

# CDUHR news

Center for Drug Use and HIV Research in the New York University College of Nursing

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## Conference on Information and Communication Technologies in HIV/AIDS Research

The New York HIV Research Centers Consortium held its sixth scientific conference entitled "Innovative Applications of Information and Communication Technologies in Addressing the HIV/AIDS Epidemic" on March 19, 2010 in the Kimmel Center at New York University. The goals of the conference were to: 1) Advance knowledge in applying innovative information and communication technology (ICT) tools to HIV-related research; 2) Provide a forum for presentation and discussion of multi-disciplinary, cross-cutting methodologies from ICT in research and practice.

The conference included a keynote presentation, three panel presentation sessions and a poster session. Selected highlights from the keynote and panel presentations are provided in this summary. The slides for the presentations and abstracts for the poster session are available at: [tinyurl.com/29ywxxy5](http://tinyurl.com/29ywxxy5). Information about the Consortium is available at [cduhr.org/nyhiv](http://cduhr.org/nyhiv).

### Keynote Presentation: Cornelis Rietmeijer, MD, PhD

Dr. Rietmeijer provided an overview of research on ICT tools and HIV/STI prevention including:

*Internet sex partnerships* – Seeking sex partners on the internet has been identified as a potential risk factor for HIV/STIs. However, the data do not support this; no association with prevalent STIs was found for men who have sex with men (MSM) who seek sex on the internet. Moreover, lower prevalent STIs were found among men who seek women partners, and among women who seek sex partners, online. MSM who met sex partners online were more likely to discuss HIV serostatus than partners they met in bathhouses. Women using online personal ads e-mailed potential partners extensively to negotiate safety,

sexual preferences and condom use prior to face-to-face meetings. Upon meeting partners, approximately 30% of women engaged in sex at the first encounter and 77% did not use condoms. Additional research is needed to understand the nature of online partnering, including its risks and potential benefits.

*Text messaging* – In a STI clinic study, text messaging was used to contact those who had tested positive for gonorrhea or chlamydia to remind them to call the clinic for results (if they had not called within seven days). Patients returned two days earlier for treatment than those who were not sent a text message.

*Online partner notification* – In an evaluation of inSPOT, a website that offers online partner notification for patients with STIs, only 5% of STI clinic attendees had heard of the website. When asked how they would inform their partner if they were diagnosed with an STI, the vast majority indicated that they would do so face-to-face, or over the telephone. A small percentage reported they would inform partners through the internet, text or e-mail messages.

### Panel I: HIV Screening and Prevention

*ICT tools for HIV/STI screening (Ann Kurth, PhD, CNM)* – Increasing HIV/STI testing is a critical component in reducing transmission since a positive diagnosis often leads to reductions in risk behavior. New tools for expanding demand and awareness of HIV/STI screening include: text messaging to locate convenient testing sites; telephone hotlines with computerized HIV counseling; computer games for mobile devices; the use of social media (e.g., MySpace) and internet social marketing; HIV testing campaigns which use text messaging, blogs and photo sharing sites; and offering free testing as an incentive for online surveys. To expand HIV/STI testing availability, home-based testing appears to have higher uptake, and to be more cost-effective, compared to facility-based or mobile testing. Computerized counseling and videos are being used to provide risk reduction information. Self-administered testing is available, but (continued next page)



Cornelis Rietmeijer



Seth Noar, Ann Kurth & Sarah Lord

additional research is needed to determine acceptability and whether they can be performed accurately.

*Technology-based HIV/STI prevention interventions (Sarah Lord, PhD)* – Technology-based interventions are easily accessible and readily adaptable based on participants' needs or responses. Computer- and internet-based interventions use a range of technology including: interactive virtual video date environments or video depictions of dates where there is peer coaching, cognitive rehearsal and interaction with other characters; videos that demonstrate negotiation skills; and online interactive activities to engage users. Internet-based interventions recruit participants through banner ads, chat rooms and social network sites. Text messaging is being used to obtain basic prevention and referral information, as well as for appointment reminders and medication adherence. Computer and internet-based interventions have shown promising results in reducing risk behavior and increasing condom use. Text messaging-based interventions have not been formally evaluated.

*Efficacy of technology-based interventions (Seth Noar, PhD)* – Results of a meta-analysis measuring the efficacy of technology-based interventions showed significance increases in condom use, and reductions in frequency of sexual behavior, number of sex partners and incident STIs. Interventions were significantly more efficacious when they targeted a single gender, used individualized tailoring, used a stages of change model, and had three or more intervention contacts. The meta-analysis of technology-based interventions revealed larger effects on condom use as compared to meta-analyses on human-delivered interventions. In a mediator analysis, interventions significantly increased HIV/AIDS knowledge, condom self-efficacy, positive condom attitudes, perceived susceptibility, condom communication, and condom use intentions.

## Panel II: HIV Treatment and Care

*Health information technology (HIT): Lessons from the VA (Steven Asch, MD, MPH)* – The use of health information technology (i.e., electronic medical records [EMRs], computerized ordering of medication, and decision support systems) is well-suited for the management of HIV care. HIT is ideal for longitudinal data management of patient records and to support clinical decision-making. However, technology is only one part of successful implementation of HIT systems. Human factors (e.g., usability and technical support), management adapting to support the system, and integrating the system into the organizational culture are critical issues to address. Clinical reminders in combination with provider education and organizational support and feedback have been found to increase HIV screening for at-risk patients. Tablet PCs, with audio computer self-interviews, are used to improve adherence to HIV medication. Interviews are administered prior to a visit with an HIV care provider and feedback reports on the level of adherence are provided to the patient and provider. This can provide a platform for discussion and collaboration between patients and providers to improve adherence.

*Electronic medical records to personalize and prioritize HIV care (Scott Braithwaite, MD)* – Standard guidelines of screening for certain conditions may not apply because of a patient's life expectancy, or chronic disease burden. While clinicians currently personalize care, these decisions can be determined in a systematic way in the next generation of EMRs. Payoff time is defined as the minimum time until incremental benefits of screening exceeds incremental harm. (Payoff time can be adjusted based on individual patient characteristics or life expectancy.) Once payoff time is determined, if death is likely before payoff time, the guideline is not advised by decision support; if death is unlikely before payoff time, the guideline is advised. Prioritizing of guidelines can also be systematically calculated by factoring in individual risk factors and preferences (e.g., feasibility of providing treatment or screening, and level of evidence that the guideline increases high-quality life-years).

*Health information technology in the developing and developed world (William Tierney, MD)* – In 2001, EMRs were implemented in the Mosoriot Rural



Steven Asch, Scott Braithwaite & William Tierney

Health Center in Kenya. This led to more efficient visits with total time per visit reduced by 25%. In 2002, Academic Model for Providing Access to Healthcare (AMPATH) was created at two sites in Kenya for HIV care. AMPATH required EMRs to manage data, protocols, reporting, and quality improvement. In 2006, a new EMR system was implemented to manage the expansion of data from 15 sites. Currently, AMPATH treats over 100,000 patients in 23 sites in Kenya. EMRs generate patient summary reports and clinical decision support (reminders) for providers, reports for critical ancillary programs, and required reporting for funding agencies. An open source EMR system, called OpenMRS, (based on the AMPATH system) has been developed. This is a free program intended to increase HIV care in developing countries and is currently widely used. Other technology used in Kenya include: PDAs for time-motion and field studies; mobile phones for adherence reminders and direct entry of data; android phones for home-based counseling and testing; and direct connectivity for uploading of local data and summary reports.

### **Panel III: Using New Media: Promoting Research While Protecting Privacy**

*E-health: Privacy and Its Limits (Janlori Goldman, JD)* – By the early 1990s, it was becoming widely recognized that there was a need for a comprehensive privacy and security law to protect health data. The Health Insurance Portability and Accountability Act (HIPAA) passed in 1996; the Privacy Rule went into effect in 2003. This rule regulates the use and disclosure of certain information held by health insurers, medical service providers, employer-sponsored health plans, and establishes regulations for the use and disclosure of protected health information. However, the law did not cover online research, or use of the internet. On the internet, people have the expectation of privacy, anonymity, and that their information is

confidential, and they are more likely to be forthcoming, to provide complete information, and to seek care. But when participants suspect that these expectations may be compromised, they engage in privacy protective behaviors, and the data may be unreliable. Developing ethical principles in advance regarding how data is stored, the length of time it is archived and who has access, is important to maintaining privacy and security of health information.

*Online behavioral surveys: Are they minimal risk? (Mary Ann Chiasson, DrPH)* – Many of the ethical concerns for online behavioral surveys are the same as surveys administered offline. These concerns include: the potential for psychological and social harm, informed consent issues, privacy issues, data validity, managing adverse events, and data storage and security issues. Managing adverse events is much more difficult with online surveys, since it may not be possible to recognize that an event has occurred or to intervene. Some of the other concerns may be alleviated by providing online resources to participants (e.g., health information sites, suicide prevention sites), adding an online video explaining the risks and benefits of the study, encrypting IP addresses and e-mail addresses of participants (and placing them in separate file from the study data), destroying the e-mail addresses of participants immediately at the completion of the study, training all IT staff on the protection of human subjects, and obtaining a Federal Certificate of Confidentiality.

*Protecting and respecting participants in chat room interventions (Scott Rhodes, PhD, MPH)* – To protect the identity of chat room participants in a research study, data were encrypted, participants' IP addresses were not collected, and the collection of other potential identifying information was avoided. Participants under 18 were directed to a CDC-sponsored website for adolescent health information. Community norms and standards for the chat room were reviewed. All staff were carefully trained to adhere to these guidelines. Only public chat rooms were used for the intervention, and staff posted their profiles making their identities apparent. The interventionists used a low intensity approach, did not target individuals, and built trust by engaging as a participant in the chat room. Lastly, there was ongoing steering committee review and guidance. *(continued next page)*



Janlori Goldman, Mary Ann Chiasson & Scott Rhodes

## Summary and Recommendations

Information and communication technology tools for HIV/STI prevention have shown promising results. Factors such as usability and organizational culture must be taken into account in order for these tools to be successful. In general, more rigorous study designs are needed to evaluate these tools. Establishing and maintaining close relationships with institutional review boards to communicate and educate them on privacy and ethical issues are recommended.

## Consortium News Briefs

### NY HIV Research Centers Consortium Awards Two Research Grants

In June 2010, the Consortium funded two investigators for studies that focus on issues of particular

relevance to the New York State HIV/AIDS epidemic. New York State Senator Tom Duane (D-Manhattan) was instrumental in securing funding for these grants. The grants will be administered by amfAR, The Foundation for AIDS Research.

Dr. Susan Abramowitz of the NYU School of Medicine was funded for *Evaluating Healthy Living Curriculum for HIV-Infected Youth*. This study will evaluate a skills management intervention for HIV-infected adolescents to increase medication adherence. Dr. Carolyn Chu of the Montefiore Medical Center was funded for *Effectiveness of a Collaborative Model of HIV Primary Care in the Bronx* to evaluate health service delivery and treatment outcomes of HIV patients treated within primary care clinics.

### Gene Morse Joins Steering Committee

Dr. Gene Morse joined the steering committee for the NY HIV Research Centers Consortium. Along with steering committee members, Drs. Jack DeHovitz, Sherry Deren and Anke Ehrhardt, Dr. Morse will help determine themes for the scientific conferences and agendas for annual directors' meetings. Dr. Morse is a professor and associate director at the NYS Centers of Excellence in Bioinformatics and Life Sciences at the University of Buffalo.

## CDUHR NEWS BRIEFS



Marya Gwadz

### Marya Gwadz Becomes Deputy Director of CDUHR

On July 1, 2010, Dr. Marya Gwadz became the deputy director of CDUHR. She will continue in her roles as deputy director of the Theoretical Synthesis Core and Interdisciplinary Research Methods Core. Dr. Gwadz has been engaged in HIV/AIDS research for 20 years. "I'm honored to fill this role and excited to work with Sherry Deren to continue to support our Center Investigators," said Dr. Gwadz. Dr. Holly Hagan, who previously served as the deputy director of CDUHR, will continue in her role as director of the Interdisciplinary Research Methods Core.



Noelle Leonard

### Gwadz and Leonard Move to the NYU College of Nursing

Dr. Marya Gwadz and Dr. Noelle Leonard joined the NYU College of Nursing as senior research scientists on May 1, 2010. They moved their NIH-funded projects to the College: Dr. Gwadz transferred her grant *Peer-Driven Intervention to Enroll Minorities/Women in HIV/AIDS Clinical Trials* (NIAID), which evaluates the efficacy of a peer driven intervention to improve screening and enrollment rates among women and racial/ethnic minorities. Dr. Leonard transferred *Prevention*

*Intervention for Drug Use & Related Behaviors with Incarcerated Youth* (NIDA), which evaluates the efficacy of an emotion regulatory intervention on recidivism, substance use and HIV risk behavior among incarcerated male adolescents. "I am delighted to join the College of Nursing. My staff and I have been warmly welcomed by our outstanding new colleagues. I am excited by the rich new opportunities here for collaboration and professional growth," said Dr. Leonard.



Holly Hagan

## IOM Released Report on HBV and HCV

The Institute of Medicine released *Hepatitis and Liver Cancer: A National Strategy for Prevention and Control of Hepatitis B and C*. Dr. Holly Hagan, director of the Interdisciplinary Research Methods Core of CDUHR, served as a member of the committee that developed this report. The committee's goals were to assess national prevention and control activities for hepatitis B (HBV) and hepatitis C (HCV), and determine ways to reduce new HBV and HCV infection and the morbidity and mortality related to chronic viral hepatitis. The full report and report briefs are available at: [tinyurl.com/yf5qflj](http://tinyurl.com/yf5qflj).

The IOM committee recommends:

- The CDC assess the accuracy and completeness of the national surveillance system for HBV and HCV and develop agreements with all states and territories to support surveillance of acute and chronic HBV and HCV
- The CDC work with stakeholders to develop HBV and HCV educational and outreach programs for health care and social service providers, at-risk populations and the general public
- All states mandate school entry vaccinations for hepatitis B, and recommend vaccinations for all infants, children and at-risk adults
- A comprehensive approach for viral hepatitis services, which includes outreach and awareness, prevention of new infections, identification of infected people, social and peer support, and medical management of chronically infected people
- Develop and test multicomponent HCV prevention strategies to reduce HCV seroconversion in IDUs. At a minimum, these should include access to sterile syringes and drug prevention materials.

## CDUHR/CFAR NYU School of Medicine Joint Funding of Pilot Projects

CDUHR, the NIAID-funded Center for AIDS Research at the NYU School of Medicine, and the NYU Office of the Executive Vice President for Health jointly funded two pilot project initiatives that integrate socio-behavioral and bio-medical research methods for HIV/AIDS research. Funding was also intended to encourage multidisciplinary collaboration among investigators at NYU.

Drs. M. Katherine Hutchinson and Nancy Van Devanter of the NYU College of Nursing received an award for *A Pilot Study to Assess Feasibility for Integration of Saliva Screening for Antibodies to HIV-1/HIV-2 into NYUCD Dental Clinics*. They are partnering with Drs. Joan Phelan, Daniel Malamud and Donna Shelley of the NYU College of Dentistry to conduct the study.

Dr. Perry Halkitis of the NYU Steinhardt School of Culture, Education, and Human Development was funded for *HIV, Illicit Drug Use and Aging in MSM*. Dr. Halkitis is collaborating with Dr. Demetre Daskalakis of the NYU School of Medicine and Dr. Sean Cahill from GMHC to use psychosocial and biomedical markers to assess HIV/STI risk behaviors.

## News Reports of the Work of CDUHR-Affiliated Investigators

Dr. Shiela Strauss was interviewed for two newscasts to discuss the findings from her article: *The dental office visit as a potential opportunity for diabetes screening: An analysis using NHANES 2003-2004 data*, which was published in the Spring 2010 issue of the *Journal of Public Health Dentistry*. Dr. Strauss and her colleagues showed that 93% of those with gum disease were also at high-risk for diabetes. The interviews aired on WABC-TV in New York and CBS-affiliated stations across the United States. (The NYU College of Nursing is part of the NYU College of Dentistry. Thus, investigators in both colleges have unique opportunities to collaborate on innovative projects.) Both interviews may be viewed at: [tinyurl.com/2ea8tfs](http://tinyurl.com/2ea8tfs). Additional information on the findings and recommendations may be found at: [tinyurl.com/25ajych](http://tinyurl.com/25ajych). *(continued next page)*

Dr. Pedro Mateu-Gelabert was featured in the Arts section of the New York Times. The article previewed a show called the “Heroin Stamp Project” at the White Box Gallery in New York City. The exhibition aimed at increasing awareness of the public health risks associated with heroin injection. The show included 150 glassine heroin bags with the brand stamps used by the sellers. Bags on display were

found in different neighborhoods in New York City where heroin users congregate, or where drug distribution occurs; some were donated by heroin users. A portion of the proceeds for the show were donated to the Lower East Side Harm Reduction Center, which provides syringe exchange and other services to drug users. The complete article is available at: [tinyurl.com/38ynhs4](http://tinyurl.com/38ynhs4).

## NEW CDUHR PROJECTS

In this section of the newsletter, information regarding new CDUHR-affiliated projects are described.



Janie E. Simmons

### Online Buprenorphine Training for Outreach Workers and Case Managers

Funding Agency: National Institute on Drug Abuse  
Principal Investigator: Janie E. Simmons, Ed.D.

Recent estimates indicate that there are 980,000 heroin and other opiate-dependent users in the U.S. – the highest number since the late 1970s. Despite the need for treatment, only 20% of opiate-dependent users are enrolled in drug treatment. The Drug Addiction Treatment Act of 2000 permits qualified physicians to prescribe medications approved by the Food and Drug Administration (FDA) for opiate dependence treatment. In 2002, buprenorphine was approved by the FDA for such treatment. The availability of buprenorphine by prescription has the potential of increasing access to opiate dependence treatment. However, there have been barriers including the knowledge gap regarding this medication. Physicians and addiction professionals have ready access to online training, while no training exists for outreach workers and case managers – the personnel who are often the first contact with “hard-to-reach” opiate dependent users. This project will develop a low-cost, easily accessible, online training curriculum about buprenorphine treatment and include relevant information on the use of buprenorphine for specific populations (e.g., youth and HIV+ persons) and evaluate prototypes of the modules.



Ann Kurth

### Enhancing Innate Vaginal Defenses to Reduce the Risk of HIV

Funding Agency: Bill and Melinda Gates Foundation

Principal Investigator: Ann E. Kurth, Ph.D.

Intravaginal practices, such as douching, are associated with adverse outcomes including bacterial vaginosis (BV) and increased risk for HIV. Intravaginal practices can enhance HIV-1 acquisition through mucosal disruption, changes in vaginal flora, or inflammatory responses in the genital tract. Reducing vaginal washing therefore could lower women’s risk of HIV-1 acquisition. Dr. Ann Kurth was awarded a one-year grant to develop and evaluate a theory-based intervention in Mombasa, Kenya to determine whether reducing or eliminating intravaginal practices will allow decreased abnormal vaginal flora, more acidic pH, decreased cervicovaginal mucosal disruption, reduced proinflammatory cytokines, and reduced immune activation markers. By restoring and maintaining a healthy vaginal environment, Dr. Kurth proposes that incidence of BV and HIV infection can be reduced. This grant was one of 78 grants awarded in the fourth round of funding of the Grand Challenges Explorations from the Gates Foundation. These grants are intended to foster innovation in global health research through bold and unconventional solutions.

December 2009 – June 2010

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# CDUHR-Affiliated Investigators' Projects

## New York University College of Nursing

ARV Adoption & Adherence in a US Mexico-Border Community-Based Clinic (NCMHHD)  
*PI: Michele Shedlin, Ph.D.*

Computerized Counseling to Promote Positive Prevention and HIV Health in Kenya (NIMH)  
*PI: Ann E. Kurth, Ph.D.*

Development and Testing of a Jamaican Mother-Daughter HIV Risk-Reduction Program (NINR)  
*PI: M. Katherine Hutchinson, Ph.D.*

Drug Abuse Research on GALT and HIV Pathogenesis (NIDA)  
*PI: Sherry Deren, Ph.D. (Site PI: Martin Markowitz, MD)*

Enhancing Innate Vaginal Defenses to Reduce the Risk of HIV (Gates Foundation)  
*PI: Ann E. Kurth, Ph.D.*

Increasing HCV Knowledge and Service Use in Drug Treatment Programs (NIDA)  
*PI: Shiela M. Strauss, Ph.D.*

National HIV Behavioral Surveillance: New York City (CDC)  
*PI: Holly Hagan, Ph.D.*

Peer-Driven Intervention to Enroll Minorities/Women in HIV/AIDS Clinical Trials (NIAID)  
*PI: Marya Viorst Gwadz, Ph.D.*

Prevention Intervention for Drug Use & Related Behaviors with Incarcerated Youth (NIDA)  
*PI: Noelle R. Leonard, Ph.D.*

Reducing HIV Transmission by Promoting Sexual Health among Drug Users (NIDA)  
*PI: Holly Hagan, Ph.D.*

Reproductive Health Decisions and HIV Infection Risk (NICHD)  
*PI: Ann E. Kurth, Ph.D. (J. Kiarie, Co-Principal Investigator)*

A Spanish-Language Intervention to Enhance Routine HIV Patient Care Delivery (NIMH)  
*PI: Ann E. Kurth, Ph.D.*

Substance Abuse and Health Vulnerability: Colombian Refugees in Ecuador (NIDA)  
*PI: Michele Shedlin, Ph.D.*

## National Development and Research Institutes, Inc.

Community Vulnerability and Responses to Drug-User-Related HIV/AIDS (NIDA)  
*PI: Samuel R. Friedman, Ph.D.*

Computer Delivery of Effective, Psychosocial Interventions in Methadone Treatment (NIDA)  
*PI: Lisa A. Marsch, Ph.D.*

A Culturally and Linguistically Appropriate Deaf Depression Screener (NIMH)  
*PI: Elizabeth Eckhardt, Ph.D.*

Dynamics of Retail Methamphetamine Markets in New York City (NIJ)  
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