COMMUNITY ENGAGEMENT RESULTS

The CAG serves a vital role in HPTN 065 (TLC-Plus) community engagement

- During protocol development provided recommendations for
  - Financial incentive amounts that might motivate desired behavior
  - Participant-related procedures
  - Provider and patient surveys
- Continues to disseminate accurate information to communities
  - Developed and updates Frequently Asked Questions (FAQ) for overall study and FIs
  - Reviews presentation and training materials
  - Provides study information to communities via blogs, meetings, conferences, etc.
- Ongoing communication with protocol team
  - Annual face-to-face meetings
  - Quarterly conference calls
  - Provides feedback/insight on community and provider responses to study implementation.

HPTN 065 (TLC-Plus) community engagement is furthered by the protocol team
- Presenting at community meetings, conferences and webinars
  - Scientific, community and non-HIV specific events
  - Webinars with diverse audience participation
- Using Social Media
  - Distributes study information via HPTN Facebook and Twitter
  - Engages in Twitter Chats, Meet-Ups, etc.
  - Encourages followers to post questions and provide information about local events
  - Monitors social media sites, including blogs and links to articles, to review local and national feedback

HPTN 065 (TLC-Plus): A study to evaluate the feasibility of an enhanced test, link to care, plus treat approach for HIV prevention in the United States is a research study exploring the feasibility of a new, promising strategy for HIV prevention that aims to decrease new HIV infections in an entire community. The study consists of 5 components described in Figure 1.

CONCLUSIONS

- Community engagement in the HPTN 065 (TLC-Plus) study has been bi-directional and has occurred at multiple levels.
- Successful community engagement has enriched study design and implementation.
- Communities have been routinely kept abreast of study information, updates and progress.

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Figure 1: Study Components

- HIV testing expanded at 16 hospitals
- Event marketing to promote linkage-to-care
- Financial incentives (FIs) to promote viral suppression
- Community-based interventions to disseminate HIV in HIV+ patients
- 154 members will participate in bi-directional processes

Figure 2: Study Locations

- A TOTAL OF 17 MEMBERS FROM INTERVENTION AND NON-INTERVENTION COMMUNITIES
- FOUR OF THE CAG MEMBERS ALSO SERVE AS PROTOCOL TEAM MEMBERS

METHOD FOR FORMING THE COMMUNITY ADVISORY GROUP

- Community advisory groups (CAGs) for HIV network studies are traditionally drawn from the clinical research sites where studies are conducted. The HPTN 065 (TLC-Plus) CAG includes representatives on multiple levels:
  - Site
  - Community
  - National
- In 2009, potential members were sought using the following criteria:
  - Interest in the study
  - Relevant expertise
    - Familiarity with HIV/AIDS in Washington, D.C. and the Bronx, NY
    - Experience with AIDS service organizations (ASOs), community-based organizations (CBOs), or national advocacy groups
  - Availability and commitment to serve
- During the following year, similar process used to expand the CAG to include members from Chicago, Houston, Miami and Philadelphia.

Figure 3: Composition of the HPTN 065 (TLC-Plus) CAG

- Bronx, NY 4
- Miami, FL 2
- Washington, DC 5
- Houston, TX 1
- Chicago, IL 2
- Philadelphia, PA 3

Figure 4: Members of the HPTN 065 (TLC-Plus) CAG

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