New England HIV Implementation Science Network
Technology and Social Media Work Group

Summary of January 7, 2014 Meeting

Chair: Trace Kershaw (Yale University)
CIRA staff facilitators: Gai Doran, Jim Pettinelli

Participants:

Martha Akstin	AIDS Project Worcester
Tashuna Albritton	Consultation Center, Yale University
Mark Celio	Brown University
Kasey Claborn	Brown University
Deborah Cornman	Center for Health, Intervention, and Prevention, UConn
Daniel Davidson	University of Connecticut
Pete Donohue	Center for Interdisciplinary Research on AIDS, Yale University
Eva Jennifer Edelman	Yale School of Medicine
David Fiellin	Yale School of Medicine
Kristi Gamarel	Brown University
Thomas Keegan	Yale Institute for Network Sciences
Andy Mahar	Gilead Sciences, Inc.
Erin McBurney	Center for Interdisciplinary Research on AIDS, Yale University
Peter Monti	Center for Alcohol and Addiction Studies, Brown University
Linda Niccolai	Yale School of Public Health
David Novak	OLB Research Institute, Online Buddies, Inc.
Elaine O'Keefe	Center for Interdisciplinary Research on AIDS, Yale University
Ismael Rivera	JRI Health
Jacob van den Berg	Division of Infectious Diseases, The Miriam Hospital
Jaclyn White	Yale University, Graduate School of Arts and Sciences

1. Introductions and Overview

Attendees introduced themselves, with a brief statement of their affiliation and research interests. Trace then summarized the goals of the Work Groups:

1. To stimulate and develop new cross-state and cross-center collaborations.
2. To map out priority research areas or areas where there is synergistic expertise/interest.
3. To identify/develop/refine ideas for research grants (for pilot studies to stimulate larger studies, or even larger studies if there's readiness).

2. **Discussion of current trends: How can we apply technology to HIV prevention studies?**
    a. Reaching MSM of color using existing technologies
    b. Use of cell phone technology around adherence
    c. Focus on youth, primarily on people of color
    d. Using *Facebook* to recruit and retain youth
    e. Cell phone texts to reach people at risk of sexual behavior and alcohol abuse
    f. Integrating texts and cell phone applications
    g. Using social network sites such as GRINDR to reach older (40+) MSM living with HIV
    h. Combining technologies such as texts and telemedicine within existing settings
    i. Gaming platforms for youth
    j. Develop an app that reflects a multilayer approach for gay, bi and transgender people of color. We know that the community is much more likely to participate in some type of phone app that addresses primary prevention, secondary prevention and living with HIV: Primary prevention where young people become aware of HIV, STI and VHC prevention and screening; secondary prevention where people are treated for STIs, Hep-C, Vaccinated, and followed up by providing messages or games to stay connected; 3rd phase is about staying healthy with HIV etc.
    k. There is an audience that is comfortable using social media and technology, and it would be useful to see if you could impact those who are not using it to empower them to educate or furnish them the technology. You would have a baseline of comfort and compare that to the newbies.
    l. Focus on developing technology (e.g. apps, software) to improve coordination of care among providers. For example, connecting HIV clinic providers with drug treatment centers. Developing new technologies puts us on a more challenging funding trajectory.

3. **What technologies are not consistently implemented across the New England region?**
    a. Using *Twitter* to get out prevention messages. Could we do a comparison study of different technologies, e.g. *Twitter* versus *Facebook*?
    b. *Twitter* in an epidemiological area, what is being talked about
    c. Technology can be used in implementation science as a data collection tool, as a way to train on interventions. Process/methodology tool versus as an intervention. Should we think about this as a project?

4. **What is the best strategy to start to develop some of these ideas to implement them in our network?**
    a. We have anecdotal evidence of how people are using sites such as *GRINDR* but no real data. More formative work needs to be done in a lot of these areas.
    b. How we proceed depends on the populations we are interested in, and what we want to reach them for.

5. **Sub-groups**
    a. Segmenting into sub-groups:
        i.   Adherence/care
        ii. Primary prevention
        iii. MSM (is this segment primary or secondary prevention?)
    b. When should we start sub-groups?
    c. How do we interface with the other Work Groups, such as linking with hard to reach populations (e.g. MSM) in order to engage this population that may not have access/education around technology.

6. **Agenda for January 21 Virtual Meeting**
    a. Dig deeper to outline issues of the three areas identified as potential sub-groups (#5a. above). See where the commonalities or differences really are.
    b. Do an assessment of what interventions are currently being implemented in the New England region, related to the three sub-groups. Martha Akstin offered to invite Jesse Pack, the director of prevention and screening, AIDS Project Worcester, to join us on the January 21 call as his department uses *Grindr*, chatting, *Facebook*, etc.
    c. Who are the key stakeholders that need to be involved in developing these types of research interventions? IRB representation would be useful as technology interventions sometimes raise flags within the IRB. Whilst IRBs differ, sometimes interventions are developed and then implementation is limited due to challenges obtaining IRB approval.

7. **Evaluation and Group Biographies**: Work groups members will be receiving a communication asking them to evaluate this meeting, and to provide a brief biography to be used to create a document to be shared with all members of the Network, to learn about each other's backgrounds and interests in being part of the Network and the Technology and Social Media Work Group.

8. **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