20th International Conference on
HIV TREATMENT
AND PREVENTION
ADHERENCE

Decentralizing HIV Care: Community-Led Implementation Models

Adapting Programming from Clinic to Community

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Contact Info

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This Session Will Detail…

1) Establishing and maintaining successful community-academic partnerships

2) Pilot work

3) SAFE adaptation process

4) Progress to date and lessons learned

What We Know

Effective prevention and care modalities are not adequately engaging priority communities.

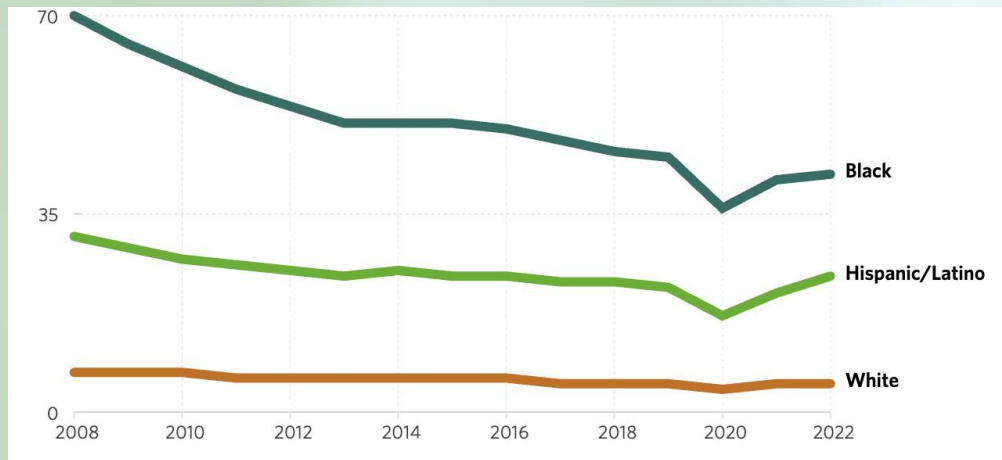Figure 1– New HIV Diagnoses by Race/Ethnicity in the US

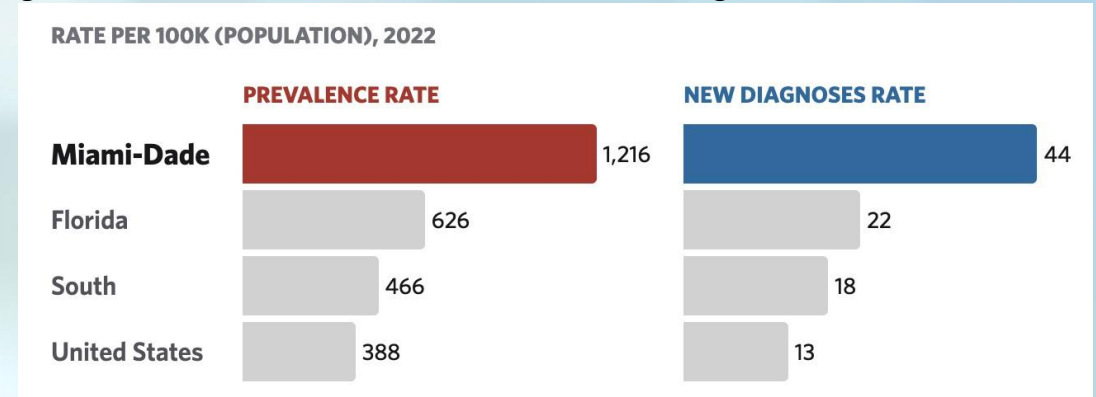Figure 2- HIV Prevalence and New Diagnoses In Miami

Figure 3 – Viral Suppression by Demographic Group in Miami

Fig1: https://map.aidsvu.org/race-profile/nation/usa/overview#R2-New-Diagnoses
Fig2: https://map.aidsvu.org/profiles/county/miami-dade-county-fl-florida/overview
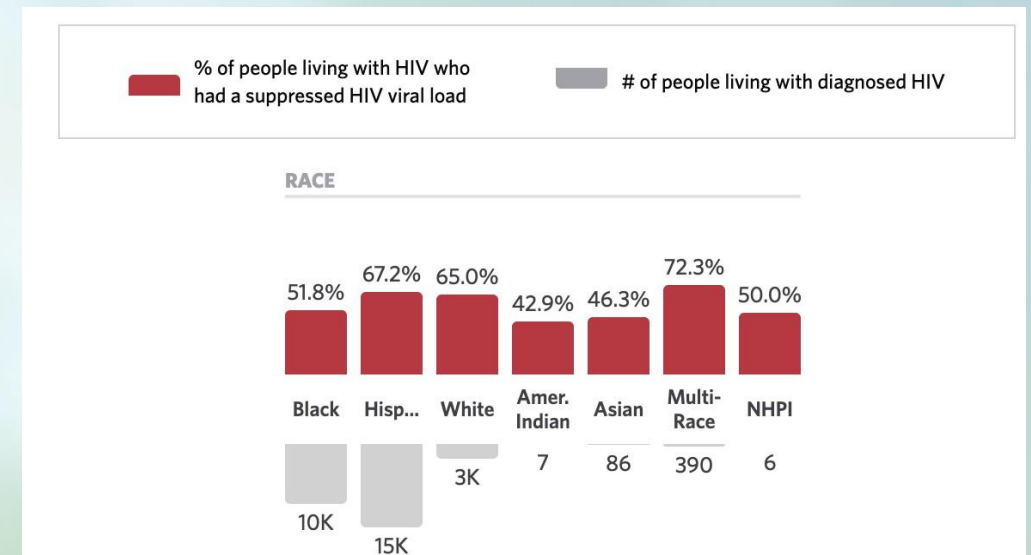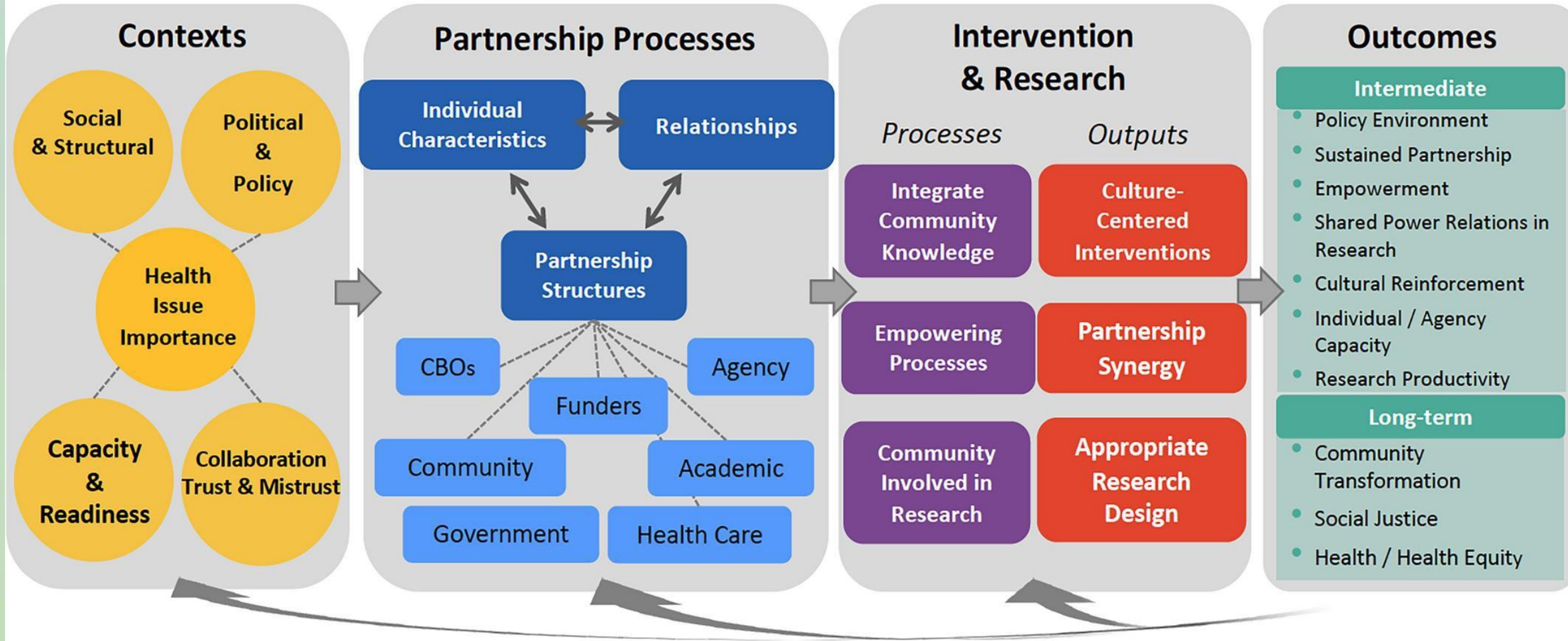Fig3: https://map.aidsvu.org/profiles/county/miami-dade-county-fl-florida/continuum-of-care#2-4-Achieving-Viral-Suppression

CBPR Conceptual Model

Adapted from Wallerstein et al, 2008 & Wallerstein et al, 2018

Contexts
- Social & Structural
- Political & Policy
- Health Issue Importance
- Capacity & Readiness
- Collaboration Trust & Mistrust

Partnership Processes
- Individual Characteristics ↔ Relationships
- Partnership Structures
- CBOs
- Funders
- Agency
- Community
- Academic
- Government
- Health Care

Intervention & Research

Processes
- Integrate Community Knowledge
- Empowering Processes
- Community Involved in Research

Outputs
- Culture-Centered Interventions
- Partnership Synergy
- Appropriate Research Design

Outcomes

Intermediate
- Policy Environment
- Sustained Partnership
- Empowerment
- Shared Power Relations in Research
- Cultural Reinforcement
- Individual / Agency Capacity
- Research Productivity

Long-term
- Community Transformation
- Social Justice
- Health / Health Equity

Community Partnerships

-Partnership established in 2019
-Provides clinical HIV prevention and care services at 4 South Florida locations
-Developed & currently implements the SAFE program

-Partnership established in 2024
-Provides:
  -Support groups
  -Transportation support
  -Referral to low-cost clinics & trusted providers
  -Peer-delivered HIV education

Community Partnerships

TRUST!

1. Community priorities are centered
2. Shared mission
3. Not just a research partnership

Community Priorities & Needs

Pilot project to protocolize the PPN social support services

1) Standardize the services provided by each navigator.

2) Disseminate the replicable process through a publication.

   **Community members are co-authors on this

3) Future projects testing the efficacy, effectiveness, and subsequent scaling of the PPN social support services.

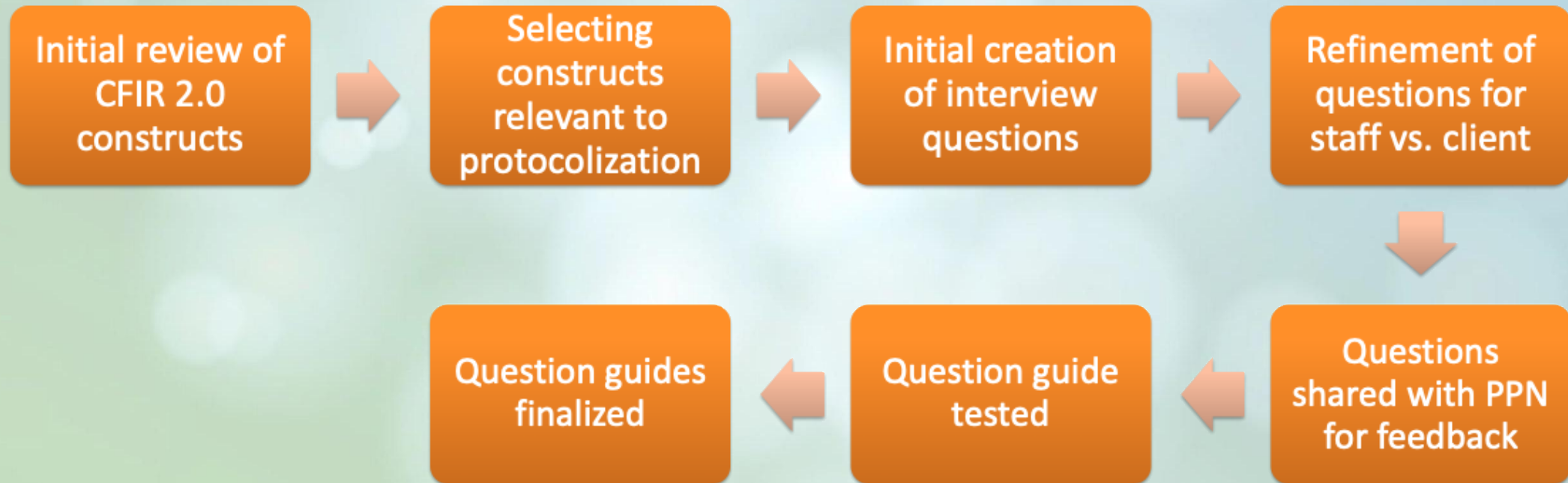Consolidated Framework for Implementation Research (CFIR) 2.0

Pilot Methods – Question Guide Development

Initial review of CFIR 2.0 constructs

→

Selecting constructs relevant to protocolization

→

Initial creation of interview questions

→

Refinement of questions for staff vs. client

↓

Question guides finalized

←

Question guide tested

←

Questions shared with PPN for feedback

Damschroder, L.J., Reardon, C.M., Widerquist, M.A.O. *et al.* The updated Consolidated Framework for Implementation Research based on user feedback. *Implementation Sci* **17**, 75 (2022). https://doi.org/10.1186/s13012-022-01245-0

Pilot Methods – Interviews

- Completed 12 key informant interviews (KII)

- Interviews were Zoom based and lasted 60 to 90 minutes

- Interviews were conducted by two trained interviewers

- One member of the interviewing team led the discussion while the other completed the coding template.

Pilot Methods – Analysis

IN-CALL CODING

RAPID QUALITATIVE ANALYSIS

AB. H. Qualitative Methods in Rapid Turn-Around Health Services Research. PowerPoint Present 2013 VA HSRD Cyberseminar Spotlight Womens Health. 2013.

Pilot Preliminary Results

Pilot project assessing

- Community priorities: what should a future program look like?
- Existing resources and strengths: what does staff already know?
- Current service gaps?

Importance of lived experience & peer delivery

Existing skills in peer-to-peer engagement, testing, and counseling

Importance of social support and tangible resources

Next Steps

PILOT PROJECT → PROGRAM ADAPTATION & IMPLEMENTATION

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SAFE Program Components

Current delivery approach
- Client-tailored motivational interviewing (MI)
- Peer support
- Linkage to social support programs – as needed

Addition based on preliminary work
- Resource kit for peer distribution (new component)

Decentralizing SAFE

ADAPT-ITT a multiphase adaptation process

- Identifying the core components of SAFE
- Adapting the program for decentralized implementation (SAFE →SAFE-Community)
- Test the SAFE-Community program
- Evaluate key implementation factors

Tracking Changes: Framework for Reporting Adaptations and Modifications to Evidence-based Implementation Strategies (FRAME-IS)

Wingood, Gina M ScD, MPH*†; DiClemente, Ralph JPhD*†‡. The ADAPT-ITT Model: A Novel Method of Adapting Evidence-Based HIV Interventions. JAIDS Journal of Acquired Immune Deficiency Syndromes 47():p S40-S46, March 1, 2008. | DOI: 10.1097/QAI.0b013e3181605df1

Miller, C., Barnett, M.L., Baumann, A.A. *et al.* The FRAME-IS: a framework for documenting modifications to implementation strategies in healthcare. *Implementation Sci* **16**, 36 (2021). https://doi.org/10.1186/s13012-021-01105-3

Project Aims

Aim 1: Adapt the SAFE program to allow for a decentralized, peer to peer delivery of the program.

- Aim 1a. Identification of the core components of SAFE
- Aim 1b. Engaging community members and topical experts to iteratively develop and refine SAFE-Community.

Aim 2: Assess the SAFE-Community program (e.g., feasibility and accessibility) and identifying implementation factors (e.g., sustainment and adoption).

- Aim 2a. Pilot testing SAFE -Community.
- Aim 2b. Identifying implementation factors

ADAPT-ITT

Stage	Defined As	Our Approach	Aim
Assessment	Who is the new target population and why?	- Ongoing community engagement - Pilot project to identify existing needs, resources, and priorities	Pilot Work
Decision	What EBI is being selected for adaptation or adoption?	- SAFE selection - Interviews with current navigators, future deliverers, and potential users	Pilot Work & 1a
Adaptation	Document the adaptations made and why.	- FRAME-IS	1b
Production	Producing the adaptation	- Partner-engaged co-design	1b
Topical Experts	Who can help guide the adaptation?	- Brainwriting premortem approach	1b
Integration	What is going to be included in the adapted program?	- Resource kit & warm hand-off - Other refinements TBD	Pilot Work & 1b
Training	Who will be trained on the new program?	- Staff at PPN	2a
Testing	Was the adaptation successful and pilot testing	- Pilot test with 30 adults who are over the age of 18 and live in Miami	2a & 2b

Wingood, Gina M ScD, MPH*†; DiClemente, Ralph J PhD*†‡. The ADAPT-ITT Model: A Novel Method of Adapting Evidence-Based HIV Interventions. JAIDS Journal of Acquired Immune Deficiency Syndromes 47():p S40-S46, March 1, 2008. | DOI: 10.1097/QAI.0b013e3181605df1

ADAPT-ITT Stage: Decision

Purpose
- Identify the core components of the SAFE program
- Determine what key adaptations are necessary

Data Sources
- Interviews with SAFE navigators: (N=12)
- SAFE SOP materials extraction (e.g., training, evaluation, and protocol)
- Feedback provided by PPN staff/clients during the pilot project

Aim 1b. Engaging community members and topical experts to iteratively develop and refine SAFE-Community.

ADAPT-ITT Stages: Adaptation, Production, Topical Experts

Purpose
- Co-design and refine SAFE-Community.

Data Sources
- PPN staff
- LS staff
- Potential SAFE-Community Users

Approach:
- Brainwriting premortem
- Adaptation Tracking: Framework for Reporting Adaptations and Modifications to Evidence-based Implementation Strategies

Gilmartin, H., Lawrence, E., Leonard, C., McCreight, M., Kelley, L., Lippmann, B., Coy, A., & Burke, R. E. (2019). Brainwriting Premortem: A Novel Focus Group Method to Engage Stakeholders and Identify Preimplementation Barriers. *Journal of nursing care quality*, 34(2), 94–100. https://doi.org/10.1097/NCQ.0000000000000360

Rabin, B.A., Cain, K.L., Ayers, L.O. *et al.* Adaptation of the brainwriting premortem technique to inform the co-creation of COVID-19 testing strategies in underserved communities in South San Diego. *BMC Health Serv Res* 24, 12 (2024). https://doi.org/10.1186/s12913-023-10341-w

ADAPT-ITT Stages: Training & Testing

Purpose
- Proof of concept testing of SAFE-Community

Data Sources
- PPN clients (N=30)

Approach: Multimethod
- Participants will be followed for 2-months, providing quantitative, qualitative, and social network data at baseline, 1-, and 2-months.

ADAPT-ITT Stage: Testing

Purpose
- Develop an implementation playbook
- Explore key barriers and facilitators to implementation

Data Sources
- Interviews with SAFE-Community users
- Interviews with SAFE-Community peer navigators

Thank you!

Acknowledgements: Thank you to the many mentors, community members, and staff that make my work possible.

References

1) https://map.aidsvu.org/profiles/county/miami-dade-county-fl-florida/overview
2) https://map.aidsvu.org/race-profile/nation/usa/overview#R2-New-Diagnoses
3) https://map.aidsvu.org/profiles/county/miami-dade-county-fl-florida/continuum-of-care#2-4-Achieving-Viral-Suppression
4) Sullivan PS, Woodyatt C, Koski C, Pembleton E, McGuinness P, Taussig J, Ricca A, Luisi N, Mokotoff E, Benbow N, Castel AD. A data visualization and dissemination resource to support HIV prevention and care at the local level: analysis and uses of the AIDSVu Public Data Resource. Journal of medical Internet research. 2020;22(10):e23173."
5) CFIR image: https://thecenterforimplementation.com/toolbox/cfir
6) AB.H. Qualitative Methods in Rapid Turn-Around Health Services Research.PowerPoint Presentation. 2012 VA HSRD Cyberseminar Spoltlight Womens Health.
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8) Gilmartin, H., Lawrence, E., Leonard, C., McCreight, M., Kelley, L., Lippmann, B., Coy, A., & Burke, R. E. (2019). Brainwriting Premortem: A Novel Focus Group Method to Engage Stakeholders and Identify Preimplementation Barriers. *Journal of nursing care quality*, *34*(2), 94–100. https://doi.org/10.1097/NCQ.0000000000000360
9) Rabin, B.A., Cain, K.L., Ayers, L.O. et al. Adaptation of the brainwriting premortem technique to inform the co-creation of COVID-19 testing strategies in underserved communities in South San Diego. BMC Health Serv Res 24, 12 (2024). https://doi.org/10.1186/s12913-023-10341-w
10) Miller, C., Barnett, M.L., Baumann, A.A. *et al*. The FRAME-IS: a framework for documenting modifications to implementation strategies in healthcare. *Implementation Sci* **16**, 36 (2021). https://doi.org/10.1186/s13012-021-01105-3

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