

# Implementing ePROMISE to Improve the HIV Treatment and Prevention Continuum of Care in Young MSM

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# COLLABORATIONS

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- **CIRA:**

- Rick Altice
- Trace Kershaw
- Skip Barbour

- **COMMUNITY PARTNERS:**

- Greater Bridgeport Area Prevention Program (Rudy Feudo, Nancy Kingwood)
- AIDS Project New Haven (Chris Cole)
- Connecticut Children's Medical Center/UConn Health Center (Danielle Warren-Dias)

# PURPOSE

- **AIM 1:** Using the ADAPT-ITT strategy for intervention adaptation, to create **ePROMISE** by integrating one HIV prevention (**Community PROMISE**) and one HIV treatment (**Peer Navigation**) EBI to a social media platform that can be delivered to high risk YMSM.
- **AIM 2:** Using a multi-level implementation science framework and prospective step-wedge, randomized control design, deploy the adapted **e-PROMISE** intervention for 1,200 YMSM in 3 mid-size Connecticut cities to: a) increase HIV testing; and b) facilitate linkage to and further engagement in primary (PrEP) and secondary (ART) biomedical HIV prevention and treatment.

# METHODS

- **Adaptation process**

- Qualitative interviews with providers and YMSM stakeholders to address issues related to HIV testing and linkage to PrEP (for HIV-s) and TasP (for HIV+s)
- Peer Distributors will disseminate information with SMS and data source links, including to a secret Facebook group

- **Peer Navigator and Peer Distributor Activities**

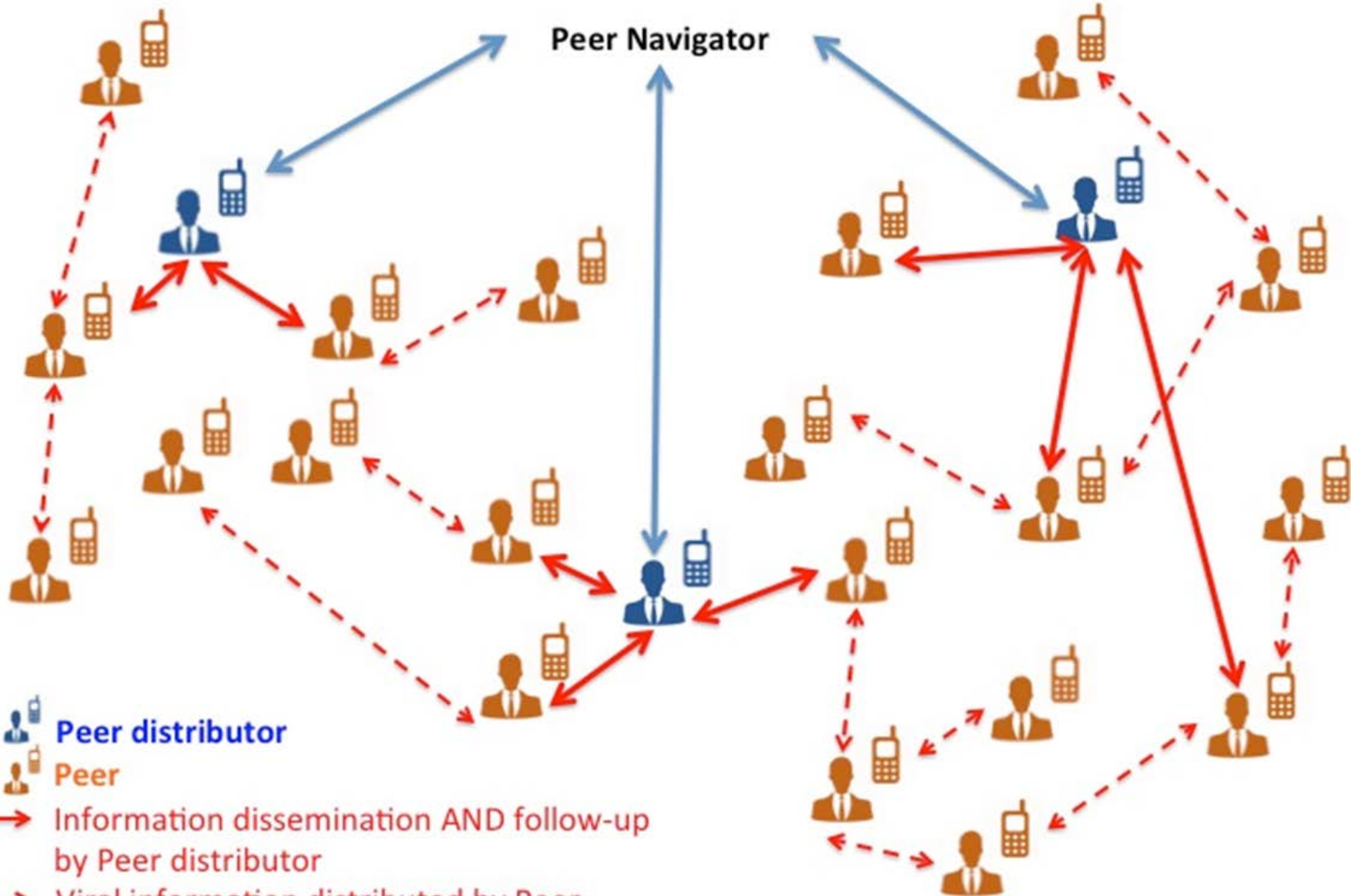
- Peer navigator will be a health educator/case manager who will oversee YMSM, who will receive training as Peer Distributors

- **Step-Wedge, Prospective RCT**

- Community Identification Process for each community
- Recruitment of YMSM social networks by Peer Distributor
- Creation of a virtual network / cohort
- Peer Navigator assists with linkage procedures once tested



Peer Navigator



 **Peer distributor**

 **Peer**

 Information dissemination AND follow-up  
by Peer distributor

 Viral information distributed by Peer

# PROGRESS TO DATE

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- Establishment of community partners and related activities
- Human subjects/ethics consultation regarding virtual networks, webpages and data management
- Establishment of activities
- R01 submitted with “decent” score, but not funded
- Meetings with community partners (May/June) to review critique and help revise application
- Re-submission planned for September 2016

# BUILDING COLLABORATIONS

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- New England Implementation Network involved from beginning in bringing partners together and assembling application
- Multiple “group” meetings involved in the planning process and understanding the community stakeholders and their priority interests
  - Interest and experience with EBIs
  - Interest and experience with “new media”
  - Long-term involvement in the community

# LESSONS FOR THE NETWORK

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## ● SYNERGIES

- Growing interest in biomedical prevention (PrEP & TasP)
- Growing interest in “new social media”
- Agencies brought different and diverse skills to the process

## ● RESOLUTIONS

- Young MSM was not universally the primary target population but emerged as a focus after reviewing state and national data
- Deciding on an EBI and recognizing that none of them are optimized for biomedical prevention



# NEXT STEPS & GROWTH POTENTIAL

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- **Resubmission of R01: September 2016**
- **Making onsite meetings with community partners to better understand their organization and seeing “real world” interests and experiences**
- **Meeting one-on-one with community partners to better understand their previous experiences and concerns with EBIs and mHealth**
- **Addressing human subjects concerns about secondary incentives**