New England HIV Implementation Science Network
Mapping Work Group

Summary of January 23, 2015, Meeting

Chair: Jianghong Li (The Institute for Community Research)
CIRA Staff Facilitators: Kate Stoddard, Jim Pettinelli

Participants:
Skip Barbour    Center for Interdisciplinary Research on AIDS
Chris Bositis    Greater Lawrence Family Health Center
Gai Doran     Center for Interdisciplinary Research on AIDS
Pete Donohue    Center for Interdisciplinary Research on AIDS
Peter Friedman    Rhode Island Hospital
Andrew Fullem    John Snow Institute
Donna Gallagher   UMass - NEAETC
Debarchana Ghosh   University of Connecticut
Lauretta Grau    Yale School of Public Health
Dini Harsono     Center for Interdisciplinary Research on AIDS
Robert Heimer    Yale - CIRA
Bisola Ojikutu   Harvard CFAR – Brigham and Women’s Hospital
Elaine O’Keefe    Center for Interdisciplinary Research on AIDS
Jim Pettinelli   Center for Interdisciplinary Research on AIDS
Kate Stoddard    Center for Interdisciplinary Research on AIDS
Tom Stopka    Tufts University School of Medicine
Jacob van den Berg   Program Director, Brown University AIDS Director

1. Introductions and Approval of January 5 Summary
   ✔ Summary of the January 5, 2015, meeting was approved

2. Discussion of Mapping themes
   ✔ Three major themes have emerged
     1. Mapping prevalence and risk
     2. Mapping interventions and programs
     3. Using results from 1. and 2. to identify gaps

3. Mapping prevalence and risk
   ✔ Possible indicators to identify groups most impacted
     o Hepatitis C?
       ▪ There’s a lack of good data on HIV prevention in this population
     o Prevalence of new infections among minority MSM as indicator?
       ▪ Highest prevalence is among Hispanics who inject drugs
     o Entry and retention in care?
       ▪ Explicit focus on specific populations
         • Minority MSM
         • Women of color
         • Homeless
• Non-US born
• Transgender

  o STI surveillance data as indicator for high risk behavior?
    ▪ Is spatially-oriented risk data available?
    ▪ Points of service
    ▪ Mortality data, clustering & trends across census tracks
    ▪ Prevalence data varies by states
    ▪ Does data include method of transmission?

4. Mapping interventions and programs

  ❖ Conduct a review on the status of current and previous interventions
    o What evaluations have been done?
    o What are the outcomes?

  ❖ What intervention data is available from state health department AIDS Directors?
    o Most state funding has focused on prevalence
    o Some cities in CT and MA have done cascade analysis
    o EBIs and DEBIs were funded by states in New England and may have outcomes data

  ❖ Is there overlap with Mapping intervention data needs and other Work Groups?
    o What evidence-based practices have been used across the region?
      ▪ Evaluate whether data is available and/or
        • How to collect data
        • How to analyze data across Work Groups
        • How to label data
          o Sources
          o Proprietary
          o Public
          o Contact person
          o Stage of cascade (if easy to get)
          o Organization name and type

      ▪ Determining efficacy vs effectiveness
        • Need strict criteria for judging interventions
        • Small interventions data can be misleading
        • Be aware of ascertainment bias vs intervention effect

5. Incidence and prevalence vs intervention data

  ❖ Compare holes from 2 different kinds of mapping activities
  ❖ What is data resolution level from states?
    o Incidence
    o Prevalence
    o Intervention
  ❖ We’ve engaged with state epidemiology staff to determine
    o What data sets are available to them and consequently, to Work Groups?
We’re working collaboratively with them to prioritize data needs and potential analyses we can do for them.

- Prevalence and intervention data sets for small cities are on every Work Group’s needs list and includes New Haven, Bridgeport, Hartford, Providence, Springfield and Worcester and Boston as comparative location.
- Lack of funding resulted in fewer EBI’s and DEBIs currently underway.

6. **Group member biographies**: What key elements should be included?

- Principal area of research interest
- Current research projects
- Individual skill sets
- What experience have they had with mapping

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

   **Friday, February 27, 2015**
   9:30am-3:30pm
   Publick House Historic Inn
   277 Main Street
   Sturbridge, MA 01566

8. **Funding Opportunities**

   a. CIRA/LTB CFAR Joint Pilot Project Funding
      **DEADLINE EXTENDED TO FEBRUARY 16, 2015**
      Letter of intent due date - Monday, February 16, 2015
      Full application due date - Friday, April 2, 2015

   b. NIH Dissemination and Implementation Research in Health

   c. CDC Mobile Messaging Intervention to Present New HIV Prevention

   d. Improving Delivery of HIV Prevention and Treatment through Implementation
      Science and Translational Research, PA-14-129 (R21):

   e. Advancing Interventions to Improve Medication Adherence
      i. PA-14-334 (R01) http://grants.nih.gov/grants/guide/pa-files/PA-14-334.html
f. **Recently released:**

i. Integration of Infectious Diseases and Substance Abuse Intervention Services for Individuals Living with HIV (R01)
   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)
    National Institute on Drug Abuse Application Receipt Date(s): April 14, 2015

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

iv. NIH Pathway to Independence Award (Parent K99/R00):

v. HRSA-15-029 Social Media – Demonstration Sites:

vi. HRSA-15-031 Social Media – Evaluation and Technical Assistance Center: