

OPEN

The Social and Behavioral Sciences Research Network: Shaping a Contemporary Agenda for Research in HIV

Michael B. Blank, PhD,^a David S. Metzger, PhD,^a Gina M. Wingood, ScD,^b and
Ralph J. DiClemente, PhD^c

Key Words: Social and Behavioral Sciences, HIV, SBSRN

(*J Acquir Immune Defic Syndr* 2019;82:S81–S83)

We have previously produced supplements detailing the activities of the Social and Behavioral Research Network (SBSRN). They first documented the planning that went into the establishment of the network, the papers that were presented at the first scientific meeting in Philadelphia in 2008, and specially, the establishment of a Mentoring Day for new investigators or investigators transitioning to working in the area of social and behavioral sciences in HIV. The SBSRN was first established in 2005 to address the need for greater cross-CFAR collaboration and integration of behavioral/social sciences with clinical and basic sciences. R.J.D. and G.M.W. from Emory University CFAR (at the time) and M.B.B. and D.S.M. at the Penn CFAR met in 2005 after an invited talk by R.J.D. and G.M.W. at Penn (Table 1).

That initial discussion focused on shared challenges and opportunities as behavioral scientists working within the CFAR program, a predominantly biomedical enterprise. Those initial discussions and shared enthusiasm for broader collaborations across the CFAR program, led to a decision to hold a planning meeting of social and behavioral scientists affiliated with CFARs from across the country. The purpose of that planning meeting was to assess the opportunities and interest in forming an organized group to promote and support social and behavioral sciences within the CFAR program. The planning meeting was

held in Atlanta, March 27–28, 2006; hosted by the Emory CFAR and jointly supported by the Penn (J. Hoxie, PI) and Emory (J. Curran, PI) CFARs. At the planning meeting, participants representing 14 CFARs agreed on the importance of forming an organized effort to share tools and strategies that would promote integrated research and stimulate cross-CFAR collaborations. The group also established initial research priorities that were considered most critical for confronting the HIV epidemic; however, it was also recognized that as the HIV epidemic evolved, priorities needed to be responsive and forward looking to insure ongoing relevance in confronting HIV. Participants selected the name “Social and Behavioral Science Research Network” and agreed to rotate the meeting across CFARs, permitting different CFARs to host the annual conference.¹ The host CFAR would develop a theme for the conference derived from current priority research areas and the host CFAR’s specific scientific expertise. The planning meeting also conceptualized the structure of the SBSRN meetings to include a Mentoring Day, before the scientific meeting, devoted to mentoring early career investigators. Conference presentations were prioritized: (1) if they involved multiple CFARs, (2) if social/behavioral scientists collaborated with clinical/basic scientists in the research, and (3) if they used other CFAR core resources. The keynote presentations would be delivered by nationally prominent HIV experts to provide a state-of-the science overview. Subsequently, the conference would include breakout sessions to permit more in-depth discussions of the presentation. An executive committee was elected [DiClemente & Wingood (Emory CFAR), Metzger & Blank (Penn CFAR)] and charged with planning the first national conference in Philadelphia in 2006. A supplement from NIAID to the Penn CFAR (PI-James Hoxie) funded the first National SBSRN Conference in Philadelphia, October 10–12, 2006. That first conference was successful based on an evaluation of participants’ feedback; 90% rated the scientific sessions as “excellent or good.” The 145 registrants represented 32 institutions 15 CFARs, and 17 other institutions [ie, universities, foundations, and National Institutes of Health (NIH) institutes]. Buoyed by participant feedback, the structure of the Philadelphia conference, which included a Mentoring Day before the Scientific Meeting, served as a model for all subsequent SBSRN meetings.

Since that time, the SBSRN has been successful in helping to shape the future research agenda for social and behavioral sciences in HIV, and has moved beyond investigators from CFARs to include those involved with the Population Study Centers, supported through NICHD, the AIDS Research Centers, supported through NIMH, and now to anyone interested in participating. Increasingly, community

Received for publication August 20, 2019; accepted August 26, 2019.

From the ^aHIV Prevention Research Division, Department of Psychiatry, University of Pennsylvania, Philadelphia, PA; ^bDepartment of Sociomedical Sciences, Mailman School of Public Health, Columbia University, New York, NY; and ^cSchool of Public Health, New York University, New York, NY.

This publication resulted in part from research supported by the Penn Center for AIDS Research (CFAR) (P30 AI 045008 - Ronald Collman, PI), the Penn Mental Health AIDS Research Center (PMHARC) (P30 MH 097488 - Dwight Evans, PI) and the CFAR Social & Behavioral Science Research Network National Scientific Meeting (SBSRN) (R13 HD 074468 - Michael Blank, PI). The authors have or conflicts of interest to disclose.

Correspondence to: Michael B. Blank, PhD, University of Pennsylvania, 3535 Market, Room 4053, Philadelphia, PA 19104 (e-mail: mblank2@pennmedicine.upenn.edu).

Copyright © 2019 The Author(s). Published by Wolters Kluwer Health, Inc. This is an open-access article distributed under the terms of the Creative Commons Attribution-Non Commercial-No Derivatives License 4.0 (CCBY-NC-ND), where it is permissible to download and share the work provided it is properly cited. The work cannot be changed in any way or used commercially without permission from the journal.

TABLE 1. SBSRN Conferences, Host CFARs, and Conference Themes

Date	Host CFAR	Conference Theme
2006	University of Pennsylvania	The importance of behavioral and social science in HIV research
2007	University of Alabama	The future of HIV prevention: linking behavioral and biomedical interventions
2008	University of Washington	Biomedical and socio-behavioral research partnerships
2009	Harvard/Brown Universities	Confronting the interface of biomedical & behavioral intervention efforts
2010	Emory University	Translational research to reduce disparities in HIV
2011*		
2012	Duke/University of North Carolina	Addressing social and structural determinants of the HIV epidemic
2013	George Washington University-DC CFAR	Social, behavioral, and policy perspectives on HIV/AIDS: the District of Columbia and beyond
2014	University of California, Los Angeles	Disparities in research and clinical treatment, prevention and policies: a call to action
2015	Johns Hopkins University	Integrating social, behavioral and biomedical strategies: the future of HIV/AIDS prevention and care research
2016	University of Miami	Social, behavioral, & biomedical strategies for HIV prevention & health Equity
2017	University of California, San Francisco	Getting to zero and ending HIV
2018	Mid Atlantic CFAR Consortium, North Bethesda, MD	Behavioral strategies for optimizing biological interventions for HIV prevention and care

*No conference in this year.

members have been actively engaged through Community Advisory Boards and by including reactions from community members to keynote addresses and panels.

The current supplement combines the proceedings from the past 2 SBSRN meetings, the 2017 meeting that was held from October 18–24, 2017, and hosted by the University of California at San Francisco, and the 2018 Meeting hosted by the Mid-Atlantic CFAR Consortium (MACC) in Bethesda from August 8–10, 2018. The MACC consortium brought together social and behavioral science investigators from the CFARs at the DC CFAR and their participating institutions (American University, Children’s National Medical Center, DC Department of Health, Georgetown University, George Washington University, Howard University, Veterans Affairs Medical Center, and Whitman-Walker Health), the Johns Hopkins University CFAR, and the Penn CFAR and their participating institutions (University of Pennsylvania, Children’s Hospital of Philadelphia, and the Wistar Institute). The theme of the San Francisco meeting was “Getting to Zero and Ending HIV” and the theme of the Bethesda meeting was

“Behavioral Strategies for Optimizing Biological Interventions for HIV Prevention and Care. These 2 meetings were highly synergistic and it is a pleasure to provide the proceedings here.

The first paper is provided by Maureen Goodenow and Paul Gaist, “The Importance of HIV/AIDS-Related Behavioral and Social Sciences Research at the NIH and Beyond,”² and really sets the stage for the rest of the papers. Dr. Goodenow is currently the Director of the Office of AIDS Research at NIH where she provides oversight of the HIV portfolio and Dr. Gaist is the Director of Social and Behavioral Sciences at Office of AIDS Research. Dr. Gaist has been deeply involved with the SBSRN meetings for many years and has helped to shape our mission as well as served as a mentor on Mentoring Day over the past several years.

The next paper is provided by Newcomer³ entitled “Response to the HIV Epidemic: Perspectives from a Retired Project Officer.” For the past several years the SBSRN has been giving the Newcomer Award to a scientist who has been foundational to advancing social and behavioral science in HIV. Susan introduced Coates⁴ in 2017 who provides his remarks in “The Fight Against HIV is a Fight for Human Rights: A Personal Reflection.” The following paper is provided by Kelly⁵ who received the Newcomer Award in 2018 and his remarks follow in “10 Things We Need to Do to Achieve the Goals of the End the HIV Epidemic (EtHE) Plan for America.”

The next papers include the Keynote addresses from the San Francisco and Bethesda meetings. Auerbach⁶ has been a leading social and behavioral scientist and advocate for many years and her remarks follow in “Getting to Zero Begins with Getting to 10.” That paper is followed by one by Drs. Sten Vermund and Marie Brault entitled “Treatment as Prevention: Concepts and Challenges for HIV Prevention”⁷ where they review the work that found HIV plasma load to correlate with transmission risk, that demonstrated that antiretroviral therapy could reduce genital tract viral expression, and that showed early treatment to be clinically advantageous to persons living with HIV and that their HIV-uninfected sexual partners were protected from infection. Next, Dr. Kenneth Mayer presents a paper entitled “PrEP 1.0 and Beyond: Optimizing a Bio-Behavioral Intervention.”⁸ Mayer has been a leading proponent of PrEP and provides a deeply insightful analysis of the promise and pitfalls of that innovation.

The next paper comes from a panel at the San Francisco meeting where Drs. Vincent, Sevelius, Lippman, Linnemayr, and Arnold present “Identifying Opportunities for Collaboration Across the Social Sciences to Reach the 10-10-10: A Multilevel Approach.”⁹

The next section includes 2 papers describing the establishment of the inaugural MACC Scholars program, the first is by Limaye et al, entitled “The Mid-Atlantic Center for AIDS Research Consortium (MACC) Scholars Program: A Multi-Institutional Approach to Mentoring the Next Generation of Underrepresented Scientists”¹⁰ that describes the intentions and design of the Scholars program from the perspective of the program developers, and another one by Brown et al entitled “Increasing Diversity and Capacity in

HIV Behavioral and Social Science Research: Reflections and Recommendations from the Inaugural Cohort of the Mid-Atlantic CFAR Consortium (MACC) Scholars Program,”¹¹ which describes the process from the perspective of the scholars themselves. The convergence and divergence of the two perspectives reminds us that “where you stand determines what you see.” Bauermeister et al presented a paper based on his presentation in Bethesda entitled “Testing the Testers: Are Young Men who Have Sex with Men Receiving Adequate HIV Testing & Counseling Services?”¹² They do a great job examining the impact of a mHealth intervention for young MSM and the impact on use of prevention and treatment services.

Finally, the supplement presents three papers that were outgrowths of the SBSRN activities. The first is a paper by Denis, Morales, Wu, Metzger and Cheatle entitled “Association between Diagnoses of Chronic Non-cancer Pain, Substance Use Disorder and HIV-related Outcomes in People Living with HIV,”¹³ The next one is by Ruiz et al¹⁴ entitled “Using Interrupted Time Series Analysis to Measure the Impact of Legalized Syringe Exchange on HIV Diagnoses in Baltimore and Philadelphia.” Next, Ariadna Capasso, R.J.D., and G.M.W. present a timely paper entitled “Pregnancy Coercion as a Risk Factor for HIV and Other Sexually Transmitted Infections among Young African American Women.”¹⁵ These authors found pregnancy coercion was associated with a range of adverse sexual health outcomes and HIV/STI-related behaviors and attitudes among African American women and conclude that these findings underscore the need for promoting gender-equitable social norms in HIV prevention interventions. Last but not least, the supplement includes a paper by Rubtsova et al entitled “Prevalence and Correlates of Self-Rated Successful Aging among Older Women Living with HIV.”¹⁶

The papers contained in this supplement provide a snapshot of the research currently being conducted by behavioral and social scientists working in the area of HIV prevention and care and they present an overview of the research presented and discussed at the annual meetings of the SBSRN. The SBSRN meeting has now become a highly valued, shared resource for HIV/AIDS investigators around the country. It is uniquely focused on promoting interdisciplinary HIV research and places a high priority on interactions among behavioral, clinical, and basic science investigators, NIH program officials, and early career investigators, particularly those from under-represented racial and ethnic groups. These papers also reflect the evolving research priorities of the HIV epidemic, one of the initial goals of the SBSRN annual meetings—to help define the future research agenda for social and behavioral scientists working in HIV/AIDS.

By all objective measures, the SBSRN has been an unqualified success. Since its inception, the meetings have presented cutting-edge research and have been attended by an average of 149 participants representing a broad range of scientific disciplines, areas of expertise, career tenure, and geographic region. Over 230 early career investigators (nearly 40% from under represented racial/ethnic groups) have participated in the mentoring day. Although continued and

uninterrupted support for the planning and implementation of the SBSRN has proven to be challenging, we are motivated by the past successes of the SBSRN and see great opportunities for supporting investigators engaged in the fight against HIV. The SBSRN will continue to foster interdisciplinary collaborations by providing a forum for established investigators from a variety of disciplines, early career investigators, and NIH program officials to present and discuss current science and help mentor the next generation of behavioral and social scientists in interdisciplinary HIV prevention, treatment, and basic research.

REFERENCES

- Blank MB, Metzger DS, DiClemente RJ, et al. The first National Scientific Meeting of the Social and Behavioral Science Research Network: introduction to the supplement. *J Acquir Immune Defic Syndr* 2013;63(suppl 1):S1–S5.
- Goodenow MM, Gaist P. Importance of HIV/AIDS-related behavioral and Social Sciences Research at the NIH and beyond. *J Acquir Immune Defic Syndr*. 2019;82(suppl 2):S84–S87.
- Newcomer S. Response to the HIV epidemic: perspectives from a retired project officer. *J Acquir Immune Defic Syndr*. 2019;82(suppl 2):S88–S90.
- Coates TJ. The fight against HIV is a fight for human rights: a personal reflection. *J Acquir Immune Defic Syndr*. 2019;82(suppl 2):S91–S93.
- Kelly JA. Ten things we need to do to achieve the goals of the end the HIV epidemic (EtHE) plan for America. *J Acquir Immune Defic Syndr*. 2019;82(suppl 2):S94–S98.
- Auerbach JD. Getting to zero begins with getting to ten. *J Acquir Immune Defic Syndr*. 2019;82(suppl 2):S99–S103.
- Brault MA, Spiegelman D, Hargreaves J, et al. Treatment as prevention: concepts and challenges for reducing HIV incidence. *J Acquir Immune Defic Syndr*. 2019;82(suppl 2):S104–S112.
- Mayer KH, Allan-Blitz LT. PrEP 1.0 and beyond: optimizing a bio-behavioral intervention. *J Acquir Immune Defic Syndr*. 2019;82(suppl 2):S113–S117.
- Vincent W, Sevelius J, Lippman SA, et al. Identifying opportunities for collaboration across the social sciences to reach the 10-10-10: a multilevel approach. *J Acquir Immune Defic Syndr*. 2019;82(suppl 2):S118–S123.
- Limaye RJ, Magnus M, Metzger DS, et al. The mid-atlantic center for AIDS research consortium (MACC) scholars program: a multi-institutional approach to mentoring the next generation of underrepresented scientists. *J Acquir Immune Defic Syndr*. 2019;82(suppl 2):S124–S127.
- Brown LA, Dangerfield DT, Meanley S, et al. Increasing diversity and capacity in HIV behavioral and social science research: reflections and recommendations from the inaugural Cohort of the mid-atlantic CFAR consortium (MACC) scholars program. *J Acquir Immune Defic Syndr*. 2019;82(suppl 2):S128–S132.
- Bauermeister JA, Golinkoff JM, Lin WY, et al. Testing the testers: are young men who have sex with men receiving adequate HIV testing & counseling services? *J Acquir Immune Defic Syndr*. 2019;82(suppl 2):S133–S141.
- Denis CM, Morales KH, Wu Q, et al. Association between diagnoses of chronic non-cancer pain, substance use disorder and HIV-related outcomes in people living with HIV. *J Acquir Immune Defic Syndr*. 2019;82(suppl 2):S142–S147.
- Ruiz MS, O’Rourke A, Allen ST, et al. Using interrupted time series analysis to measure the impact of legalized syringe exchange on HIV diagnoses in Baltimore and Philadelphia. *J Acquir Immune Defic Syndr*. 2019;82(suppl 2):S148–S154.
- Capasso A, DiClemente RJ, Wingood GM. Pregnancy coercion as a risk factor for HIV and other sexually transmitted infections among young African American women. *J Acquir Immune Defic Syndr*. 2019;82(suppl 2):S155–S161.
- Rubtsova AA, Wingood GM, Ofotokun I, et al. Prevalence and correlates of self-rated successful aging among older women living with HIV. *J Acquir Immune Defic Syndr*. 2019;82(suppl 2):S162–S169.