

NEW ENGLAND HIV IMPLEMENTATION SCIENCE NETWORK

*WORK GROUP MEETINGS
AND WORKSHOPS - Friday, February 27, 2015
Sturbridge, Massachusetts*

Review of Progress
Achieved in the Work Groups



cira

Center for Interdisciplinary Research on AIDS
at Yale University



NEW ENGLAND HIV IMPLEMENTATION SCIENCE NETWORK

WORK GROUP MEETINGS AND WORKSHOPS

Friday, February 27, 2015

Sturbridge, Massachusetts

Hard to Reach/High Risk Populations Work Group

Review of Progress

Call #1, 12/12: 25 participants

Call #2, 1/27: 20 participants



Definitions of Hard to Reach/High Risk Populations

- MSM
- Individuals in substance abuse treatment and/or seeking treatment
- Women – esp women of color
- Incarcerated individuals
- Sex workers
- Transgender persons
- Homeless populations

Critical Research Areas Involving Hard to Reach Populations in New England

- PrEP
- PEP
- Apps and websites: Remapping the spaces and revising the scripts for MSM sex
- Use of technology and social media for prevention interventions
- Mobility of MSM and other high risk groups across NE cities/states
- Peer approaches for HIV education and to increase testing
- Identifying transgender persons through social and community mapping
- Using (pooling) existing datasets for research

What interventions for Hard to Reach/High Risk Groups have been funded and implemented in New England?

- Examples from work group members:
 - 1) Interventions for LGBT youth in RI which include media campaign, peer-led and community-based activities (Mpowerment)
 - 2) Intervention for PWID to diffuse HIV/hepatitis/STI risk reduction through drug-user networks (Hartford, CT)
 - 3) Partner services (CT and RI)

What datasets are regularly collected by state health departments, CBOs and researchers that we can use to evaluate regional trends?

- Examples of datasets collected by State Health Departments:
 - 1) RI data: Disease Intervention Specialists (DIS)/partner services, syphilis awareness campaign, HIV statistics/epidemiology, HIV testing
 - 2) CT data: Disease Intervention Specialists (DIS)/partner services, HIV statistics/epidemiology, co-infection (Hepatitis C, TB, STD), HIV testing

Areas and Activities of Interest to Work Group Members

- Regional epidemiology data to support a collaborative funding application
- A historical overview of past interventions funded by NE HDs
- Current HIV prevention and care interventions funded by NE HDs
- Developing a compendium of Evidence-Based Interventions (EBIs) that have been implemented in the New England region
- A list of funded technology and social media interventions
- Improving online information portals related to HIV/STI for hard-to-reach groups
- PrEP (and PEP)
- ACA and implications for HIV prevention in MSM
- Integrated programs to address co-occurrence of HIV risk, substance use, mental health among MSM and other hard-to-reach groups

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WORK GROUP MEETINGS AND WORKSHOPS

Friday, February 27, 2015

Sturbridge, Massachusetts

Mapping Work Group

Review of Progress

Call #1, 1/5: 14 participants

Call #2, 1/23: 18 participants



Critical Research Areas

- Mapping HIV incidence, prevalence and risk
- Mapping interventions, programs, and outcomes
- Compare mapping outcomes for prevalence, risk & interventions to identify service gaps

Activities of Interest to Work Group Members

- Focus mapping on small cities; New Haven, Hartford, Springfield, Bridgeport, Providence & Worcester
- Map risk, incidence, prevalence, effective interventions
- Will mapping the cascade in small urban centers identify gaps?
- Map prevention, care and treatment services and specific interventions and analyze access to services juxtaposed with high risk, high prevalence areas.

Activities of Interest to Work Group Members

- Determine availability and level of datasets from State Health Departments, other existing databases and underutilized studies with geographic data
- Identify areas of overlap with other Work Groups on intervention data needed for mapping studies (EBIs, DEBIs and other evidence-based interventions)
- Focus mapping on specific populations, i.e., minority MSM, women of color, homeless, non-US born, transgender, incarcerated, sex workers, and infected individuals with unknown risk factors

NEW ENGLAND HIV IMPLEMENTATION SCIENCE NETWORK

WORK GROUP MEETINGS AND WORKSHOPS

Friday, February 27, 2015

Sturbridge, Massachusetts

Modeling and Cost Utility Analysis Work Group
Review of Progress

Call #1, 1/6: 16 participants

Call #2, 1/29: 10 participants



Critical Research Areas

- Treatment Cascade
- PrEP
- Ranking Evidence: *D/EBIs and other interventions*

Activities of Interest to Work Group Members

- Utilize modeling to compare/evaluate the treatment cascade across the region
- Utilize modeling to compare/evaluate PrEP programs to inform clinical level practice and public health initiatives
- Ranking evidence: construct a project that evaluates specific D/EBI's in small urban areas in the region
- Expand components of CT DPH's modeling project "*Using a validated computer simulation to assess HIV prevention efforts in Connecticut*" into MA and RI

Activities of Interest to Work Group Members

- Use modeling tools to evaluate overdose surveillance data and potential utilization of Naloxone
- Collaborate with other Network work groups to identify interventions that are not being effectively utilized or used at all
- Identify ways to incorporate modeling as part of decision-making process for planning and RFPs
- Use modeling data and analysis in supporting how funders structure Syringe Exchange Programs (potential joint project with Mapping Work Group)

NEW ENGLAND HIV IMPLEMENTATION SCIENCE NETWORK

WORK GROUP MEETINGS AND WORKSHOPS

Friday, February 27, 2015

Sturbridge, Massachusetts

Technology and Social Media Work Group
Review of Progress

Call #1, 1/7: 23 participants

Call #2, 1/21: 20 participants



Critical Research Areas

- Adherence/Care
- Primary Prevention
- MSM

Activities of Interest to Work Group Members

- Bidirectional communication between patient and provider to improve therapeutic alliance and care.
- Support of ART adherence. Reminder for taking medications, for refilling prescriptions. Use apps to track missed doses and learn about triggers for missed doses.
- Chat room for social support, tips sharing, etc.
- Using incentives or positive behavioral reinforcement strategies through apps. Could also connect it with some sort of social outlet or network to connect with other HIV-positive individuals.
- E-counseling to support adherence. Digital counselors.
- Linkage to care – support Disease Intervention Specialists and partner referral.
- PrEP support. An app linking people to PrEP providers.

Activities of Interest to Work Group Members

- Games to support primary prevention efforts.
- Social media support for education and support of safer behavior.
- GIS-based app to direct people to care/locate places to get tested.
- A partnership seeking app/website for men looking for safer sex.
- Social media focused on reducing stigma and changing norms around seeking HIV prevention, diagnosis and care – a structural-level intervention.
- “Ask the DOC” chat for health questions. Link to pharmacists.
- An intervention utilizing existing apps (like, Jack’d, Scruff and Growlr), that offers different ways people can identify their statuses (i.e. HIV-negative on PrEP, HIV-positive bareback).
- Using social media/chats to support closeted young gay men, or men who don't identify as gay or bi but have sex with men.

Themes	Hard to Reach/High Risk Populations	Technology & Social Media	Mapping	Modeling & Cost Analysis
MSM and tech/social media	✓	✓	✓	
High risk individuals without social media/tech	✓	✓		
Individuals with substance use problems	✓	✓		✓
Utilize existing data from state HDs	✓	✓	✓	✓
Identify other existing data	✓	✓	✓	
Identify effective interventions	✓	✓	✓	✓
PrEP	✓	✓		✓
Primary prevention using tech/soc media	✓	✓		