Joining Underconnected Networks to Optimize Salud

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- Community advisory board

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Aims

- Aim 1: Identify LMSM and stakeholder priorities for the content, design, and implementation of JUNTOS
- Aim 2: Identify local HIV and ancillary services that address LMSM’s intersectional insecurities
- Aim 3: Develop and pre-test prototypes of JUNTOS with LMSM and stakeholders
Implementation Science Methodologies

- CFIR to identify determinants of suboptimal reach of PrEP, nPEP, and rapid treatment to Latino MSM

<table>
<thead>
<tr>
<th>Determinants of LMSM PrEP, nPEP, rapid ART use</th>
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<tr>
<td><strong>Inner Setting</strong></td>
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<tr>
<td>• Service availability (HIV &amp; ancillary) within organizations</td>
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<td>• LMSM &amp; provider knowledge about services (HIV &amp; ancillary)</td>
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Implementation Science Methodologies

Intervention mapping to develop the JUNTOS Referral Network based on determinants

**Determinants of LMSM PrEP, nPEP, rapid ART use**

- Complex to access HIV services without navigation
- Cost concerns tied to immigration, economic insecurity, lack of insurance
- Service availability (HIV & ancillary) within organizations
- LMSM & provider knowledge about services (HIV & ancillary)
- Affirmation & cultural fit for LMSM (e.g., language, LGBTQ-affirming practices) within orgs
- Weak ties/communication between HIV organizations
- LMSM’s intersecting insecurities (e.g., immigration, stigma, finances, mental health, transportation, education)
- LMSM peer influence (e.g., support, normalization)
- Providers’ and LMSM’s self-efficacy to navigate services
- Provider warmth and affiliation
- Insufficient culturally tailored outreach to inform LMSM about available resources

**Implementation Strategy: Juntos Referral Network**

- **The Juntos Referral Network**
  - **App/Web-Based Information Hub** with comprehensive information on where and how LMSM can obtain PrEP, nPEP, and rapid ART in ways that address intersectional insecurities (e.g., free transportation, low stigma venues, co-located ancillary services including mental health/substance use treatment, legal services for immigration, job support, etc.)
  - **Integrated Medical System Navigation** tailored to LMSM’s intersectional insecurities (e.g., anonymous phone/text navigation services)
  - **Desegregionalization and Peer Support** via interactive features (e.g., Q&A, user reviews, testimonials) to learn about peer LMSM experiences at specific HIV organizations and normalize use of services
Implementation Science Methodologies

Proctor’s implementation outcomes & RE-AIM to evaluate outcomes
Key Outcomes of Planning Project

- Aim 1: Knowledge of LMSM and stakeholder priorities for content, design, and implementation of JUNTOS
- Aim 2: Knowledge of available resources
- Aim 3: Knowledge of acceptability, appropriateness, and feasibility of JUNTOS (and strategies for adopting/maintaining it)
Key Outcomes of JUNTOS Tool (R34/R01)

LMSM determinants of PrEP, nPEP, rapid ART related to intersectional insecurities (e.g., immigration, economic insecurity, stigma)

Stakeholder determinants of PrEP, nPEP, rapid ART referral and delivery (e.g., fragmented HIV service organization networks)

Implementation Strategy: **Juntos Referral Network**
Address intersectional insecurities & leverage peer networks to increase consumer demand for PrEP, nPEP, rapid ART

Strengthen networks between organizations to improve navigation & referral to PrEP, nPEP, rapid ART

Improve REACH of PrEP, nPEP, and rapid ART to LMSM (EHE pillars: Prevent & Treat)
Discussion: Getting to the Next Level

- Ensuring representation among respondents
  - Monitoring strata and tailored recruitment efforts throughout (HIV status, nativity)
- Fostering sustained engagement
  - Brainstorming strategies and features to encourage continued use (event calendars)
- Making an app that is both ideal and practical
  - Still figuring this out!
Best Practices and Lessons Learned

- Thorough explanations to recruitment partners to facilitate recruitment
- Not getting “stuck” in the formative phase (knowing when to move to development)
- Benefits of having multiple entities to support each other
  - Need community partners to know what is needed
  - Need implementation partners to know what’s happening on the ground
  - Need academic partners to synthesize responses and feedback
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