

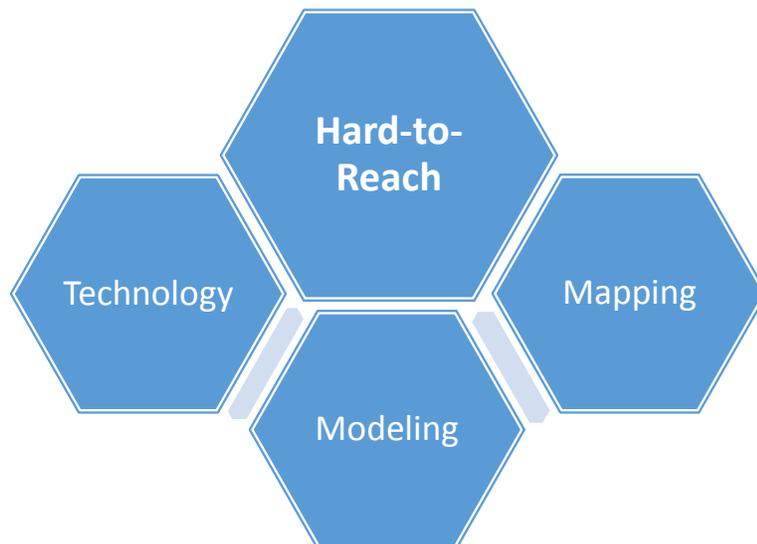
New England HIV Implementation Science Network Work Groups

Work Group Structure and Purpose

The Network was created to stimulate and support regional research collaborations across New England that address issues related to HIV implementation science, especially in small urban areas with high prevalence of HIV. The inaugural Network symposium on June 4, 2014, generated four overlapping areas of focus for our implementation research:

- **Hard-to-reach/high-risk populations** - What are the optimal approaches to reach the most impacted and hard-to-reach populations in particular addressing the challenges that most contribute to health disparities among persons living with HIV and at risk;
- **Technology and social media** - How do we best use technology to reach “hidden” populations and promote prevention, early identification of HIV infection, and treatment;
- **Modeling and cost utility analysis** - What are the most cost-effective methods to reach undiagnosed individuals and how do we increase the use of cost-effective strategies for improving timeliness of diagnosis, linkage to care, and continued engagement in care; and
- **Mapping** - How do we better use mapping of surveillance and other data to improve interventions and impact.

In the year ahead we will develop and coordinate four Implementation Science Work Groups focused on these four areas. **The fundamental purpose of the work groups is to foster collaboration and facilitate research projects and funding opportunities.**



Implementation Science – Small Urban Areas

Coordination and Support

CIRA will provide ongoing coordination and support to the Work Groups with the assistance of our Lifespan/Tufts/Brown (LTB) CFAR partners, and dedicated CIRA research support staff. Each work group will be led by a chairperson with particular expertise in his/her assigned area. Work groups will be structured to include expertise and participation from research and practice partners, including researchers affiliated with CIRA and with the LTB CFAR, and representatives from HIV prevention and care organizations, public health departments, and industry. Work group size will vary however, for optimal functioning, it is recommended that work groups be limited to 20 members or less.

Hard-to-Reach	Technology	Modeling	Mapping
<i>Chair:</i> Don Operario, Brown University - LBT CFAR	<i>Chair:</i> Trace Kershaw, Yale University – CIRA	<i>Chair:</i> Scott Braithwaite, New York University – CIRA	<i>Chair:</i> Jianghong Li, Institute for Community Research - CIRA
<i>CIRA Staff:</i> Dini Harsono	<i>CIRA Staff:</i> Gai Doran	<i>CIRA Staff:</i> Jim Pettinelli	<i>CIRA Staff:</i> Kate Stoddard

A communications platform will disseminate information and also support interactions across the work groups to address overlapping issues within the four areas. Technical assistance and training will also be an important part of the support provided to participants. We expect that there will be different levels of support and funding for projects identified by the work groups (e.g. utilizing existing resources on a small scale, pursuing new pilot funding, and pursuing large grant opportunities). Research ideas and project specificity should emerge through a collaborative process.

Each work group will define its own specific objectives with support from the CIRA and LTB CFAR staff team. Collectively, the work groups will serve to operationalize the goals of the Network by:

- Identifying empirical issues specific to small urban areas and developing research proposals to address these issues;
- Fostering matches of researchers and community partners to collaborate on research proposals and grant applications;
- Assuring a balance between the science and what the community needs by constructing research questions and projects that derive from a collaborative bi-directional and iterative process of engagement of researchers and community partners/impacted communities;
- Building capacity to conduct implementation research in smaller urban areas and investigate what specifically works in these settings;

- Developing methodological and analytical techniques to help address potential limitations in conducting research in small urban areas and to address heterogeneity across studies conducted in small urban areas; and,
- Conducting modeling activities to help quantify, locate and target undetected HIV infections and support effective decision-making in selecting and funding high impact HIV interventions that minimize the number of new HIV infections in specific jurisdictions and, in particular, small-medium sized cities. These modeling activities will create synergy with activities of the hard to reach/high risk workgroup, as they require a focus on improving timeliness of diagnosis, linkage to care, and continued engagement in care among hard-to-reach/high-risk subgroups.

Proposed Timeline

We propose that the hard to reach/high risk populations work group convene first and identify priority populations and critical research areas for Network projects. The other three work groups will then develop ideas for research projects focused on these populations.

Our goal is that all four Work Groups will be formed in November 2014, and that each group will have convened two to three teleconferences to introduce members and identify interests and priorities by the end of the year. A workshop will be held in January 2015 to provide an opportunity for the work groups to convene for a full day. The workshop will be devoted to developing a common framework and understanding of implementation science as it applies to issues of HIV prevention and care in small urban areas; refining the objectives, scope of work, and interrelationship of the work groups; and developing an action plan to achieve Network aims through specific, interconnected and collaborative research proposals involving multiple New England states.