

**New England HIV Implementation Science Network: Work Group Meetings and Workshop  
Friday, February 27, 2015**

**Summary of Hard to Reach/High Risk Populations Work Group Breakout Meeting**

1. Research question/idea:
  - 1) **Using technology to enhance partner services program for HIV and STDs for intergenerational men who have sex with men in the New England region**
  - 2) **Identifying which states in New England have utilized the program well.**
2. Developed and tested intervention/program:
  - 1) Partner services (data in RI and CT data have showed that the program is an effective way to identify at risk partners and link them into care if tested positive)
  - 2) Utilizing Facebook and MSM-targeted social networking websites (e.g., Manhunt, Grindr, Adam4Adam) to identify partners  
Note: Using Facebook to support partner services in New England has been limited to anecdotal reports, however, empirical studies have been done in New York City and elsewhere.
3. Target population (individual, community, district):

Men who have sex with men and their partners, disease intervention specialists, community health centers
4. Identifiable outputs and outcomes:

Increased HIV testing, better performance of DIS and department of health
5. Implementation science framework:

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6. Use of existing data, if any (surveillance, programmatic, research data):

HIV and STDs testing data from health care providers, HIV surveillance registry to verify HIV status
7. Ethical/human subjects research challenges/considerations:

Maintaining confidentiality or anonymity of index patient and their partners on the social media.
8. Funding:

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9. Collaboration with other Network work groups:

Technology and Social Media Work Group

Other research questions/ideas discussed at the meeting:

**1. Integrating HIV-related services (e.g., HIV/STD screenings, PrEP provision) for MSM with Planned Parenthood clinics.**

This effort will include changing the current image of Planned Parenthood since MSM do not normally come to Planned Parenthood clinics.

**2. Expanding partner services programs beyond DIS by providing training guidance to relevant health providers/agencies.**

**3. Utilizing peer models such as peer health navigators to increase testing.**

This approach has been proved to be effective in MA and RI but not in CT.

**4. Creating LGBT-friendly medical practices in New England and comparing effectiveness with non LGBT-specific practices in increasing testing rates, linking patients to care and maintaining patients in treatment.**

The Fenway Institute has developed a guide to creating a safe environment for LGBT patients.

**5. Developing a community-based network of information to share evidence-based interventions across New England.**