

**New England HIV Implementation Science Network  
Hard to Reach/High Risk Populations Work Group Meeting**

**Summary of January 27, 2015 Meeting**

**Chair:** Don Operario (Brown University)

**Co-Chair:** Jacob van den Berg (Brown University)

**CIRA staff facilitators:** Dini Harsono, Jim Pettinelli

**Participants:**

Thomas Bertrand	RI Department of Health
Paul Cleary	Center for Interdisciplinary Research on AIDS (CIRA), Yale University
Susan Cu-Uvin	Lifespan/Tufts/Brown Center for AIDS Research (CFAR)
Brian Datcher	Community Member
Pete Donohue	Center for Interdisciplinary Research on AIDS (CIRA), Yale University
Gai Doran	Center for Interdisciplinary Research on AIDS (CIRA), Yale University
Monika Doshi	Saath
Debbie Humphries	Yale School of Public Health
Paola Barzellato Jabbaz	Yale School of Public Health
David Manning	Brown University
Elaine O'Keefe	Center for Interdisciplinary Research on AIDS (CIRA), Yale University
Brian Palmer	Gilead
Adeya Powell	Center for Interdisciplinary Research on AIDS (CIRA), Yale University
Kate Stoddard	Center for Interdisciplinary Research on AIDS (CIRA), Yale University
Anne Marie Silvia	John Snow, Inc
Peg Weeks	Institute for Community Research

**1. Network Overview and Approval of December 12, 2014 Summary**

- Jim provided brief updates of the work group and Network activities. Summary of the December 12, 2014 web meeting was approved.
- Don noted that one of the main purposes of today's web meeting is to plan for a productive and effective in-person meeting on February 5, 2015. We are used to work individually as competitors and not as collaborators and the Network provides us with an opportunity to think more creatively in the limited funding environment. Another motivating factor to collaborate is similar HIV rates and epidemiology trends across New England areas.

**2. What interventions (EBIs and other interventions) for Hard to Reach/High Risk Groups have been funded and implemented in New England?**

- Don and Jacob: interventions for LGBT youth in Rhode Island that include a media campaign to raise LGBT awareness, peer-led small group activities and community-based activities.
- Peg: intervention for people who inject drugs to diffuse HIV/hepatitis/STI risk reduction through drug-user networks, for use in drug treatment clinics. Peg noted some challenges:
  - It is difficult to get a proposal with implementation science focus funded by NIH despite the emphasis in RFAs.
  - Funding to support community partners during implementation research is important.
  - How do we reach young drug users who do not engage with any agencies/services?
- Issues related to interventions for hard to reach/high risk populations:
  - In CT, the transgender population is small. Funders want to know the far-reaching impact of an intervention will be. However, services are hard to measure and scattered in the community.
  - In RI, Equity Action, pulled together a group to identify and maintain a listserv of providers who are sensitive and trained to provide health care to transgender individuals.

- Given the potential for such small and values in the transgender communities in local areas, and how often they are (ab)used for studies, it is also important that reciprocity is built into the studies which also demands funding, a resource that is clearly in short supply. We need to consider how to incorporate these additional funding demands into these “new” and novel approaches when we seek funding.
- RI is doing some work with the Affordable Care Act (ACA) and trying to reach and link LGBTQ into care. ACA can provide an opportunity to reach LGBTQ individuals.
- Tom highlighted the importance of evaluation of funded programs and shared some ideas:
  - HIV public awareness campaign: responses to the campaign and DPH websites
  - How do we improve DPH websites to reach hard to reach/high risk groups?
  - Partner services – how states utilize this and how can we improve?
  - Category C funding project
  - Peer advocate program
  - Cost effectiveness analysis of funded prevention program
  - Routine HCV testing for gay men
  - Identify and develop a list of LGBT-sensitive healthcare providers

### **3. What datasets are regularly collected by state health departments, CBOs and researchers that we can use to evaluate regional trends?**

- Available data:
  - 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
  - CT (will need to confirm with DPH): Disease Intervention Specialists (DIS)/partner services data, HIV statistics/epidemiology data
- Other datasets that are of interest:
  - Regional epidemiology data to support a collaborative funding application
  - A historical overview of past interventions funded by DPH (list and outcomes)
  - A compendium of Evidence-Based Interventions (EBIs) that that have been implemented in the New England region
  - Current HIV prevention and care interventions funded by New England health departments (Elaine has recently requested these data from the DPH group)
  - A list of funded technology and social media interventions in the region
  - PrEP
  - ACA

### **4. Work group members bio: what are the key elements to be included?**

- Primary interest
- Skill set – what can people bring to the table (e.g., cost analysis, big dataset)
- Type of project of interest (e.g., assessment, CBO, EBI, intervention)
- Using a checkbox to keep the survey simple

### **5. What’s next? In-person Work Group Meetings and Workshop**

Thursday, February 5, 2015, 9:30am - 3:30pm (*rescheduled to February 27*)  
 Publick House Historic Inn  
 277 Main Street  
 Sturbridge, MA 01566

### **6. Funding Opportunities**

- a. CIRA/Lifespan/Tufts/Brown CFAR Multi-Institutional Pilot Project Funding  
<http://cira.yale.edu/news/new-multi-institutional-pilot-project-funding-opportunity>  
 Letter of intent due date – DEADLINE EXTENDED - Monday, February 16, 2015  
 Full application due date –Thursday, April 2, 2015

- b. NIH Dissemination and Implementation Research in Health
  - i. PAR-13-055 (R01) <http://grants.nih.gov/grants/guide/pa-files/PA-13-055.html>
  - ii. PAR-13-056 (R03) <http://grants.nih.gov/grants/guide/pa-files/PA-13-056.html>
  - iii. PAR-13-054 (R21) <http://grants.nih.gov/grants/guide/pa-files/PA-13-054.html>
- c. CDC Mobile Messaging Intervention to Present New HIV Prevention  
<http://www.grants.gov/web/grants/search-grants.html?keywords=RFA-PS-15-002>
- d. Improving Delivery of HIV Prevention and Treatment through Implementation Science and Translational Research, PA-14-129 (R21)  
<http://grants.nih.gov/grants/guide/pa-files/PA-14-129.html>
- e. Advancing Interventions to Improve Medication Adherence
  - i. PA-14-334 (R01) <http://grants.nih.gov/grants/guide/pa-files/PA-14-334.html>
  - ii. PA-14-335 (R21) <http://grants.nih.gov/grants/guide/pa-files/PA-14-335.html>