New England HIV Implementation Science Network

Mapping Work Group

Summary of January 5, 2015, Meeting

Chair: Jianghong Li

CIRA staff facilitators: Kate Stoddard, Jim Pettinelli

Participants:

David Fiellin	Center for Interdisciplinary Research on AIDS (CIRA), Yale University
Elaine O'Keefe	Center for Interdisciplinary Research on AIDS (CIRA), Yale University
Tom Stopka	Tufts University School of Medicine
Debarcharna Ghosh	University of Connecticut
Suzanne Speers	Connecticut Dept. of Public Health
Robert Heimer	Yale University
Michael Ostapoff	Connecticut Dept. of Public Health
Bisola Ojikutu	Harvard CFAR – Brigham and Women's Hospital
Jacob van den Berg	Division of Infectious Diseases, The Miriam Hospital
Skip Barbour	Center for Interdisciplinary Research on AIDS (CIRA), Yale University
Pete Donohue	Center for Interdisciplinary Research on AIDS (CIRA), Yale University

1. Introductions and Overview

Attendees introduced themselves with a brief statement of their affiliation and research interests. Staff gave a summary of the Hard-to-Reach Work Group meeting for purposes of collaboration and stated the overall goal of the Work Groups:

> To develop new research partnerships and collaborations across states that respond to the unique needs for HIV prevention and treatment in the region, with particular focus on implementation research in small urban areas.

2. Discussion of Current Trends: Identifying current trends across the region that warrant attention:

a. Conduct a literature review on existing geo-spatial analyses and their outcomes
b. Develop a list of existing databases, whether published or not
c. Prioritize areas covered, methods used and outcomes
d. Query group members about underutilized studies with geo-spatial data not extensively used
e. Determine a common understanding of geo-spatial information within the group, i.e., levels at which data are collected and types of data collected
f. Conduct analyses of what we are currently doing and what we would like to do

3. Availability of data from state health departments

a. State health departments in New England have been preparing epidemiology and surveillance data that we can review for trends

a. There is some mapping data available but we should revisit this with health department members in the Network
b. CT DPH has done mapping projects such as matching with the social determinants of health and they will do this again shortly
c. They will also do viral load mapping based on current address information
d. There are major limitations on Personal Identifying Information including zip codes
e. Aggregate data with lower limits on number of people in any individual geographic code is believed to be permissible and sharable; depending on the resolution required
f. As we collect data, we have to consider the unique challenges to implementation in small urban center compared to larger cities
g. Could we have access to CT DPH data if we could conduct analyses that able to do that DPH may not be able to do?
h. This access may be possible depending on the request and it might have to go through HIC review

4. **Can mapping support a survey of interventions in the region, both successful and not?**
    a. Team would first have to identify effective interventions
    b. Start 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

5. **We need to go back to basics and map prevalence in NE states**
    a. Identify groups most impacted and where they reside
    b. Determine what programs are in place where
    c. What are considered /proven to be effective interventions and those not so effective?
    d. Are there holes in the availability of effective interventions?

6. **What if we chose to focus on 5 or 6 urban areas; Bridgeport, Hartford, New Haven, Providence, Worcester and Springfield?**
    a. Does availability and effectiveness of interventions in these areas differ from New York City or Boston?
    b. We could conduct more complex spatial analyses to detect clusters in the micro level
    c. We could also consider mapping risk behaviors that may be available from existing studies, i.e., locations where transmission is most likely to take place.
    d. We could map prevention, care and treatment services (and specific interventions) and analyze access to services juxtaposed with high risk, high prevalence areas
    e. CT HIV Prevention has a list of interventions and where programs are delivered and likely other NE health departments have the same.

f. All the state interventions are suggested by CDC, are tied to funding and are based specifically on CT's risk population
g. Can mapping out the cascade in different small urban centers help to identify gaps?
h. What if you had address data for people at each level of the cascade which would get to the micro-level but might have to be aggregated to portray the data spatially?
i. All the NE states use EHARS and are required to collect at a minimum the same data; HIV and AIDS diagnosis data is collected but where it differs is current address

7. Agenda for January 23, 9:30 to 11:00am Virtual Meeting

a. Action item: Elaine O'Keefe will contact her NE HIV surveillance network about feasibility of doing cascade mapping of small cities in their state with high prevalence.

8. Evaluation and Group Biographies: Work Group members will receive a communication asking them to evaluate this meeting and to provide a brief biography for a document that will be shared will all members of the Network to learn about each other's backgrounds and interest in being part of the Network and the Mapping Work Group.

9. Funding Opportunities

a. CIRA/LTB CFAR Joint Pilot Project Funding
http://cira.yale.edu/news/new-multi-institutional-pilot-project-funding-opportunity
Letter of intent due date - Monday, February 2, 2015
Full application due date - Friday, March 20, 2015

b. NIH Dissemination and Implementation Research in Health
   i. PAR-13-055 (R01) http://grants.nih.gov/grants/guide/pa-files/PAR-13-055.html
   ii. PAR-13-056 (R03) http://grants.nih.gov/grants/guide/pa-files/PAR-13-056.html
   iii. PAR-13-054 (R21) http://grants.nih.gov/grants/guide/pa-files/PAR-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. Recently released:
   i. Integration of Infectious Diseases and Substance Abuse Intervention Services for Individuals Living with HIV (R01) (RFA-DA-15-013) National Institute on Drug Abuse Application Receipt Date(s): April 14, 2015
   ii. Seek, Test, Treat and Retain For Youth and Young Adults Living with or at High Risk for Acquiring HIV (R01)
   (RFA-DA-15-019) National Institute on Drug Abuse Application Receipt Date(s): April 14, 2015

iii. Drug Abuse Prevention Intervention Research (R01) (PA-15-082) National Institute on Drug Abuse Application Receipt/Submission Date(s): Multiple dates, see announcement.

iv. NIH Pathway to Independence Award (Parent K99/R00) (PA-15-083)