

IRG Members Shared Resources / Experience / Expertise Available						
Investigator	Interests within the HIV care Continuum	Types of Measurements	Populations studied	Cohorts utilized/available	Determinants of Adherence studied/interested	Resources/Skills/Tools you are able to share
Jessica Merlin	Interested in how chronic pain impacts adherence/retention, and also how pain treatment for those not currently engaged might improve retention in care	clinic-based patient-reported outcome measures	individuals with HIV with and without chronic pain	1917 clinic cohort, CNICS	chronic pain, mental illness, addiction	gaining expertise in behavioral intervention development and clinical epi/biostats. Have done a lot of qualitative work. Expertise in pain. Clinical expertise in HIV in general.
Latesha Elope	Interesting in testing and linkage to care (to prevent late presentation); have done research looking at retention in care and found disclosure was associated.	Self-administered questionnaires, but also very interested in different medias to deliver questionnaires like I pads/tablets and cell phones.	Patients initiating care were included in prior research. Special populations interested in are racial minorities and sexual minorities (particularly young MSM).	Project Connect, 1917 Clinic cohort. I'm an interested in doing some studies with CNICS and the PROs. Ideally would love to do more studies in the community with the help of AIDS AL and BAO.	Gap > 180 days, viremia have been studied. Also, interested in medication adherence.	I have expertise in epidemiology (now). I also have clinical experience. I am trying to get more training and am interested in qualitative studies as well as behavioral studies.
Bulent Turan	HIV medication adherence, HIV visit adherence	experience sampling method using smart phones, questionnaires	people living with HIV	1917, WIHS	psychosocial factors, stigma, social support, trauma, attachment, pain, stress, cortisol	experience sampling method using smart phones, psychometrics of multi-item scales, multi-level analyses, mediation analyses, stress hormones (cortisol, alpha amylase, testosterone)
Janet Turan	ART adherence, HIV visit adherence, contraceptive adherence, adherence to maternal health and infant feeding recommendations (PMTCT)	self-report, medical records, qualitative inquiry (in-depth interviews and focus groups), data collection on iPads/tablets	pregnant women and partners in Kenya, women living with HIV in the US, new-to-care patients in the US, young women 18-24 in Bhm	WIHS, CNICS (iENGAGE)	stigma, discrimination, intersectional stigma, intimate partner violence, psychosocial factors, male involvement, interventions	measurement of stigma and other psychosocial constructs, qualitative and mixed methods, intervention study design, global health experience/contacts; data collection on iPads/tablets
Scott D. Batey	Linkage to care, Retention in Care, re-engagement in Care	Instruments included in CNICS PRO, Social Support, IPV, and stigma	General population, but specifically interested in health disparities among certain sub-populations (African-Americans, MSM, etc.)	1917 Clinic Project CONNECT; 1917 Clinic Cohort; 1917 Clinic Social Services data	Individual-level behavioral and social factors, community-level/structural factors such as poverty, neighborhood effects, etc.	Community engagement, strong partnerships with community-based organizations, Jefferson County HIV/AIDS Community Coalition
Mirjam-Colette Kempf	HIV medication adherence, HIV visit adherence, HIV testing uptake	self-report using validated scales/instruments, medical records, qualitative inquiry (in-depth interviews and focus groups), data collection on iPads/tablets, Wisepill, telemedicine	HIV-infected women (urban and rural), Minority Health, HIV-infected pregnant women + postpartum, Populations at risk for HIV	WIHS, TeleCARE cohort, HIV+ pregnant women and infants cohort, 1917 Cohort	stigma (HIV + depression), discrimination, intimate partner violence, psychosocial factors (depression in particular), traumatic life events, coping skills, social support, spirituality, structural barriers (e.g. transportation, poverty), food insecurity	Wisepill technology and expertise, Telemedicine technology and expertise, cohort data, qualitative data collection expertise and data, Adherence and depression measurement expertise
Robin Lanzi	Social and behavioral factors associated with testing uptake, linkage to care, retention in care, and medication adherence, particularly among adolescents and young adults; implementation research on enhanced educational and awareness efforts	Qualitative: focus groups, in-depth interviews, survey responses with open-ended questions; Quantitative: self-report (survey and interviews), standardized assessments, observational, medical records; Method of data collection: mobile based, in person, mailed	Low income and minority populations; adolescents and young adults; pregnant and parenting teens and young adults	Community Child Health Network, Parenting for the First Time study, My Sister's Keeper, Deep South Network for Cancer Control/CFAR Community Health Scholars Grants, mHealth/SAAFE	interested in assessing determinants of adherence from a social ecological framework at the various levels; key aspects interested in: roles of depression, faith and spirituality, social support, disparities, health communication, media and technology	mHealth: app development, research, and implementation; community based research; qualitative data collection; health communication; multi-site protocol development, research, and implementation; developmental assessments
Michael Mugavero	Linkage to care, Retention in Care, Re-engagement in Care, ART Adherence	Self-reported PROs, pharmacy refills, administrative visit data	General population of PLWH	1917 Clinic Cohort, CONNECT, CNICS, CDC Surveillance data (collaboratively)	Socio-behavioral, clinical, community-level factors	Experience with measurement and monitoring, public health and community partnerships, "big picture"
Crystal Chapman Lambert	Retention in care, medication adherence and Patient engagement	Mixed Methods; social support, stigma, patient activation, substance use, depression, and spirituality; data collection via interviews (personal and group) and surveys via iPads	Women of color living with HIV	1917; trying to expand to family clinic and other ambulatory HIV clinics in Alabama	Individual, community, clinical-level; social support, capacity building, trauma, patient activation, depression, coping, spirituality, stigma (HIV-related vs gender-related vs race-related).	Clinical expertise; Qual and Quant data collection;