

TN CFAR EHE Hub

January 2024 Newsletter



Happy New Year! Apil and I hope you had a relaxing holiday season. We are excited to start our second year as a CFAR IS Hub with a new group of investigators conducting research on PrEP prescriptions by pharmacists. Their research has the potential to expand PrEP access across the country and we are very interested to see the strategies they develop, the measures they employ, and their successes in implementation. At the same time, we are committed to supporting our investigators from the 2022-2023 cohort through educational opportunities and direct mentoring. Their research spans multiple topic areas, all with the goal of ending the HIV epidemic here in the U.S.

We look forward to highlighting the successes and challenges associated with EHE projects implemented by mentees and our IS mentors. In this newsletter you will find two such projects – we hope they inspire you as you continue your work to end the HIV epidemic.

Carolyn Audet and April Pettit



IS Strategy:

User-centered design principles to develop and adapt an mHealth intervention for youth living with HIV in a low and middle-income setting

Challenges:

1. Institutional

Delayed timeline due to combination of national data privacy laws and institutional IT, legal, and compliance offices

2. App Development/Refinement:

Balancing priorities of YPWH and other partners (parents of YPWH, clinical & public health experts)
COVID impact on recruitment (initially)

3. Implementation Challenges:

Server unreliable
Rapid depletion of data among participants
High rates of phone changing (loss, theft, changing/upgrading phone) for participants

Solutions:

1. Institutional:

No effective strategies to maintain compliance
Data not transferred to academic institution (stayed in Nigeria)

2. App Development/Refinement:

Prioritized needs of end-users (YPWH), but adapted some features and study protocol to address barriers needed and features requested by other partner
Conducted as many activities as possible virtually

3. Implementation Challenges:

Changed servers (utilized reputable telecom company server)
Rapid depletion of data – changed time of the month of data distribution to maximize availability at end of month when leaderboard is rewarded
High rates of phone changing (loss, theft, changing/upgrading phone) for participants – collected multiple contacts for participants

Successes:

1. Utilized user-centered design principles to develop and adapt an mHealth intervention to improve adherence for YPWH in Nigeria. Adaptation was driven by perspectives from youth living with HIV, parents of youth living with HIV, clinicians caring for youth with HIV, and public health officials responsible for this population.
2. Engaged two peer champions on the study team (young people living with HIV) who helped to design chat-based peer engagement strategies (for the PEERNaija app) and give overall feedback on intervention implementation.
3. Conducted usability testing of app before formal pilot testing which allowed for further app refinement.
4. Completed 6-month trial of pilot intervention among 50 YPLWH in Nigeria in which participants were randomized to receive the PEERNaija app alone or PEERNaija app+ financial lottery incentive.
5. Preliminary findings from the intervention showed high feasibility, acceptability, & appropriateness (3.9, 4.1, and 4.1 respectively on validated 5-point Likert scales) from participant perspectives. Further 95% of participants reported that they would continue using the app after the intervention, and 95% that they would recommend it to their peers
6. Will conduct additional analysis will allow us to compare baseline to study-end viral loads, and association between baseline characteristics like digital health literacy, depressive symptoms, social support, medication taking efficacy, and age (lower vs. older adolescence) and 6-month viral suppression.



Aima Ahonkhai, MD, MPH
Massachusetts General Hospital

Overview of PEERNaija

AIDS-related deaths have continued to increase significantly among adolescents and young adults living with HIV, attributed in large part to poor adherence to antiretroviral therapy. PEERNaija is a gamified mHealth app integrating medication reminders, social/financial incentives, and peersupport to promote medication adherence for young people living with HIV (YPWH) in Nigeria.

View the PEERNaija intro video [here!](#)

IS Strategy:

We started with a status neutral CHW intervention given the strong evidence for the impact of CHW support for people managing chronic diseases, including HIV. We identified the status neutral approach as an emerging strategy for improving outreach and efficiency of HIV prevention and treatment services.

Challenges:

We faced initial challenges of IRB review and development of a data use agreement across the five sites. Because the project has two EHE supplement leads (one at the University of Chicago and one at Yale), we submitted IRB applications to those two institutions. University of Chicago reviewed the proposal and provided assurance for the sites included with that proposal. Yale reviewed the proposal and determined the study to be exempt, so they could not provide assurance. This meant the sites under the Yale proposal had to submit their own IRB applications for review within their home institutions.

Solution:

We chose to have one institution (Yale) take the lead on the data use agreement, which included all sites and parties to the study. While review and completion by each institution took time, having the single data use agreement seemed to work out. As part of that we had multiple conversations on what teams would be sharing identifiable data and what parties would be sharing de-identified data. We decided to have only de-identified data shared across all sites.

Other Challenges:

An additional challenge arose when the award structure as supplements to ARC/CFAR grants led to a four month spending freeze for one of the awards when the parent ARC/CFAR award ended. That led to the sites affiliated with that supplement pausing work, while the other teams continued on. Now that funds are available we are working to have all teams catch up.

Successes:

We have found the opportunity to conduct a multisite planning study to be very useful in building the research collaboration and networks of trust across the partnership, as well as to generate critical data for refinement of the implementation strategies and intervention approach.

Project RISE

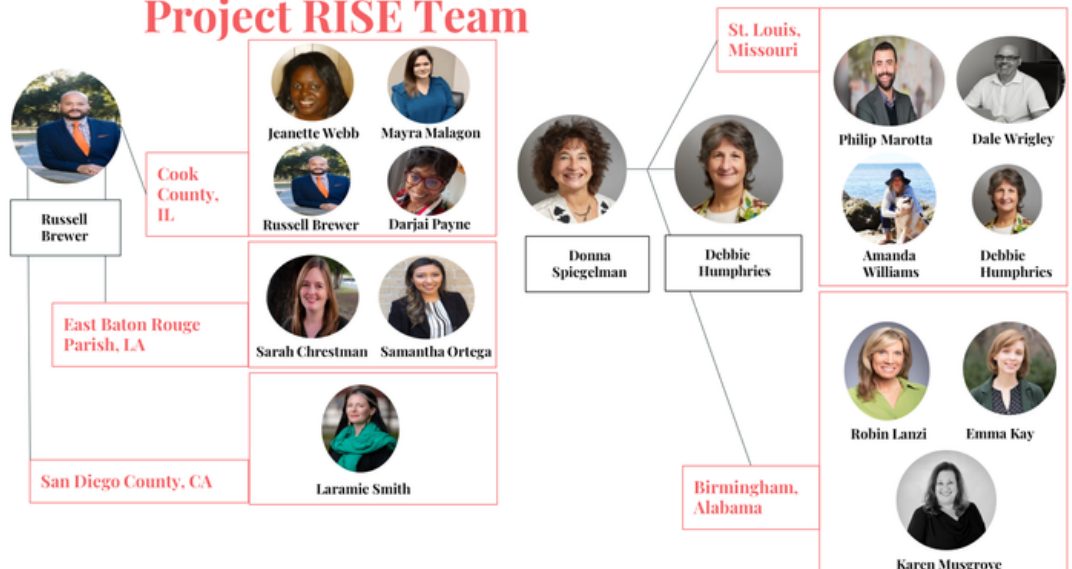
PI: Debbie Humphries, PhD, MPH
Yale School of Public Health

PI: Russell Brewer, DrPH, MPH
University of Chicago

Overview of Project RISE

Our project is a partnership with two EHE supplement teams, one with sites in Missouri and Alabama, and the other with sites in Louisiana, Chicago and San Diego. We have research teams in each location, with varying combinations of academic and community researchers. We are conducting interviews and focus groups with each of the five sites, and will then develop a survey of implementation strategies that will be sent to all interview and focus group participants for prioritization. Our goal is to identify and prioritize implementation strategies for a status neutral CHW intervention for HIV prevention and treatment that we can then test in an implementation science intervention.

Project RISE Team



General Updates

The TN CFAR now has a website. Please go [here](#) to read about the different projects EHE awardees are working on, a link to our Youtube page, upcoming webinars, resources, and more information.

Upcoming Webinars

- [CFIR Overview and Consultation](#), February 28, 2024, 12 pm CST
- [Rapid CFIR Analysis & Consultation](#), March 7, 2024, 12 pm CST
- [Health Equity Implementation Framework Introduction and Application](#), March 22, 2024, 12 pm CST

Upcoming Conferences & Workshops

- [CROI](#), March 3-6, 2024
- [National Ending the HIV Epidemic Partnerships for Research Meeting](#), April 15-16, 2024
- [Evaluating EHE Implementation Workshop](#), May 1-3, 2024
- [ACTHIV](#), May 2-4, 2024
- [National LatinX Conference on HIV/HCV/SUD](#), May 2-4, 2024
- [International AIDS Conference](#), July 22-26, 2024
- [National Ryan White Conference on HIV Care & Treatment](#), Aug 20-23, 2024
- [SIRC Conference](#), September 27-28, 2024

Grants

The National Institute of Mental Health (NIMH) is issuing this Notice to highlight interest in receiving implementation research grant applications designed in partnership with domestic and global service providers to advance HIV prevention and treatment goals (domestically) or targets (globally). These applications should target the unique needs in jurisdictions, both in cities and rural areas, that have been disproportionately affected by the HIV epidemic in the U.S.

[Implementation Science to Advance the United States HIV Prevention and Treatment Goals and the Global HIV Prevention and Treatment Targets](#)

The National Institute of Health is issuing this funding opportunity to support studies that will identify, develop, and/or test strategies for overcoming barriers to the adoption, adaptation, integration, scale-up, and sustainability of evidence-based interventions, practices, programs, tools, treatments, guidelines, and policies. Studies that promote equitable dissemination and implementation of evidence-based interventions among underrepresented communities are encouraged. The below are links to the R01 and R21 grants.

[Dissemination and Implementation Research in Health \(R01 Clinical Trial Option\)](#)

[Dissemination and Implementation Research in Health \(R21 Clinical Trial Option\)](#)

This work was funded in part [or entirely] by the NIH-funded Tennessee Center for AIDS Research (P30 AI110527).