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Feasibility and acceptability of a sociocentric network-based recruitment method for HIV prevention programming for Black, Latino, and Caribbean sexual and gender minorities in NYC

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BACKGROUND

- Despite advances in and the increasing availability of biobehavioral HIV prevention strategies such as pre-exposure prophylaxis (PrEP), New York City (NYC) has one of the highest US HIV incidences with ~80% of new diagnoses among men being among Black, Latino, and Caribbean (BLC) sexual minority men (SMM) and transgender women (TW).
- Respondent-driven sampling (RDS) has shown great promise to surmount structural barriers (racism, homophobia, access) to HIV prevention programming in South Florida for Latino/x SMM.
- We will explore the feasibility and acceptability RDS to recruit existing sociometric groups of friends to receive an intervention together and opportunities to increase the uptake and adherence of biobehavioral HIV prevention strategies among BLC SMM and TW in NYC.

Figure 1. NYC HIV Incidence 2021

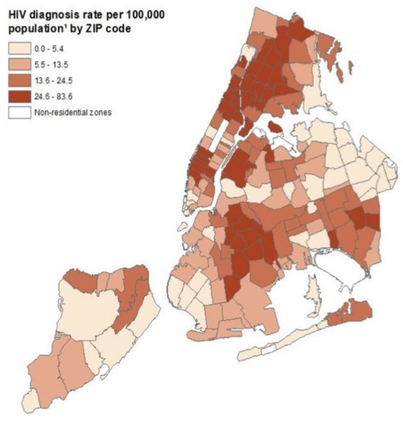

Figure 2. HIV Diagnosis rate in NYC by subregion of birth, 2021

METHODS

- **Recruitment:** This cross-sectional multi-method explanatory study is collecting quantitative and qualitative feasibility-related information during Jul/2022-May/2023.
- Ten participants (seeds) are being recruited from BLCSMM-frequented spaces in NYC.
- Each seed will recruit up to 4 friends as recruits, who will then recruit up to 4 friends for a total of 13 BLCSMM being enrolled into 10 pre-existing sociometric friendship groups (n=130).
- Data collection began once the entire network was recruited.

- **Quantitative:** Through self-administered Qualtrics and a Zoom-administered Network Canvas social network questionnaire, participants provides information relating to sociodemographic information, HIV status neutral cascade, and prevention conversations about HIV prevention intervention-related interactions.
- We described participants' descriptive information and visualized 1 network.

- **Qualitative:** In a semi-structured interview, 20 participants will be assessed for feasibility/acceptability of RDS and sociometric-based interventions.
- This poster presents information on 5 participants' data.
- We used Thomas' General Inductive Approach for analysis, guided by Proctor's Outcomes for Implementation Research (OIR) and Intersectionality Theory.

QUANTITATIVE PRELIMINARY FINDINGS, n=14

- We screened a total of 90 potential participants; 53 as seeds and 37 as recruits.
- Three seeds began recruitment chains, of which 1 was complete; n=13, n=2.

Table 1. Sociodemographic and drug use information of participants

	Total (n=14)
Mean age in years (SD)	41 (9.59)
Gender	
Nonbinary	2 (14.3%)
Cisgender man	6 (42.9%)
Transgender woman	6 (42.9%)
Race	
Black	5 (35.7%)
African American	1 (7.14%)
Black Caribbean	4 (28.6%)
Asian	3 (21.43%)
Hispanic/Latino/a/x/e	1 (7.14%)
Born in Caribbean	12 (85.7%)
Education	
Some high school	4 (28.6%)
High school diploma	7 (50.0%)
Some college or more	2 (14.3%)
Employed	2 (14.3%)
Used marijuana	9 (64.29%)
Used cocaine/crack	4 (28.6%)
Used methamphetamine	4 (28.6%)

Table 2. Social network information of participants

Sociometric network information	
Social network density	0.50
Avg number of neighbors	7.7
Clustering coefficient	0.73
Sex partner networks	
	Total (n=14)
Number of sexual partners (past 6 months)	
< 10 partners	6 (42.9%)
10 – 20 partners	3 (21.4%)
20 + partners	3 (21.4%)
Drug use partner networks	
	Total (n=14)
Number of drug use partners (past 6 months)	
None	6 (42.9%)
1 or 2	2 (14.3%)
3 – 10	2 (14.3%)
10 + partners	3 (21.4%)

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QUALITATIVE PRELIMINARY FINDINGS, n=5 IDIs

THEME 1: Participants found sociometric RDS to be feasible if they had established and extensive networks with similar sexual behaviors.

"I don't have a problem, like I said I have a network of friends we share information every day, we have a WhatsApp group, at least my friends, we share with each other, that's how I know about you because [network member] always share thing." Black transgender woman from Guyana on ARTs (52 yrs)

"I think it can work because at least that particular friend with the 3 friends that he brought, the 2 friends that he bring they were able to connect to 1 resource and able to have the same information and they may be able to invite another 3 friends or, so all within that one community, that 1 network, can have the same messaging, and most times when you say bring a friend you're bringing another LGBT friend, another friend who, you know, that really needs this information or need this particular resource." Black man from Guyana not on ARTs

THEME 2: Participants who were isolated or had other competing interests did not find sociometric RDS to be feasible.

"It's whack, it's not gonna work…Because I'm a prime example…it took me almost a week and half to call you. So yeah and it wasn't because I didn't want to. It's just I was like caught up in other stuff and I think, I think if I'm not mistaken, he said did you call that survey because I get a $10 referral…It's not conductive…you can't get no response…what you're doing on I think is better. Like hands on talking, you know, you know, conversation through the phone…all trying trying to establish a group, all that is, that's not good." Black man from US on ARTs

THEME 3: Network-based interventions require trust, comfort, and familiarity to already have been established within the group before receiving an intervention together.

"If it's like a group of friends that know each other, likely…it was like a group of friends or people who are comfortable … more likely if somebody is like familiar than random." Black cisgender man from Guyana on PrEP

THEME 4: Foreign-born participants have experienced trauma and homophobia in their countries of origin which caused them to leave and migrate to the US.

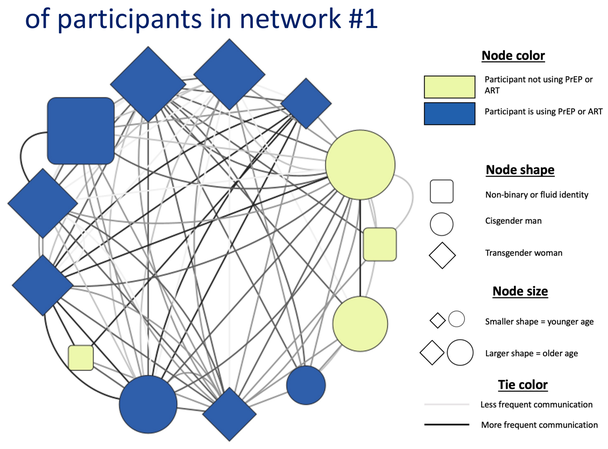
"Well you known Guyana is a homophobic country and I am a gay man. You have to do everything under the table. So I got myself into trouble with some guys, and hm, my life was threatened. They tried to kill me on more than 1 occasion. They accused me that I spread HIV to three other brothers- they died, which we don't have any proof of that. So, I had to literally run from my country and seek asylum in America." Black transgender woman from Guyana on ARTs

"I was asked to leave the house, I think, what? Age 12? And I end up on the street using drugs, doing sex work, on and on and on. I was taken advantage [of]. I was raped over and over. I was beaten. I was bullied. I was everything in my country. And the reason why I am coming from like west Indian background/ East Indian background." Black, Hispanic, Indian Non-binary identified person from Guyana on ARTs

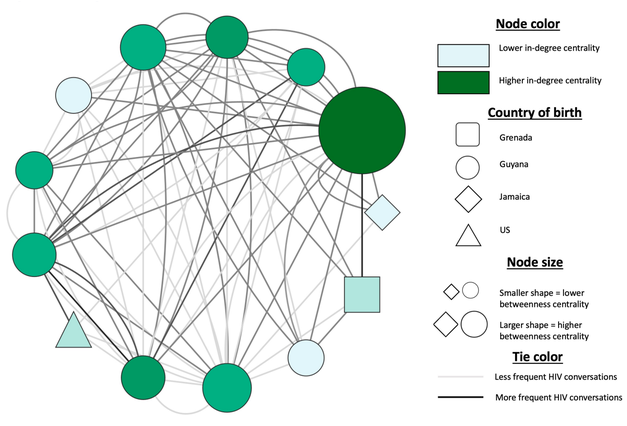
THEME 5: Participants wanted biomedical interventions to be as low burden and cost as possible.

"Just go in, get it done, and move on." Black cisgender man from Guyana on PrEP (27 yrs)

Visualization 1. Demographic information of participants in network #1



Visualization 2. Social network information of participants in network #1



CONCLUSIONS

- Data collection is ongoing but preliminary results indicate that only BLC SMM and TW who have established social networks found RDS and social-network based interventions to be feasible, acceptable, and appropriate. 1:1 interventions were found to be more feasible, acceptable, and appropriate.
- Interventions must be sensitive to participants' experiences of trauma (i.e., be trauma informed) and ability to pay for biomedical prevention.
- Our findings can enhance the reach and efficacy of biobehavioral HIV interventions which use RDS or are network-based interventions.
- This research will guide a future network-level intervention using peer-change agents, network manipulation, and digital intervention delivery.