Best Practices for Recruitment of Black MSM in the United States

HPTN 083 Workshop

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On Behalf of the HPTN Black Caucus
Today

• Objective of the workshop
  – Parking Lot of questions
• 3x5 cards
• Epidemiology of HIV of Black MSM in US
• Strategies for engaging Black MSM
• Break into groups/ reports back
• Role play scenario
• Next steps
Workshop Objectives

Participants will learn specific strategies they can utilize at their local research sites to increase engagement and recruitment of Black MSM into clinical research studies such as HPTN 083.
Epidemiology of HIV of Black MSM in US

- A Snapshot
- HPTN 083 recruitment goal for Black MSM in United States
  - *Minimum* 50% Enrollment of Black MSM
  - 50% Enrollment of Young MSM (18-29)
  - 10% Enrollment of Trans-feminine persons
- Why this goal is important
- We are currently meeting two of these three goals. Today we will be highlighting the importance of focusing on Black MSM enrollment.
A Snapshot

- In 2016, AA were 44% of HIV Dx, though they are only 12% of US population.
- 17,528 AA were dx’d w/ HIV in 2016 (12,890 men & 4560 women)
- More than 50% (10,223) of these were MSM
- Of the Black MSM dx’d w/ HIV, 40% were between the ages of 25-34.
- CDC projection of 1 in 2 Black MSM will acquire HIV in their lifetime unless something changes.

The HPTN 083 goal for recruitment of Black MSM in United States

Overall study goal is to enroll 4500 MSM & TGW

Specific population targets in the US include 50% enrollment of Young MSM and 10% enrollment of Transfeminine persons

The US has an additional minimum enrollment goal of 50% Black MSM

Why is this important?

- Black/African American gay, bisexual, and other men who have sex with men are more affected by HIV than any other group in the United States.
- Black MSM accounted for over ¼ of all new infections in 2016.

https://www.cdc.gov/hiv/group/msm/bmsm.html Accessed 05/07/2018
Why this goal is important

- **Health Disparities**
  - Disproportionate number of instances compared with the general population

- **Social Determinants of Health**
  - Conditions in which people are born, grow, work, live, and age.

- **Environmental Factors**

![Lifetime Risk of HIV Diagnosis by State](chart)

**HIGHEST RISK**

- District of Columbia: 13
- Maryland: 49
- Georgia: 51
- Florida: 54
- Louisiana: 56
- New York: 69
- Texas: 81
- New Jersey: 84
- Mississippi: 85
- South Carolina: 86
- North Carolina: 93
- Delaware: 96
- Alabama: 97

**LOWEST RISK**

- West Virginia: 302
- Wisconsin: 307
- Iowa: 342
- Utah: 366
- Maine: 373
- Alaska: 384
- South Dakota: 402
- New Hampshire: 411
- Wyoming: 481
- Vermont: 527
- Idaho: 547
- Montana: 578
- North Dakota: 670

Source: Centers for Disease Control and Prevention
The role of motivation/support in maintaining/improving retention for Black MSM (whole person centered care)

- HPTN 061 - HIV prevention for Black MSM needs to not only focus on HIV (peer health navigation, social support, holistic approach)
- HPTN 073 - Utilized a novel client-centered intervention approach w/ coordinated counseling and care (C4)
- Included individualized care, referrals and support (include health care, mental health, housing assistance, etc.)
Engaging Black MSM in United States

1. Community Advisory Board (CAB)/Committee (CAC)
2. The role and influence of Key Informants
3. The role and influence Ambassadors (Peers from the Community)
4. The role and influence Spokesperson
5. Cultural experience / Interpreters
6. Using our own social networks
7. Partnership/collaborations with other agencies
8. Work Plans Activities
Community Advisory Board (CAB) / Committee (CAC)

- A type of advisory board consisting of representatives of the general public who meet with representatives of an institution to relay information between the two groups.
- Together, the CABs fulfill the following roles:
  - assist in the planning, development, and implementation of research
  - assess community impact and ensure community concerns are considered
  - serve as a voice for the community and study participants.
  - to build and foster partnerships between researchers and the community.
  - ensure that research strategies acknowledge and respect the values and cultural/ethnic differences among participants
The role and influence of Key Informants

- An individual not affiliated with the institution or organization, who has a direct connection to the communities and populations being targeted.
- To get information about a pressing issue or problem in the community from a limited number of well-connected and informed community experts.
- To understand the motivation and beliefs of community residents on a particular issue.
- To get information from people with diverse backgrounds and opinions and be able to ask in-depth and probing questions.
- To discuss sensitive topics, get respondents’ candid discussion of the topic, or to get the depth of information you need.
The role and influence Ambassadors (Peers from the Community)

- Word of Mouth
- Derived from Respondent Driven Sampling (RDS)
- Trusted leader
- Direct connection to target population
- An extension of your site
- Basic research/study training
The role and influence Spokesperson

- An individual with ties to the institution or organization, as well as the community being targeted. This person helps educate the community about the research study, and creates more exposure to the agency.
- Active participant or a participant that previously completed a study
- A medical provider or service provider
- A community stakeholder or community advocate
- A CAB member
Cultural experience / Interpreters

- A Presence At The Table
- Staffing Plan
- Recruitment Staff
- Physical Environment/Space
- Use and understanding of language/vernacular
Using your own social networks

- Word of mouth
- Town Hall meeting
- Social networking sites
- CC’s Parties
- In-service/Presentations
Partnership/collaborations with other agencies

- Key factor for recruitment
- Allows access to the target population
- Builds and maintains trust
- Display of study materials
- Support their initiatives
Work Plans Activities

- Road map for planned activities related to community engagement, CAB utilization, recruitment, and retention
- Living document that can be amended at any time
- Assist in determining financial and staffing needs
- Reviewed and signed off on by the CAB and site PI
Break Into Groups
Each Group

- Each table should have been assigned a group number
- Each group will need to assign a spokesperson to give the report back
- Each group will be assigned a topic on Engaging Black MSM
- Each group will two to four questions to answer pertaining to that topic.
- You will have 10-12 minutes to answers the questions.
Group Report Back
Group #1 / CAB/ CAC

- What guidance has your CAB provided to the site leadership related to Black MSM?
- How has your site utilized this information to improve recruitment of this population?
- What steps were taken to ensure adequate representation of BMSM on your CAB?
Group #2 / Key Informants

• How does the community engagement team identify key informants, and once identified, how is the relationship established and maintained?
• What information is obtained from the informant, and what study specific information is provided to them?
• Are these individuals compensated? If so, what’s the IRB approval process?
• Have you encountered a key informant that spoke negatively about your agency and the work that’s being conducted there? If so, how was this situation addressed and was it resolved?
Group #3 / Ambassadors (Peers from the Community)

- How did you recruit or select who would be ambassadors?
- How do you compensate ambassadors? If so, what does that look like?
- How do the ambassadors hand-off the referrals to staff at the site?
Group #4 / Spokesperson

• How does the community engagement team identify potential spokespersons?
• Are these individuals trained on the protocols? If so, who conducts these trainings?
• How do you ensure that the information being presented by the spokespersons are identical (eliminating the potential of misinformation)?
• Are these individuals compensated? If so, was IRB approval needed? Elaborate on the IRB submission process?
Group #5 / Cultural experience / Interpreters

- Are their new staff who have not participated in APAT?
- To what degree is your staff representative of the target populations?
- What trainings have been identified to help staff work with the target populations?
- Is the clinical/office space representative of the target populations?
Group #6/ Using your own social networks

• What guidance has your CAB provided in recruiting of Black MSM?
• How do you decide what social media sites to develop a profile or have banner ad?
• Do you respond to social media queries in real-time?
• Do you use photography/images from the local community?
Group #7 / Partnership/collaborations with other agencies

• If you had an agency that you had a challenge building a relationship, did you continue trying? Or what did you do?

• How do you handle working with different philosophies or ideas that agency staff have about research, particularly the ethics around research?

• What are some things you can suggest regarding supporting an agency’s initiatives?
Group #8 / Work Plans Activities

• Have you revisited recruitment strategies that are not working well? What changes have you made?
• Have you involved the CAB with all the changes?
• Are you collecting data connected to your work plan activities?
Role Play Activities – Case Study #1

Participant is ready to enroll in the research study but staff feels the participants is unstable and won’t complete the study (will include exploring implicit bias and how it can impact recruitment and retention for Black MSM).
Next Steps

- Collect the 3x5 cards
- Address the questions from the Parking Lot.
- Summarize the information and provide technical assistance among with the LOC.
- Write a report that will generated and distributed to the sites.
- Future request for technical assistance from the Black Caucus should be requested through FHI360.
Thank you
Acknowledgements

• Participants enrolled in the HPTN 083 Study
• Protocol Leadership
  – Raphael J. Landovitz and Beatriz Grinsztejn
• HPTN Leadership and Operations Center
• HPTN Leadership
• HPTN 083 Study Protocol Teams
• HPTN Black Caucus
• Gilead Sciences
• Viiv Healthcare
Acknowledgements

The HIV Prevention Trials Network is sponsored by the National Institute of Allergy and Infectious Diseases, the National Institute of Mental Health, and the National Institute on Drug Abuse, all components of the U.S. National Institutes of Health.