- 3) Develop and coordinate *four Implementation Science Work Groups* focused on Technology/Social Media, Hard-to-Reach/High-Risk Populations, Modeling, and Mapping.
- 4) Develop the goals and structure for a national Resource Center with a particular focus on increasing knowledge and capacity to conduct HIV implementation science in small urban areas.
- 5) Build Network Capacity to:
  - Enable member access to Network resources for collaboration, education and technical support.
  - Develop connections between researchers, policy makers, organizations, and other stakeholders.
  - Create opportunities for members to inform the Network agenda.
  - Plan annual Network meetings to refine priorities and report results.

This summary report of our June 4<sup>th</sup> inaugural meeting highlights some of the key points from the meeting and the future direction of the Network. More information from the symposium including PowerPoint presentations can be viewed in their entirety on the [CIRA website](#).

To learn more about the Network, please contact:

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### [Network Resources](#)

#### *Network Purpose*

Stimulate and support regional **research collaborations** across New England

Foster **partnerships** of community-based organizations, community health centers, state and local health departments, private sector, researchers and other key stakeholders

Focus on **implementation science** in small urban areas with higher prevalence of HIV

***The Network and Symposium planning committee would like to thank everyone who attended and supported this important first meeting!***

#### ***This Symposium was Co-sponsored by:***

Center for Interdisciplinary Research on AIDS (CIRA) at Yale University  
Lifespan | Tufts | Brown Center for AIDS Research

*Supported by NIMH (P30MH062294, Paul D. Cleary, Ph.D., and Principal Investigator) and NIAID (P30AI042853, Charles C.J. Carpenter M.D., and Principal Investigator)*



*Photos courtesy of Michael Greenwood, Yale School of Public Health*