

New York State Department of Health AIDS Institute Research Agenda 2022 – 2024

Executive Summary

The AIDS Institute has a long and productive history in research and program evaluation, with findings routinely presented at local and national conferences and published in peer-reviewed journals. In early 2021, the AIDS Institute began the process to systematically develop its first-ever research agenda. The purpose of the New York State Department of Health AIDS Institute Research Agenda is to shape AIDS Institute mission-driven research, including AIDS Institute-led and commissioned research and collaborative research that the AIDS Institute has a vested interest in but does not lead. The 2022 – 2024 AIDS Institute Research Agenda highlights research and program evaluation activities, prioritizing specific questions and knowledge gaps that will guide AIDS Institute research during this timeframe.

The AIDS Institute formed an internal Research Agenda Committee, led by the AIDS Institute Center for Program Development, Implementation, Research and Evaluation. This committee defined the primary focus areas for the research agenda (HIV; hepatitis C; sexually transmitted infections; lesbian, gay, bisexual, and transgender health; drug user health; and cross-cutting issues identified as AIDS Institute priorities such as health equity), stakeholders (funders, AIDS Institute staff, the research community [[Center for Collaborative HIV Research in Practice and Policy](#) faculty, ETE Metrics Committee members, and subject matter experts in hepatitis C, sexually transmitted infections, and drug user health], the HIV Advisory Body, and the AIDS Institute Programming Group), prioritization criteria (magnitude of impact, funding/resources, feasibility of conducting research, translatability, and the extent to which the question addresses an AIDS Institute priority area), and collected and prioritized proposed research questions. Research questions were requested from nearly 230 external stakeholders and staff from 17 program areas across the AIDS Institute. A total of 149 questions were received from 39 external stakeholders, all 17 internal program areas, and the New York State HIV Advisory Body.

Committee members prioritized 73 of the 149 research questions, ensuring questions are relevant to AIDS Institute priority populations and are likely to generate results the AIDS Institute can utilize to influence programs, policies, and practices. The final list of Research Agenda priorities aligns with the [AIDS Institute Priorities 2021 – 2023](#) and includes additional priorities which reflect issues pertaining to multiple program areas and emerging issues. Research related to emerging issues will be assessed annually, and questions may evolve based on literature, programs, policies, and practices at the time research is being conducted.

The AIDS Institute Research Agenda will be operationalized in early 2022 and will include internal research led by the AIDS Institute, AIDS Institute-sponsored mini grants, and purposeful collaborations with public health professionals and researchers. Specific prioritized research questions will be targeted for funding allocation internally and through collaborations. The AIDS Institute also welcomes investigator-initiated proposals for research collaborations related to any of the research priorities.

Priority Area*	Prioritized [†] research question	Anticipated start		
		2022	2023	2024
1	In what ways have persons previously undiagnosed with HIV interacted with the healthcare system in the years leading up to their diagnosis? To what extent were missed opportunities for earlier diagnoses present? [‡]			X
1	To what extent is immediate ART (also known as rapid ART) being realized in NYS and what are the barriers to, and facilitators of, immediate ART? [‡]			X
1	What is the relationship between rapid initiation of ARVs for persons newly diagnosed with HIV and long-term retention in care, medication adherence, and viral load suppression? [‡]	X		
1	What is the scope and severity of concurrent diagnoses across the State of New York? Does the data show isolated cases in certain populations of individuals? Where are patients being diagnosed/entered into care? [‡]		X	
1	To what extent do Health Homes (care coordination/management programs) impact HIV prevention and treatment services/outcomes (i.e. PrEP utilization, STI screening/treatment, HIV testing, viral load suppression, undetectable status, medication adherence, linkages to care, etc.) for PLWH and high-risk/high-need populations? [‡]		X	
1	Is a detectable viral load at pregnancy diagnosis a predictor of viral control during pregnancy and postpartum and of long-term engagement in care? [‡]	X		
1	What is the impact of an incentive-based training module targeting active AIDS Drug Assistance Program (ADAP) participants on the importance of Uninsured Care Program recertification and U=U? [‡]		X	
1	Does case management enrollment have a direct impact on an enrolled individual's viral load suppression rate? Does case management enrollment facilitate linkage to and utilization of medical, mental health and substance use services/treatment? [‡]			X
1	To what extent can the use of digital platforms to conduct partner services be successful (has optimal partner services outcomes), under what circumstances (to locate partners, to interview partners, to elicit and test partners), and for which populations (case assignment type, demographic and risk characteristics of cases)? [‡]		X	
1	What are the best practices of staff who achieve optimal partner services outcomes? To what extent can best practices be identified and to what extent are these practices transferable/scalable to other staff? [‡]		X	
1	What are the facilitators and barriers to the uptake of HIV testing of partners of pregnant persons in the antenatal setting? [‡]			X
1	To what extent are home HIV testing programs successful at identifying new PLWH, and what are other latent benefits of home testing, for example, education, raising awareness, reaching persons never tested before/not tested in the past year? Who have they been shown to reach and what percentage of a jurisdiction's newly identified persons are reachable through home HIV testing? [‡]	X		

1	What is the most effective way to leverage molecular and space time cluster information (and more broadly HIV surveillance data) to identify and reach high risk individuals and achieve ETE goals? †			X
1	What are the barriers/challenges for healthcare providers to offer routine HIV testing? †		X	
1	What is the effectiveness of the Learning Collaborative model practiced by the AIDS Institute and how can the AIDS Institute improve the body of evidence about Learning Collaborative implementation in general? †	X		
1	What are the best practices within primary care settings to improve viral suppression and reduce disparity gaps within prioritized populations? §	X		
1a	How can the comorbid disease burden of older HIV-positive patients best be quantified? †		X	
1a	To what extent are Designated AIDS Centers adequately meeting the HIV care and other needs of an aging HIV population in NYS? †		X	
1a	To what extent do older adults with HIV/AIDS experience functional limitations or disabilities that compromise their self-care and independence? §	X		
2	What are the best practices to target PrEP to appropriate groups in need, based on social media and other avenues? †	X		
2	To what extent is access to PrEP an issue in NYS and in which regions/populations? †			X
2	To what extent are the demographics persons served through PrEP-AP consistent with the demographics of those most in need of PrEP services? How does this compare to persons on PrEP overall in New York State? †	X		
2	What are the factors facilitating or impeding access to PrEP among NYS Medicaid members? †	X		
2	How can the known barriers to accessing PrEP among women be addressed in a way to effect programmatic change? †		X	
2	To what extent can controlled PrEP-focused ECHO delivered sessions increase capacity of PrEP prescribers and increase PrEP prescriptions within AI-funded agency systems? †	X		
2	What level of HIV PrEP provision is needed to effectively reduce new HIV acquisition in each priority population? What are barriers to PrEP uptake within each population? §	X		
3	What is the current role and potential for home testing programs and where can this fit in the portfolio of state funded/supported interventions? †			X
3	To what extent does stigma impact access to and utilization of health care among LGBT individuals, and what activities, programs and/or interventions can be invoked to address this impact? †		X	
3	To what extent can longitudinal data be used to identify persons at elevated risk for acquiring or transmitting HIV or STIs (i.e., repeat STI infections, being named as a partner multiple times, part of a rapidly growing transmission cluster, etc.)? To what extent can this information be used to develop effective interventions to reach these persons and to slow or prevent disease transmission in NYS? †			X
3	To what extent can programmatic interventions be developed or exist to address the impact of loneliness, depression, family stress, discrimination, and stigma on the access to HIV services for Latino MSM? §	X		

4	What are the facilitators, barriers, and identified needs to reduce health disparities among mothers and infants when HIV, STI, HCV, drug user health, and LGBT-related considerations are present? †		X	
4	To what extent are AIDS Institute-funded providers able to address barriers caused by the social determinants of health for clients re-entering society from correctional settings? †			X
4	What role do social determinants of health play in health outcomes of interest to the AIDS Institute, including viral load suppression, HCV reinfection rates, STIs, etc.? †	X		
4	Can an intervention be developed (or modified from existing interventions) using multistakeholder engagement, to address internalized stigma in PWUD? Can this intervention be piloted in harm reduction agencies/drug user health hubs to assess its effectiveness and its impact on increasing client engagement in healthcare services and substance use treatment? †	X		
4	Do disparate populations have equitable access to syringe delivery systems and what are best strategies to reduce disparities in service utilization? §		X	
4	What are the needs, risk and protective factors, sources of health care and healing that affect the health and wellbeing of indigenous people impacted by HIV/AIDS? §	X		
4	There are disparities in HIV prevention programming, which result in reduced awareness and access to prevention tools among women. How can awareness and access to these tools be increased? §	X		
4	To what extent do AIDS Institute-funded providers practice culturally competent care? What is the impact of failure to do so on willingness to access care? §	X		
5	What are healthcare providers' barriers and facilitators for hepatitis testing reporting? †		X	
5	What is the accuracy of dried blood spot testing to assess HCV cure? †	X		
5	What is the utility and feasibility of having disease intervention specialist workers and/or community-based organization staff conduct contact tracing and testing of contacts of prioritized PWID who are diagnosed with hepatitis C? †			X
6	What are the best ways to reach NYS youth with safer sex products, services and education? †	X		
6	What is the risk of HIV acquisition following an STI diagnosis? Priority populations include, but are not limited to Black and/or Hispanic females, Black and/or Hispanic men who have sex with men, persons who report using drugs, and persons who qualify for Medicaid. †		X	
6	What is the awareness of, and attitudes towards, PrEP and PEP for STIs (syphilis, gonorrhea and/or chlamydia) among AIDS Institute-engaged consumers and AIDS Institute-funded providers? †	X		
6	What are the key partner services performance levels for HIV and STIs necessary to achieve programmatic success (i.e., the number of partners needed to be interviewed per original patient necessary to stop disease progression, etc.)? †		X	

6	Can a dual HIV/syphilis point of care test effectively improve the quality of care for pregnant persons, specifically by routinizing third trimester syphilis and HIV testing, and successfully averting congenital syphilis cases? †		X	
6	To what extent has a status neutral model been adopted by HIV prevention and care providers? To the extent that it has, what impact, if any, has been realized? To what extent have AIDS Institute-funded providers received training in <i>How to Conduct a Sexual Risk Assessment</i> , to what extent do they conduct sexual risk assessments, and what is their comfort level and proficiency in doing so? †	X		
6	To what extent is the new AIDS Institute funding opportunity related to comprehensive sexual health services effective at achieving intended program objectives? †	X		
6	To what extent can STI and HIV testing be effectively promoted on college campus and to what extent will doing so yield "high enough" positivity rates relative to other venues? §	X		
6	What is the sexual health-related knowledge, attitudes, beliefs, and behaviors and baseline characteristics of recipients of comprehensive sexual health education (CSHE) in NYS compared to those who did not receive CSHE? What are the implications, if any, for AI practices? §	X		
6	How effective is doxyPEP in preventing syphilis, chlamydia, and/or gonorrhea among MSM on HIV PrEP? What is the difference in STI incidence among HIV-negative MSM on PrEP who utilize doxyPEP compared to those receiving the standard of care? §		X	
7	To what extent can a pilot be developed within Drug User Health Hubs to provide supports for substance using women giving birth such that outcomes for mother and child are better? †	X		
7	Within low-threshold models of care for PWUD, what are characteristics that are most salient to care outcomes? †	X		
7	How do drug testing and mandatory reporting/notifications to child welfare services, including Child Protective Services, via Child Abuse Prevention and Treatment Act guidelines contribute to barriers in drug user health services (i.e., naloxone access, medications for opioid use disorder, harm reduction programs, etc.) and congenital syphilis outcomes among pregnant and postpartum PWUD? †	X		
7	To what extent is pharmacy access to buprenorphine a barrier in NYS?; What are the reasons behind this; and What can be done to alleviate identified barriers to ensure equitable access in NYS? †	X		
7	Can qualitative information about post-overdose and other experiences with substance use from PWUD be systematically collected and analyzed to gain a better understanding of trends in the current drug environment and common substance use practices? †			X
7	What are the patterns of stimulant use within the MSM community of color accessing services through AIDS Institute-funded contractors and to what extent are needs related to stimulant use being addressed? †	X		
7	What are the impacts of increased access to take home doses and delivery doses of methadone on the overdose rates among people who are clients of methadone programs? †	X		

7	Will an expedited training on buprenorphine prescribing increase the number of clinicians who have an X-waiver across NYS? †	X		
7	In what ways have persons who experience fatal overdoses interacted with the healthcare system in the years leading up to their diagnosis? To what extent were missed opportunities for intervention? †	X		
7	What is the incidence of serious injection-related infections (e.g. endocarditis, osteomyelitis) in people who use drugs in New York, and what are the patterns of treatment, downstream health outcomes, and economic impact of these conditions? §	X		
7	To what extent can syringe access be increased in NYS, particularly in low SEP access areas, through purposeful partnerships and the expansion of second-tier syringe exchange programming? §	X		
7	Best practices around delivery of harm reduction services for PWUD are generally known. To what extent are AI-funded harm reduction providers implementing these services? §	X		
7	How can take home drug checking/testing kits be effectively used through Syringe Exchange Programs (SEPs)/Drug User Health Hubs to reduce the risk of overdose for people who use drugs (PWUD) by providing timely information about the contents and combinations of substances prevalent in the illicit drug supply? §	X		
7	Anecdotal and on-the-ground observations appear to indicate very high levels of PTSD, burnout, stress among staff of Drug User Health Hubs and SEPs. To what extent can this be verified through more systematic research? To what extent can potential strategies, utilizing lessons learned from the HIV epidemic, be identified to systematically address this? §	X		
7	To what extent can social media be used to support harm reduction practices among young PWUD in rural and suburban areas of upstate NY? §	X		
8	Can COVID-19 and/or flu testing be leveraged to provide HIV testing in emergency rooms to identify acute HIV infections? †	X		
8	Can HIV service providers be leveraged to increase COVID-19 vaccination rates for people at risk for or diagnosed with HIV? †	X		
8	What is the potential impact of the shift to Medicaid pharmaceutical carve out on access to HIV therapy, HCV therapy, and medications for opioid use disorder? †	X		
8	How can the AIDS Institute leverage current efforts to link datasets across and outside of the AIDS Institute and answer important research and evaluation questions, including the specific questions proposed in this agenda? †			X
8	To what extent are the new AIDS Institute funding opportunities effective at achieving intended program objectives? †	X		
8	How has telehealth impacted care delivery, medication adherence, and disease prevention among priority populations across AIDS Institute program areas during and after the COVID-19 pandemic? Has the impact been conditional on key populations/characteristics (i.e., race, region, income, distance to appointment)? †	X		

8	To what extent has the COVID-19 pandemic impacted the public trust of public health entities? What is the potential impact of this on HIV and STI interventions? [§]	X		
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*Priority 1: Improve HIV care outcomes, including timely HIV detection and higher rates of viral suppression; Priority 1a: HIV/aging; Priority 2: Increase access to PrEP and PEP; Priority 3: Continue coordinated efforts to reduce new HIV and STI diagnoses in sexual minorities, including but not limited to lesbian, gay, bisexual, transgender, and queer or questioning populations; Priority 4: Promote health equity and address health disparities and stigma; Priority 5: Eliminate HCV; Priority 6: Promote sexual health through new and expanded STI initiatives, evaluation, research, education, and care and treatment options; Priority 7: Promote interagency collaboration to improve drug user health, with a specific focus on expanding access to sterile syringes, increasing safe syringe disposal resources, and preventing overdose deaths including providing access points for buprenorphine; Priority 8: Cross-cutting and Emerging Issues.

[†] Questions which were not prioritized but are open to collaboration are not listed here. Some prioritized questions may be simplified in this table. Please see the Research Agenda for full proposed question. Research questions are subject to change based on results of pre-implementation literature reviews and other formative work.

[‡] Question planned for internal focus.

[§] Question planned for collaborations and may be included in subsequent mini grant cycles if not funded in cycle denoted here.