VIRTUAL
2020 NATIONAL RYAN WHITE CONFERENCE ON HIV CARE & TREATMENT

Spanning the Chasm: An Implementation Science Partnership: EHE Jurisdictions, AETC, and NIMH-funded AIDS Research Center

Learning Objectives

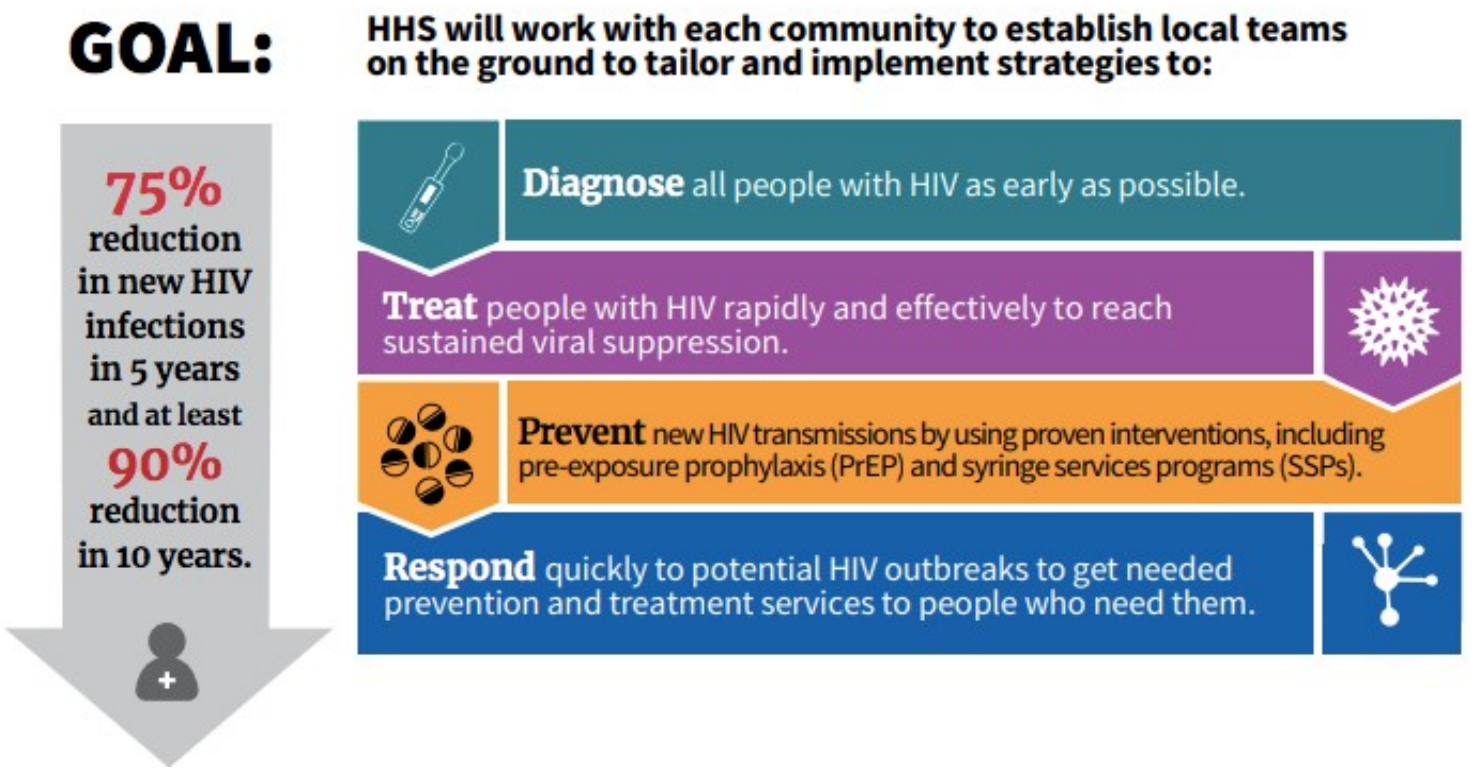
- Identify barriers and facilitators of implementation research planning
- Examine approaches to implementation research leading to engagement of key stakeholders
- Discuss roles of researchers, AETCs, and community partners in design and implementation of research

Presenters

- Co-PIs of Northeast/Caribbean AETC (NECA)
  - Daria Boccher-Lattimore & Francine Cournos
- Director of HIV Center for Clinical and Behavioral Studies
  - Robert H. Remien
- Director of Behavioral Health for NECA and Research Scientist at New York State Psychiatric Institute
  - Karen McKinnon

Implementation Science Partnership: Our Goal

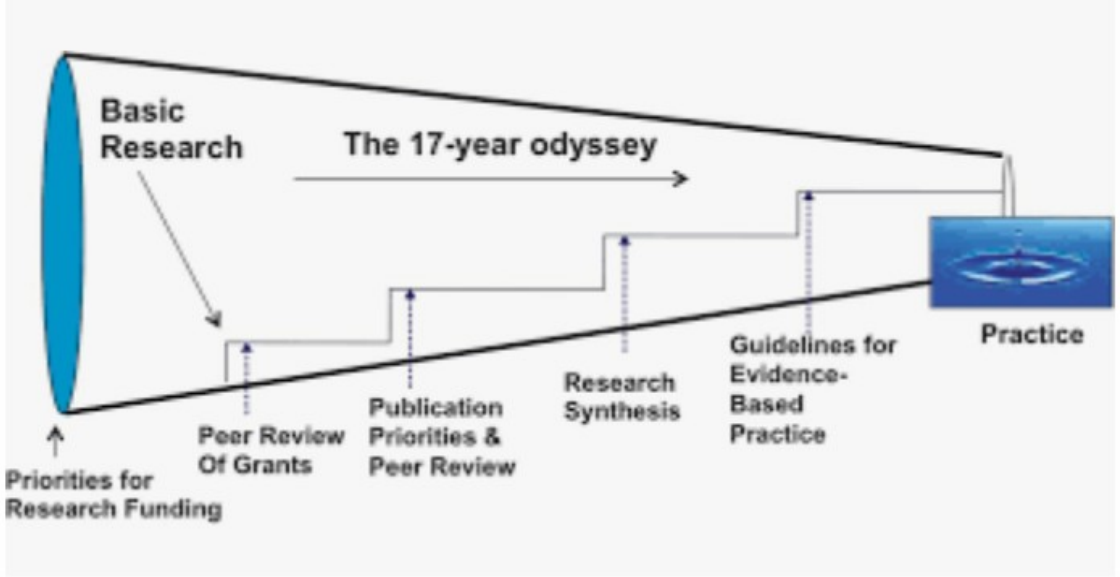
Ending the HIV Epidemic: A Plan for America



NIH Supplements: EHE Initiative

- NIH to **RFA administrative supplements** to HIV Research Centers
- Planning projects: **collaboration and partnerships** with local jurisdictions
- **Goal**: To identify and design a targeted **implementation science research project** to address high priority gaps in the EHE pillars
- NIH to **future larger scale implementation science research projects** to address the EHE initiative

Research to Practice Gap



Implementation Science
pubs.asha.org

- 17 years is too long for care settings to wait for research that might benefit HIV clients
- Research and care settings operate in separate silos, speak different languages, understand what is a “benefit” in different ways
- Everyone wants clients to get the best prevention and care possible so how do we overcome siloed ways of thinking and working?
- How do we communicate across the divide?

Implementation Science

Tackling the Research to Practice Gap ...
pubs.asha.org

- IS shows promise for how to bridge the research-practice gap
- **Implementation research** is the scientific study of the use of strategies to adopt and integrate evidence-based health interventions into clinical and community settings in order to improve patient outcomes and benefit population health *(*From NIH PAR-18-007)

Implementation Science

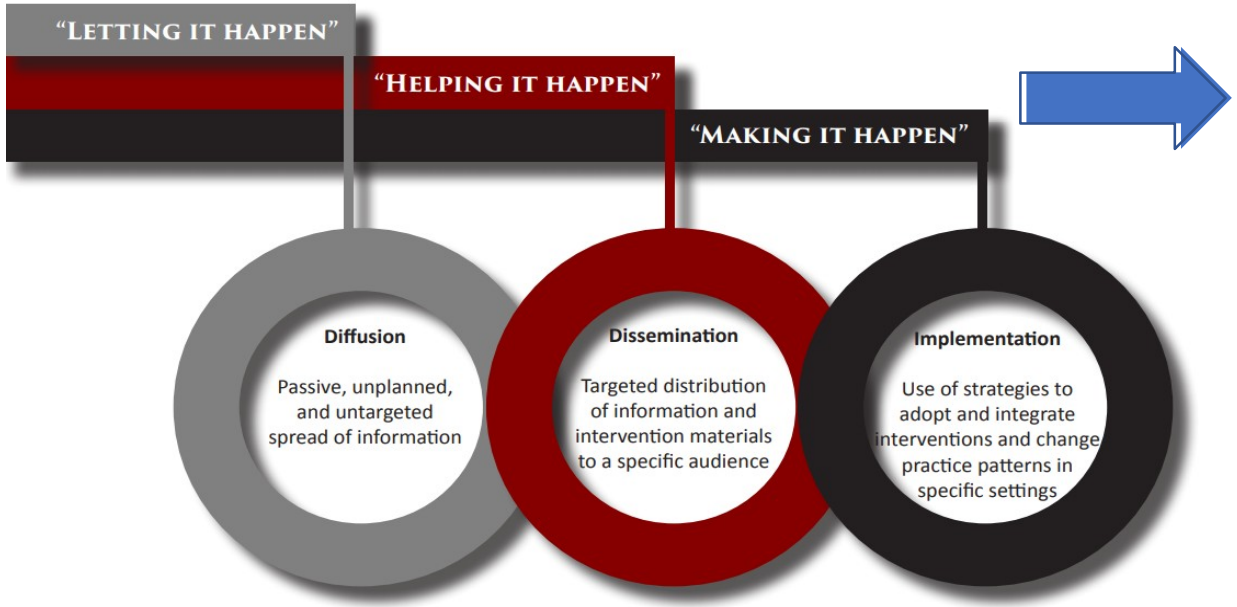


Exhibit 1: Definitions of Diffusion, Dissemination, and Implementation (from Greenhalgh et al.[3])

Aarons, G. A., Hurlburt, M., & Horwitz, S. M. (2011). Advancing a conceptual model of evidence-based practice implementation in public service sectors. Administration and Policy in Mental Health and Mental Health Services Research, 38(1), 4-23.

Definitions from: Greenhalgh, T., Robert, G., Macfarlane, F., Bate, P., & Kyriakidou, O. (2004). Diffusion of innovations in service organizations: systematic review and recommendations. *The Milbank quarterly*, *82*(4), 581–629.

- Studies factors and strategies that lead to successful integration of EBIs within specific settings
- How to embed EBIs in 'real-world' practice and diverse settings

HIV Center for Clinical and Behavioral Studies

Center Theme : “The Science of Ending the HIV/AIDS Epidemic: Efficacy to Effectiveness at Scale for Global Impact” (NIMH-funded 2018-2023)

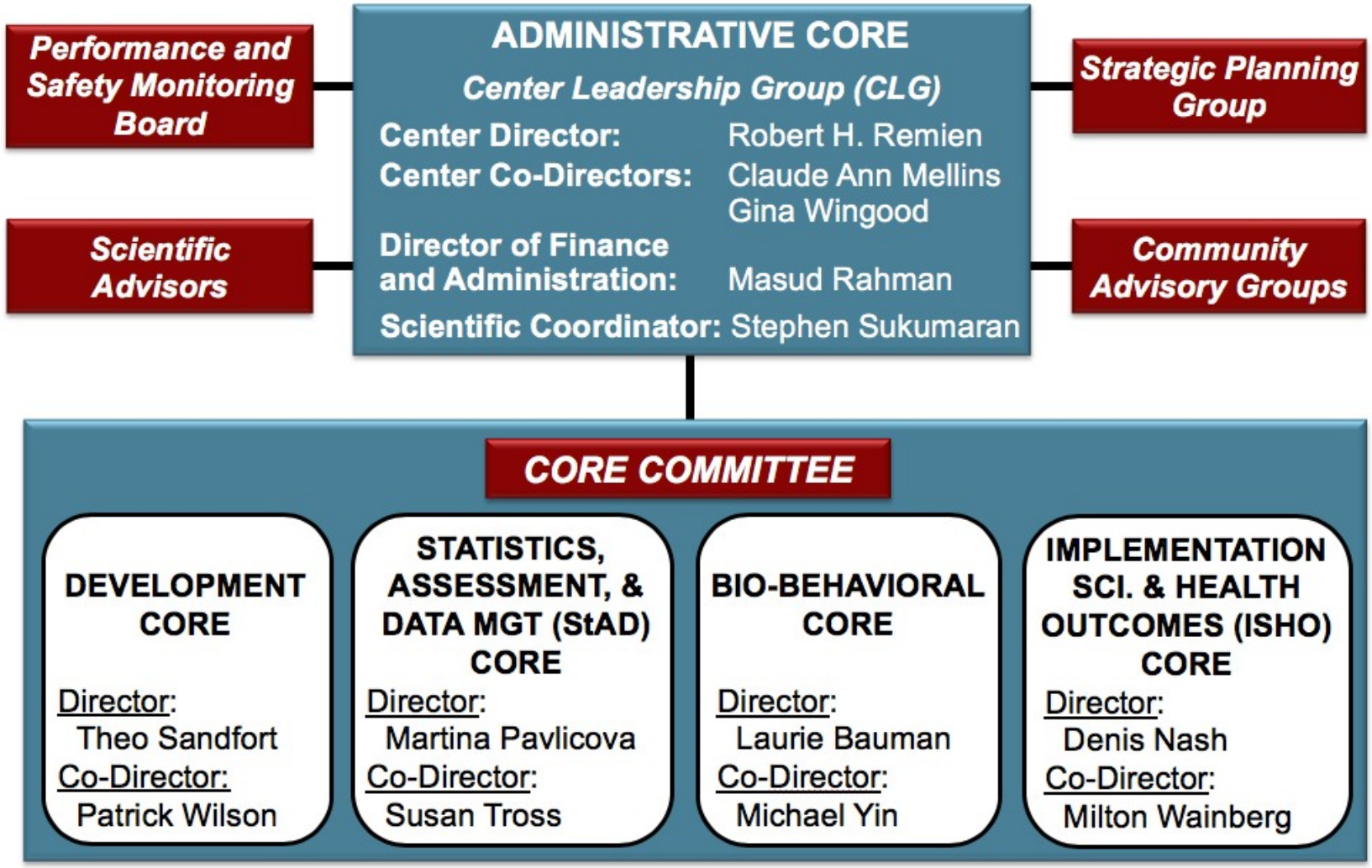
AIMS:

(1) To catalyze **intervention and implementation science research** including developing **multilevel innovative intervention strategies**

(2) To **translate research** into culturally and structurally competent **clinical practice** and **policy**

(3)To **increase the capacity** of the current and **future generations of scientists, service providers, and community and policy leaders** to implement high-impact HIV prevention and treatment interventions

HIV CENTER FOR CLINICAL AND BEHAVIORAL STUDIES (2018-2023)



EHE Jurisdictions Across the US

The Initiative will target our resources to the 48 highest burden counties, Washington, D.C., San Juan, Puerto Rico, and 7 states with a substantial rural HIV burden.

5-2017 data

2017 data

Geographical Selection:
Data on burden of HIV in the US shows areas where HIV transmission occurs more frequently. More than 50% of new HIV diagnoses* occurred in only 48 counties, Washington, D.C., and San Juan, Puerto Rico. In addition, 7 states have a substantial rural burden – with over 75 cases and 10% or more of their diagnoses in rural areas.

Ending the HIV Epidemic | www.HIV.gov

The NECA AETC Region

- Aligns with US DHHS Region II
- New Jersey, New York, Puerto Rico and the US Virgin Islands
- Home to over 31.6 million people, nearly 10% of the US population
- Yet, nearly 1 in 5
  - PWH in the US live in the NECA AETC region
  - Inmates with HIV live in the NECA AETC region

*PWH per 100,000

Location	Total *
1. District of Columbia	2,398.9
2. New York	760.2
3. Maryland	641.0
4. Florida	612.3
5. U.S. Virgin Islands	610.0
6. Georgia	608.8
7. Puerto Rico	553.5
8. Louisiana	527.9
9. New Jersey	465.3
10. Delaware	404.8
11. South Carolina	398.5
12. California	389.7
13. Nevada	387.4
14. Texas	382.9
15. Mississippi	379.1
United States [1]	**367.7**

Regional Partners

Recinto de Ciencias Médicas, Universidad de Puerto Rico

Columbia
Columbia University Irving Medical Center

Weill Cornell Medical College

Albany Medical Center
Known for our expertise. Chosen for our care.

Adolescent AIDS Program
Montefiore

BronxCare Health System

Jefferson Health

Columbia University HIV Behavioral Health

Stony Brook
State University of New York

Rutgers
François-Xavier Bagnoud Center
School of Nursing

SUNY Downstate Medical Center

New York State Department of Health AIDS Institute

Perspectives

NECA AETC (HRSA funded)

- Importance of behavioral health integration to improve HIV care
- Impact of intersectional stigmas
- Challenges of implementing evidence-informed interventions into care settings
- Importance of convening Ryan White/Jurisdictional partners

HIV Center (NIMH funded)

- Importance of the individual, social, contextual, and structural factors that impact outcomes along the care continua
- Need to develop and implement innovative intervention strategies
- Translate research into clinical practice

Value community partnership with equal voice

Collaborative Projects Funded

Behavioral Health and HIV Integration
NIH Supplement

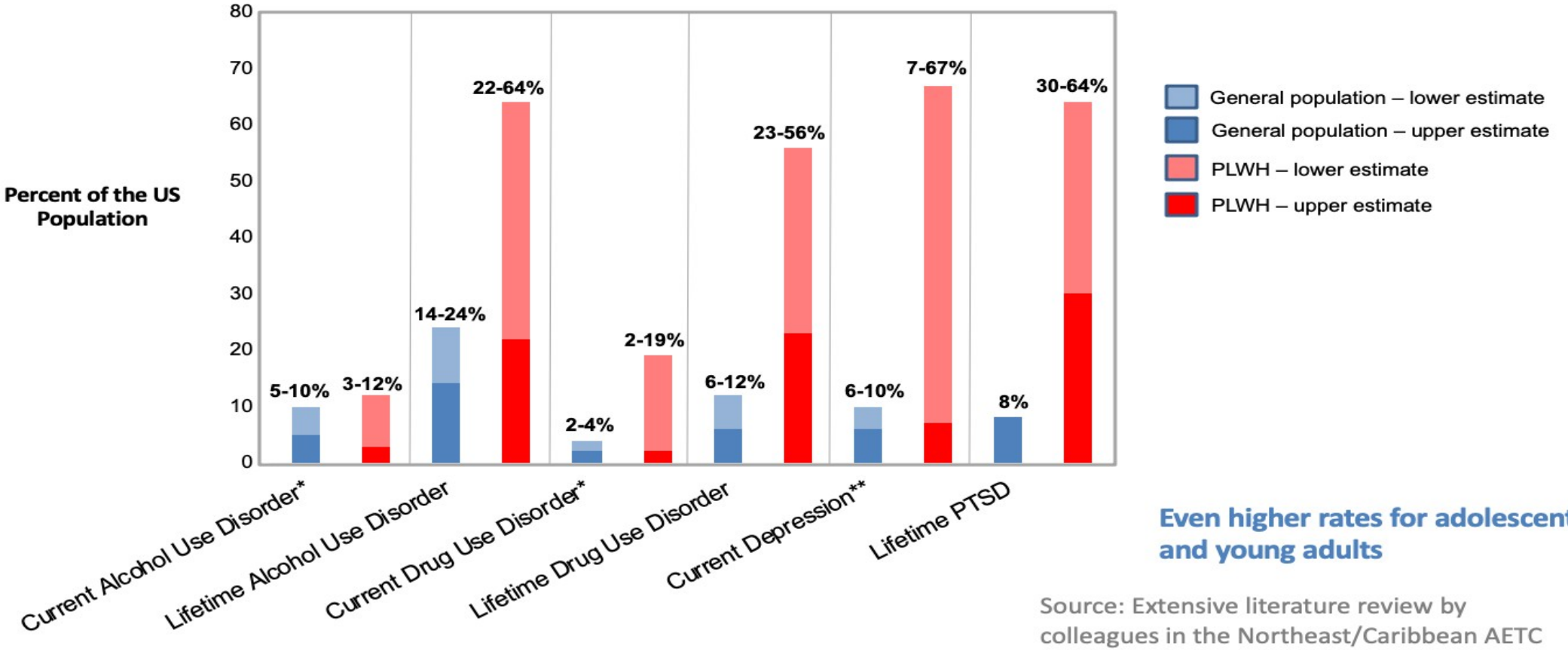
- Jurisdictions in NECA AETC region
  - Hudson & Essex Counties, NJ
  - Bronx, Brooklyn, Manhattan, Queens, NY
  - San Juan, PR
- How can BH be better integrated with HIV prevention & care?

- Jurisdictions in NECA AETC region
  - Bronx, Brooklyn, Manhattan, Queens, NY
- How can stigma reduction and resilience promotion be implemented to improve HIV prevention & care?

Behavioral Health and HIV Integration Supplement

Why Behavioral Health?

Rates of selected psychiatric disorders: United States general population vs PLWHA

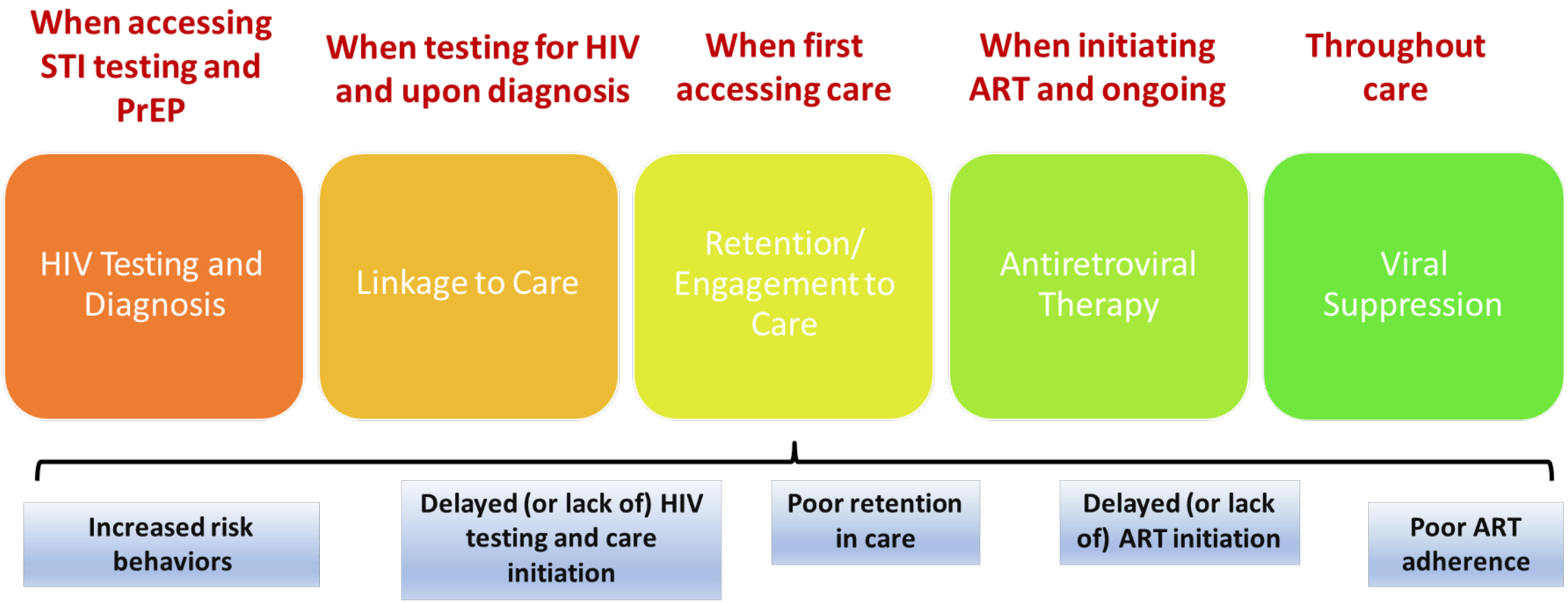


Even higher rates for adolescents and young adults

Source: Extensive literature review by colleagues in the Northeast/Caribbean AETC

Why Behavioral Health?

Opportunities for intervention: screening and intervening



Behavioral Health Integration Project Leadership

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Co-Directors

Daria Boccher-Lattimore, DrPH

Director and PI, Northeast/Caribbean AIDS Education and Training Center

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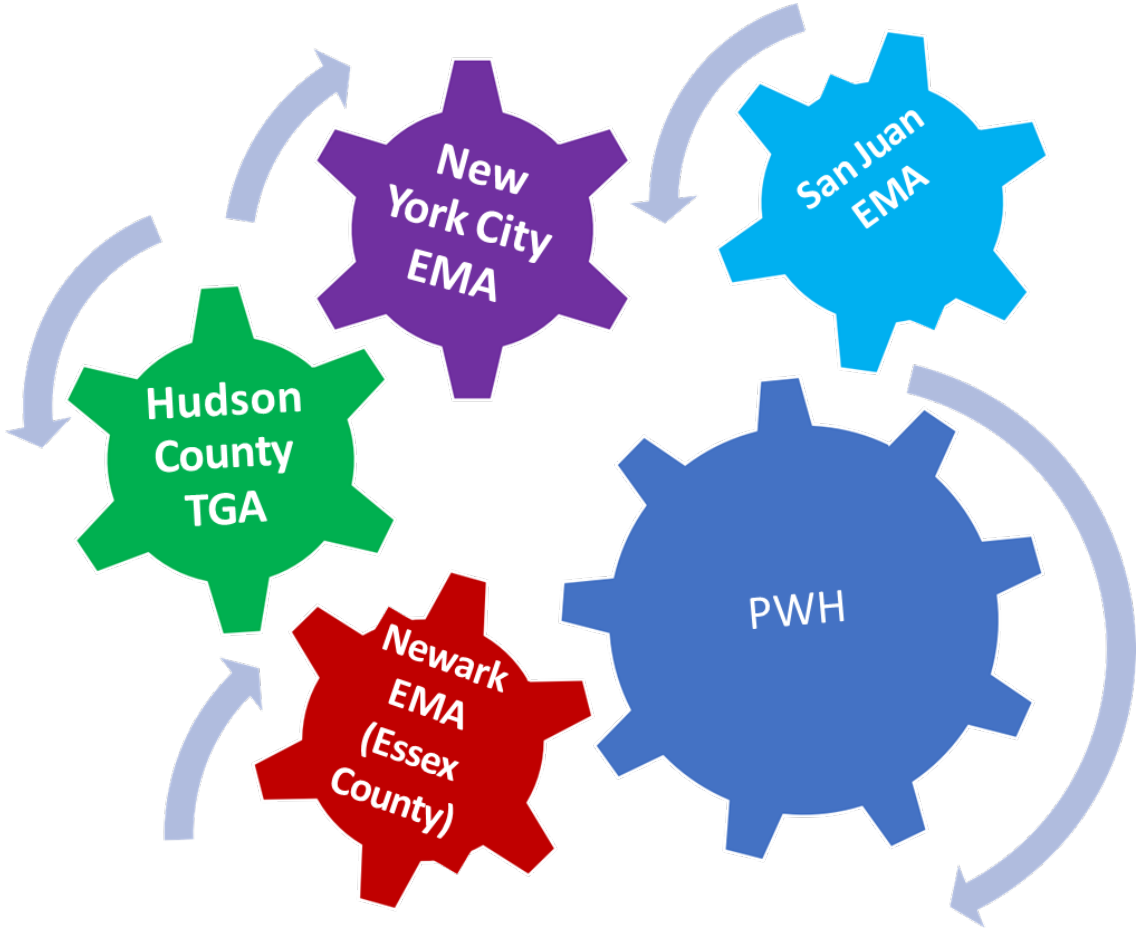
Scientific Coordinator, HIV Center for Clinical and Behavioral Studies

Ariana Pather, MPH

BHI Research Project Manager, HIV Center for Clinical and Behavioral Studies

Jurisdictional Partner Participants



New York City EMA:

Graham Harriman
Director of HIV Care and Treatment | Bureau of HIV/AIDS Prevention and Control

Melanie Lawrence
NY HIV Health & Human Services Planning Council | NYC Department of Health and Mental Hygiene

Guadalupe Plummer
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Ben Tsoi
Director, HIV Testing in the Bureau of HIV/AIDS Prevention and Control, New York City Department of Health and Mental Hygiene

Hudson County TGA:

Chad Balodis
Support Staff Manager, Hudson County HIV/AIDS Planning Council

San Juan EMA:

Jonathan Fernández-Jiménez
Clinical Psychologist

Denise Figueroa
Program Evaluator & Consultant San Juan EMA

Daisy Gely
Regional Partner Director, Puerto Rico, Northeast/Caribbean AETC | Professor, Master's Program in Health Education, UPR

Vanessa Flores
Ryan White Part A Program Director, San Juan EMA

Newark EMA (Essex County):

Ketlen Alsbrook
Chief of Staff/ Ryan White Project Director, Division of Health Planning, Department of Health and Community Wellness

Project Aims

Learning Collaborative with commitment to transforming current practices and identifying approaches to integrating BH with HIV care.

Environmental scan of relevant data and evidence-based interventions to identify practices, gaps, and opportunities across jurisdictions.

Key informant interviews and **readiness assessments** to learn from multiple perspectives about opportunities for implementation at multiple levels.

LC Takeaways: Barriers

Examples of Structural / Systemic Barriers:

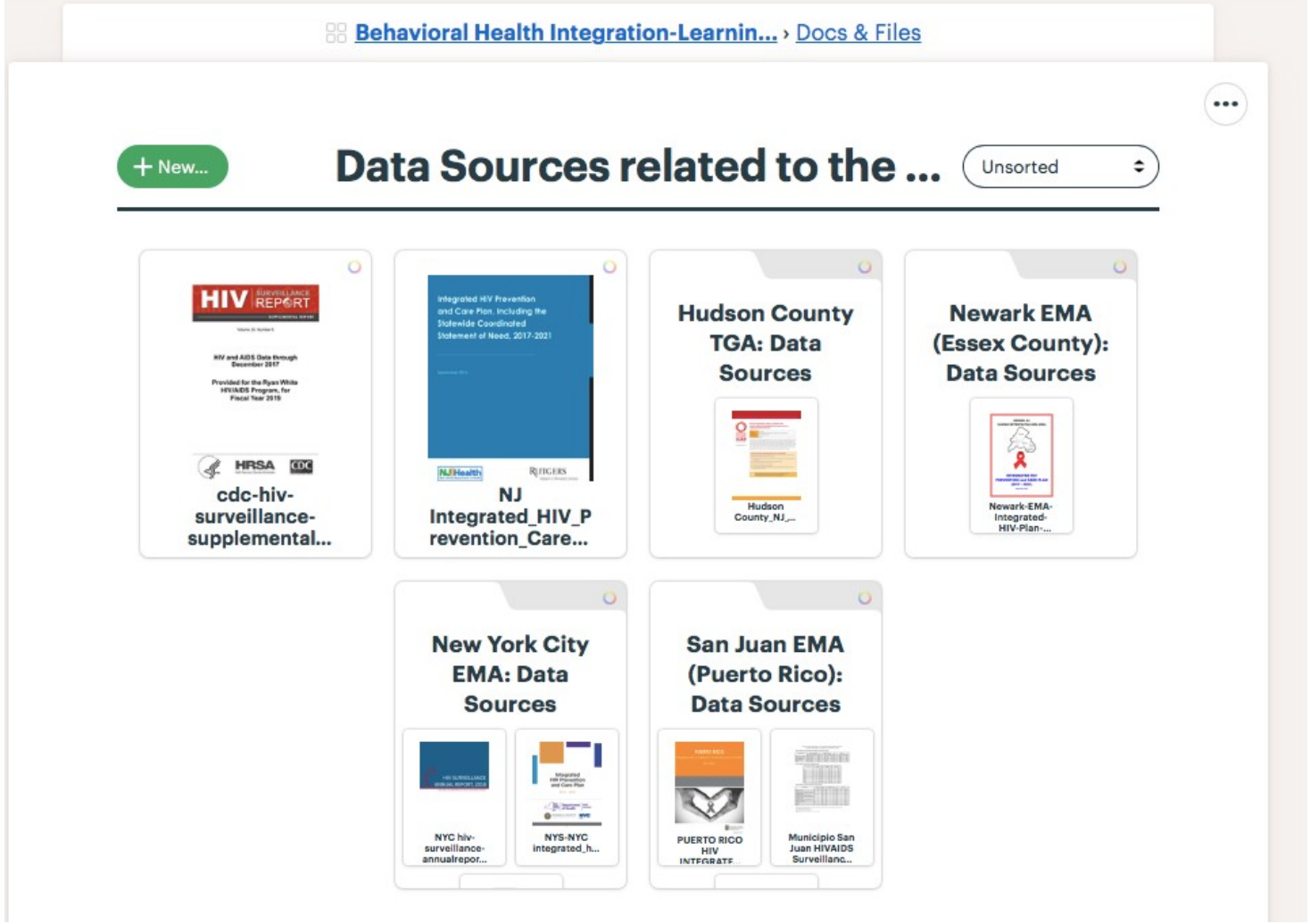
- Siloes within and between agencies/ DOH departments
- Separation of mental health and substance use disorders
- Limited communications (among providers, between organizations/ systems)/ technological limitations

Examples of Provider / Patient Challenges:

- Need to digest studies on BHI: (1) Meanings; (2) Methods; (3) Effectiveness
- Excessive caseloads • leading to staff burnout, concerns about wellbeing
- Burden of expectations re: data collection for multiple entities

- Insights come from dialogue
- Everyone responding together about what's being presented through this project, not simply researchers asking questions and partners answering them

Environmental Scan Repository



How everyone has access to:

- All project materials
- Resources
- Data provided by partners
- Data obtained through KIIs and readiness assessments
- Facilitator reports from all LC meetings

Consensus Building

- IS Application—how we are building toward consensus
  - So many different entities, outside facilitation was helpful to "objectively" elicit from all parties equally the specific and cross-cutting aspects of doing BHI implementation
  - Emphasizing evidence-informed approaches
    - Compendium of BHI approaches from literature
    - Graded by jurisdictional partners for applicability, feasibility, potential for impact
    - Modifications to be made at local level and tested

Building a Coalition to Overcome Intersecting Stigmas and Improve HIV Prevention, Care Access and Health Outcomes in New York City

Why Stigma?

- Stigma in NYC interferes with access to prevention and care but is not adequately addressed
- Uncertainty about what works to eliminate stigma
  - Many programs and initiatives, little evaluation
- Even organizations leading the field in eliminating stigma believe they can improve•IS creates an opportunity for sharing best practices
- Focused on stigmas that intersect with HIV
  - Growing interest in intersectionality (substance use, mental health, and demographic characteristics) but we do not have best practices to address this
- Coalition brings together the groups and individuals in NYC that want to address stigma in one unified effort

Stigma and Resilience Project Leadership

Leadership Team

Theodorus Sandfort, PhD
Director, Postdoctoral Training Program: Behavioral Sciences Training in HIV Infection,
HIV Center for Clinical and Behavioral Studies

Karen McKinnon, MA
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AETC AIDS Education & Training Center Program Northeast/Caribbean

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NYC Health

Cristina Rodriguez-Hart, PhD
HIV Epidemiology Liaison
HIV Epidemiology Program
New York City Department of Health and Mental Hygiene

STAR Coalition

- Conduct activities to identify where and how stigma-reduction and resilience-promotion interventions might optimally be implemented in NYC (4 EHE counties)
- Partners include
  - NYC Department of Health and Mental Hygiene
  - New York State Department of Health
  - CBOs
  - Healthcare organizations
  - Members of affected communities

STAR Coalition Organizations

1. AIDS Healthcare Foundation (Bk,Bx,M,Q)
2. Amida Care (Bk,Bx,M,Q)
3. APICHA (Bk,Bx,M,Q)
4. Callen Lorde Community Health Center (Bx,M)
5. CAMBA (Bk)
6. Center for Public Health Education, Stony Brook University (Q)
7. Community Healthcare Network (Bk,Bx,M,Q)
8. CUNY School of Medicine (Bk,Bx,M,Q)
9. DOH-AIDS Institute (Bk,Bx,M,Q)
10. DOHMH (Bk,Bx,M,Q)
11. FACES NY INC (Bk,Bx,M)
12. Gay Men's Health Crisis-GM (Bk,Bx,M,Q)
13. Harlem United (Bk,Bx,M)
14. Harm Reduction Coalition (Bk,Bx,M,Q)
15. Healthfirst (Bk,Bx,M,Q)
16. HIV Planning Council (Bk,Bx,M,Q)
17. Housing Works (Bk,Bx,M)

18. Interfaith Medical Center (Bk,Bx,M,Q)
19. Jacobi Medical Center (Bx)
20. La Nueva Esperanza, Inc (Bk)
21. LGBT Network (Q)
22. Mount Sinai Institute (M)
23. National Black Leadership Commission on Health (Bk,Bx,M,Q)
24. New York-Presbyterian Hospital (Bk,Bx,M,Q)
25. NYC H +H (Bk,Bx,M,Q)
26. NY Links Upper Manhattan & Lower Manhattan Regional Group (M)
27. Ryan Center (M)
28. Sunset Park Family Health Centers @ NYU Langone (Bk)
29. The Alliance (Bx,M)
30. The Brooklyn Hospital – PATH Center (Bk)
31. The Institute for Family Health (Bk,Bx,M)
32. The Queens ETE Regional Steering Committee (Q)

Project Aims

Coalition of HIV-related organizations, affected communities, non-traditional partners, public health officials, academic researchers to guide work of the planning year.

Map & assess the evidence base (compendium) underlying current stigma-reduction activities using surveys and interviews of organizations and analyze existing data on stigma drivers (e.g., poverty, crime, HIV status, race/ethnicity, same-sex households).

Identify sites where stigma reduction/resiliency-promotion interventions are most needed, feasible, and with whom they are best implemented to address EHE.

Coalition Takeaways: Barriers

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Examples of Structural / Systemic Barriers:

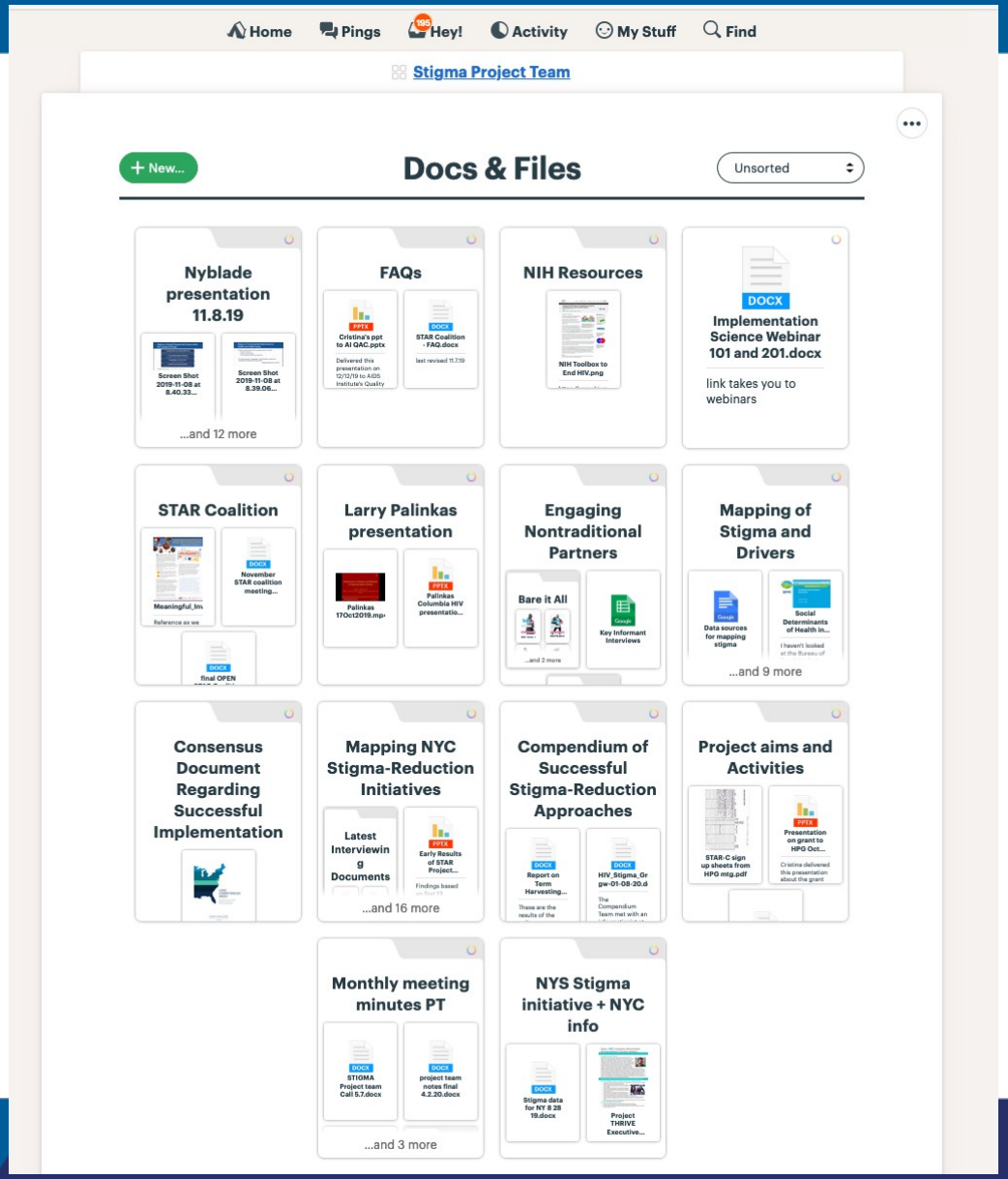
- **47**% stigma is a major barrier for HIV care
- **33**% of organizations said addressing stigma is a top priority of the organization
- **20**% of organization's leadership supportive of programming to reduce stigma
- **60**% said external laws/policies make stigma reduction/resiliency-promotion programming difficult
- **80**% said funders don't fund them to do stigma reduction/resiliency-promoting activities

Examples of Provider / Patient Challenges:

- **27**% said shared decision-making with clients to determine stigma programming important
- **53**% Staff somewhat have the expertise on how to reduce stigma but need more training

- Insights about what questions to ask in quantitative and qualitative interviews come from people sharing their experiences of being stigmatized as well as of stigmatizing others•requires safe space

Resource Repository



How everyone has access to:

- All project materials
- Resources
- Presentations by Stigma experts
- Coalition meeting activities and minutes
- Activities team assignments and reports/products

Consensus Building

IS Application—how we are building toward consensus

- Engaging Nontraditional Partners
  - Not usually involved in traditional public health/research
  - Develop messages and approaches
  - Identify key stakeholders and platforms for implementing strategies
- Technical Workshops
  - Stigma experts and Coalition members present their perspectives
- Town Hall Meetings
  - Public to provide input on how to address intersectional stigma
- Emphasizing evidence-informed approaches
  - Compendium of stigma-reduction approaches from literature
  - Graded by Coalition partners for applicability, feasibility, potential for impact
  - Modifications to be made at local level and tested

LESSONS LEARNED & FUTURE

- Barriers and facilitators of implementation research planning were identified
  - COVID & BLM needed to be addressed, nimble, adaptive to circumstances
    - Barrier to in-person meetings, while also a facilitator in terms of highlighting importance of the work, stigma, and telehealth as a modality
    - In-person meetings set up rapport and trust so these difficult conversations could take place virtually once we no longer had a choice about how to meet
- Key stakeholders were successfully engaged to examine approaches to implementation research

LESSONS LEARNED & FUTURE

- Researchers, AETCs, and community partners all have critical roles in design and implementation of research
- Importance of people with lived experience as part of Learning Collaborative/Coalition
- What is the role of IS be in getting promising practices implemented
- IS perspective going beyond evaluation
- Application of IS to what AETC does: new, important perspective