

BENEFITS OF CARE

SYNChronicity Conference 2020

# Community-Research Partnership: Advancing Biomedical Adherence in HIV Care for Men of Color

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Sync2020 - Clinical Health  
Thursday September 10, 2020  
Presented by: Al Forbes, MBA

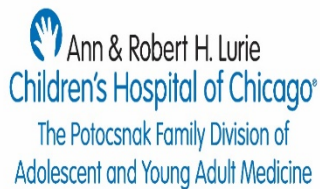
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# Community Partner: Ariq Cabbler, CEO Brothers Health Collective



# Academic Partner: Lisa Kuhns, PhD MPH Lurie Children's Hospital, Division of Adolescent Medicine



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*Funded by : ARCC Seed Grant*

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# CONFLICT OF INTEREST



**Brothers Health Collective, Lurie Children's Hospital, and Forbes Consulting have NO CONFLICTS OF INTEREST**

# COMMUNITY PARTICIPATORY RESEARCH



Community-based participatory research (CBPR) is a partnership approach to research that pairs academic researchers and community members. Both parties are equally invested in the research approach and have active roles in formulation, design, implementation and evaluation of the research model. Both parties add value, contributing their expertise in the decision-making process.

# Step 1



- DEFINE THE COMMUNITY
- ENGAGE THE COMMUNITY
- CONDUCT COMMUNITY NEEDS ASSESSMENTS
- IDENTIFY THE RESEARCH QUESTION

# Purpose



- The purpose of this project is to strengthen the community-research partnership between Lurie Children's Hospital of Chicago (Lurie), Division of Adolescent Medicine, a healthcare entity with a mission to promote the health and well-being of adolescents and young adults; and Brothers Health Collective (BHC), an organization with a mission to promote the health of men of color impacted by HIV infection.
- Together, the organizations seek to promote biomedical adherence to HIV care among a community highly impacted by HIV infection in Chicago – young men of color (i.e., Black and Latino).

# BACKGROUND



- Black and Latino young men who have sex with men (YMSM) ages 18-29 are disproportionately impacted by HIV infection and, among those living with HIV infection, less likely to be adherent to HIV medications antiretroviral therapy (ART).
- The “HIV Care Continuum” is a public health framework which outlines milestones for addressing the epidemic, including identification of individuals with HIV infection, linking and keeping them engaged in care, and supporting adherence to ART. The ultimate goal is to suppress viral replication to achieve undetectable = untransmittable (U=U).

# BACKGROUND



- In this community-based participatory research, we are focused on an often overlooked step in the HIV care continuum – medication adherence.
- The research focuses on adherence to ART or pre-exposure prophylaxis (PrEP), which is sub-optimal in this age group and among racial/ethnic minorities.



# Community Research Project



The research study TxTxT was built on an existing partnership between Lurie and BHC which began in 2011

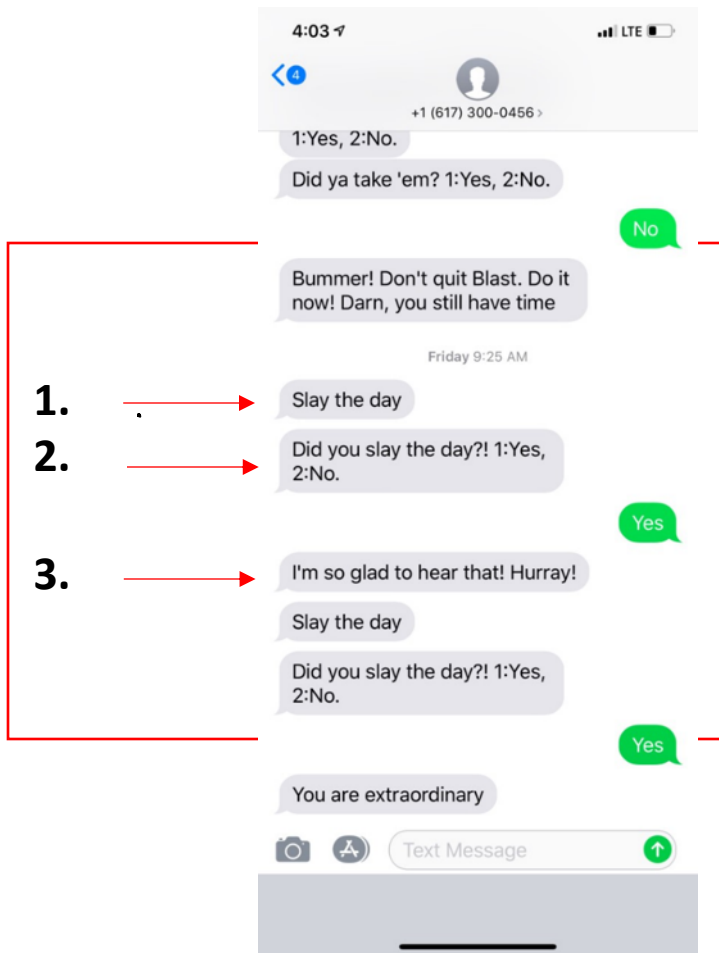
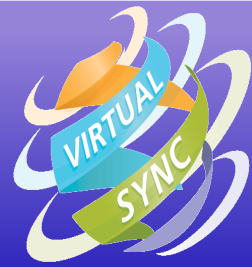
- Collaborated on recruitment of YMSM for a randomized controlled trial (2012-2016) providing daily text message reminder to take HIV medication
- Intervention is now a CDC-recognized “EBI” or evidence-based intervention
- The current research comes full circle to support implementation of TxTxT in practice at BHC.

# Step 2



- DESIGN THE RESEARCH MODEL/HYPOTHESIS TESTING
- IDENTIFY THE PARTNER ROLES AND RESPONSIBILITIES
- CONDUCT RESEARCH

# Research Model



- Bidirectional personalized text message intervention used to address adherence. Series of 3 messages:
  1. receive a reminder text message
  2. receive a question text message 15m later
    - respond “yes” or “no”
  3. receive an encouraging text message
- Study Participant customizes the reminder and encouraging text messages

# Aim of CBPR

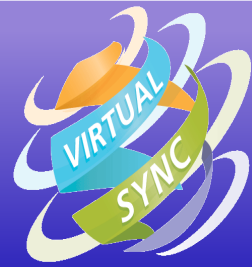


- Aim 1: Strengthen the community-academic collaboration
- Aim 2: Prepare community partner to understand and implement study protocols,
- Aim 3: Assess implementation of study

# Aim TxTxT Research



- Aim 1: Used a partnership readiness model to structure readiness activities
- Aim 2: Prepared for implementation of TxTxT at BHC by adapting the intervention, finalized assessment, and trained staff
- Aim 3: Assessed implementation of TxTxT at BHC through a pilot implementation project
  - Evaluate implementation process and outcomes among N=25 HIV positive participants ages 18-29
  - Exploratory implementation among N=25 HIV-negative participants, ages 18-25 taking pre-exposure prophylaxis (PrEP) to prevent HIV infection.



- Develop intervention implementation manual for widespread use and dissemination
- Publication describing the implementation process and lessons learned
- Support identification of at least one future collaboration project for which to seek external funding.

# Establish Timeline and Tasks



Table 1. Timeline and Milestones		Year 01		Year 02	
Task	Milestone	6	12	18	24
Readiness activities	Action steps for implementation finalized	+			
Review of measures	Measures finalized	+			
Adapt TXTXT	Procedures finalized		+		
Training Staff	All staff trained		+		
Implementation	Launch implementation		+	*	
Collect baseline data	Enroll 50 participants		+	*	
Collect Follow-up data	Collect 3, 6 month data from all participants		+	*	
Data analysis	Report of findings			+	*
Dissemination	Findings presented				+

+ indicated launch of that activity. \* refers to task through the course of the project.

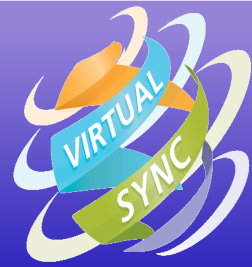
# Establish Reporting Cycles



- Completed readiness activities
- Facilitated monthly meetings to coordinate activities
- Convened All-day readiness retreat, held January 10, 2019
  - Focused on basic tenants of partnership, goodness of fit, capacity, operations and next steps
  - Set specific goals and objectives for Y1, Y2 and longer term
  - Goal to better understand each organization strengths, limitations



# Follow-up Steps



- Created Excel file to hold assessment data
- Identified Roles and Responsibilities for the collection and entry of data, in compliance with local, state, or federal guidelines, to protect the identity of participants
- Ran mock visits
- Conducted outreach -including social media, to community partners for referrals and recruitment of eligible participants
- Began enrollment - April 24, 2019

# Step 3



TxTxT is an ongoing study, which will conclude in December 2020 the next steps will be

- ANALYSIS OF DATA
- INTERPRETATION OF RESULTS
- DISSEMINATION OF FINDINGS AND ACTIONS

# Essential Components for CBPR Success



- TRUST
- EQUITY
- COMMUNICATION
- PLANNING

# Benefits of CBPR



- Building stronger partnerships between research and community direct service providers
- Allows for the community to engage in and better understand research protocols
- Researchers benefit from a better understanding of the community, leading to a better -culturally informed, design
- Provides a channel for community input about the research model
- Study design includes the academic research and the lived experience of the community

# Challenges of CBPR



- Community partner's learning curve about research protocols.
- Research partner's incorporating the lived experiences into a science-based model
- Ability of academic staff to provide research information in lay-person terms
- Community partner's staffing changes.
- Retention of community participants

# Thank you!



The community participants who trusted the partners

Community Partner : Ariq Cabbler, CEO Brothers Health Collective

BHC Staff:

- Alexandra Arjona,
- Maria'h Foster,
- Sherry Nolen (Southside Help Center)
- Noel Green (Center on Halsted/University of Chicago)
- Al Forbes –Data Team Lead (Forbes Consulting)

Academic Partner: Dr, Lisa Kuhns, Lurie Children's Hospital

- Abigail Muldoon

# Contact Information



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