

The Peaks and Valleys of Intervention Uptake: Lessons from HPTN 096

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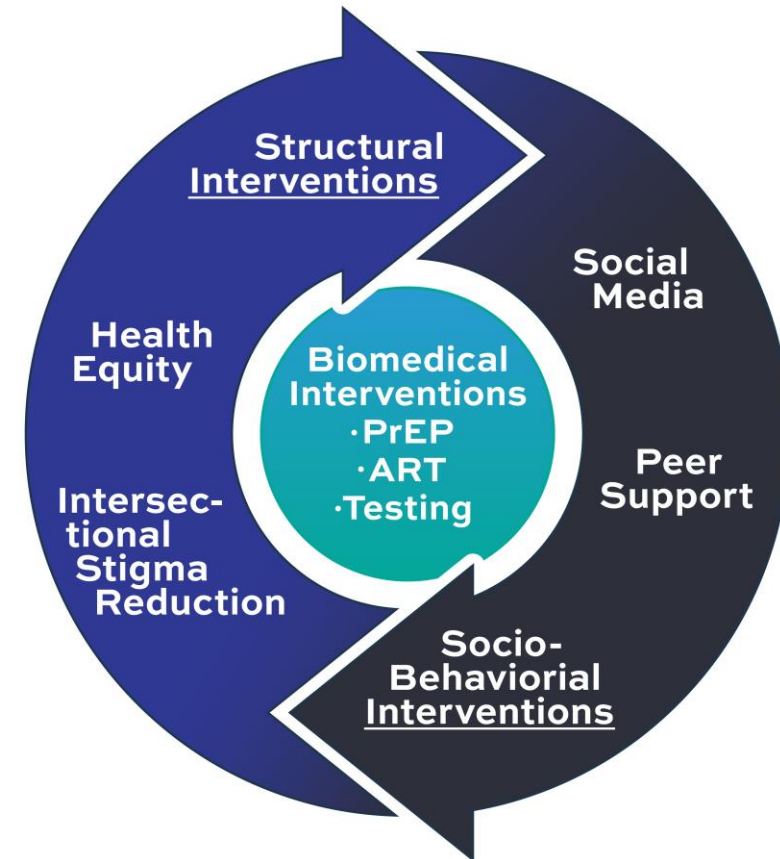


Presentation Highlights

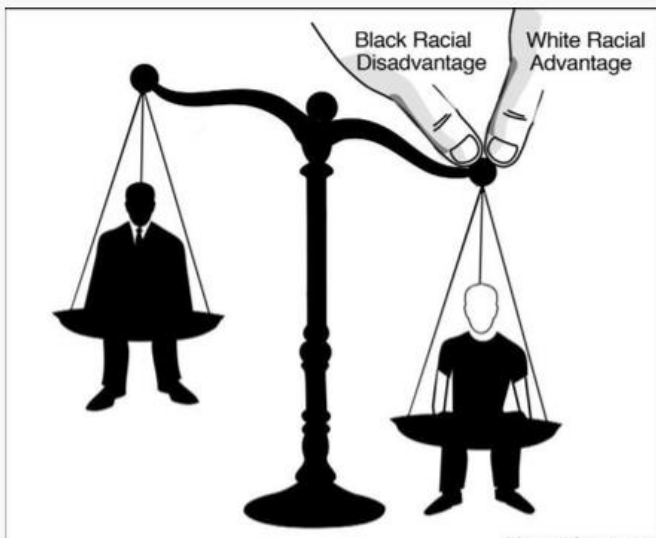
1. Communities are not controlled settings. Unpredicted challenges can occur at multiple levels
2. HPTN 096 takes an adaptive “bend, don’t break” approach to maintaining relevance and viability amid turbulent study conditions
3. Multi-level implementation trials must recognize Black communities as assets and partners and be responsive to the realities of life experienced by organizations that serve them.

HPTN 096 Integrated Strategy

- HPTN 096 is testing an integrated strategy to prevent HIV Black MSM in the southern US
- The study partners with organizations that are Black owned/operated and/or that serve Black MSM



Organizations that serve Black MSM work within an environment of systemic racism



- Limited funding opportunities
- Less resources / stressed capacity
- Less prior research investments
- Bias in public perception
- Newer organizations not fully established
- Staff recruitment and retention
- Stigma and discrimination faced by staff and clients

Unforeseen Circumstances in HPTN 096

- Local Black community input and advocacy led us to reshape (improve) the health equity component of the integrated strategy.
- Financial crises led to takeover and streamlining of two major HIV service provider in one community.
- The chief executives of two Black organizations died unexpectedly during course of the study.
- HIV prevalence in cross-sectional sample of Black MSM in pilot cities already extraordinarily high



BLACK COMMUNITIES

- Risks on their investment of tangible resources to HPTN 096
 - Time
 - Labor
- Risks on their investment of intangible social and cultural resources to 096
 - Trust
 - Reputation and Credibility
 - Media and Social Platforms
 - Mobilizing Connections/Relationships
 - Local insights
 - Novel inventiveness
 - Prioritizing HPTN 096 activities
 - Patience



HPTN 096 Study

- Financial loss
- Experience loss
- Timeline delays
- Inability to commit to multi-year funds adds to precarious situation of orgs who partner with us
- Community-engagement and support are key to a real-world implementation trial's relevance and viability

Indomitable Community Resilience

- **Where there is a will, there is a way!**
 - The will to win reflects the urgency of the HIV epidemic in their region and their determination to tackle it using science as a valuable tool.
- **Centering community expertise and input at every level of 096**
 - They know how to keep on course amid unexpected turbulence
 - They are teaching HPTN 096 how to be agile in this environment
- Supporting community stability and resilience through relationship-focused vs. transaction-focused engagement
- **Building capacity advances equity in how we conduct the research process, not just in how we measure the outcome**

- Test new and experimental design methodologies that attempt to grapple with the complexity of real world implementation.
 - Example: Learn-As-you-Go!
- Engage health business stakeholders in co-designing solutions to structural barriers to that thwart HIV PrEP and treatment impact.
 - **Health care corporations:** Business models that also sustain the bottomline
 - **Health insurers:** Strategy to expand first line options based on equity metrics
- Integrate political strategy into implementation strategy:
 - HCF adhere to best practice guidelines vs. stop being racist and homophobic
 - Structural interventions violate dominant social order
 - Need to mobilize supporters and neutralize (or minimize) resistance

Conclusions

- Implementing an integrated HIV prevention strategy for Black MSM must **acknowledge, anticipate, and respond** to the realities of anti-Black racism and anti-LGBTQ stigma and discrimination
- Healthcare marketplace cannot be ignored. Market-based financial incentives can help expand equitable access PrEP in the US
- Local communities, institutions, and the study team are resilient and adaptable – making success possible!





Thank you

