HANC Youth Prevention Research Work Group NIH-funded Site Survey: 2nd Quarter 2021

Contents

Introduction

The Office of HIV/AIDS Network Coordination (HANC) -facilitated Youth Prevention Research Work Group (YPRWG) conducted an online survey of 110 NIAID-funded clinical research sites (CRSs) in April and May 2021, followed by an identical survey of 27 NICHD-funded clinical research sites affiliated with the IMPAACT network of the NIH HIV/AIDS Clinical Trials Networks in June and July 2021. This survey is part of an ongoing evaluation process by the YPRWG to assess the experience, capacity, and interest in adolescent HIV prevention research conducted by the NIH HIV/AIDS Clinical Trials Networks. The following is an executive summary of this survey and the comparative results of both survey data sets.

Executive Summary

The HANC YPRWG's Adolescent Research survey collected information concerning experience with adolescent research populations, with questions that included subcategories such as gender and HIV status, research venues, resource availability, research methods, and the impact the COVID-19 pandemic has had on research at clinical research sites. The purpose of these questions was to learn more about the CRSs' experience with adolescent research and capacity for conducting adolescent research protocols. The CRS survey respondents include primarily site leaders and site coordinators. Respondents were encouraged to share the survey with site staff to best represent their CRS.

Geographic and Network Response:

Site respondent's locales by continent were as follows:

CRS Response by Continent	NICHD	NIAID
North America	33% (8)	36% (17)
South America	25% (6)	6% (3)
Africa	29% (7)	45% (21)
Asia	13% (3)	13% (6)
Europe	N/A	N/A
Total United States	33% (8)	36% (17)
Total International	67% (16)	64% (30)

*Numbers reflect non-duplicate respondents and respondents that completed at least three research-related questions. Percentages have been rounded to the nearest whole number.

Many of the sites (89% of NICHD, 43% of NIAID) on our solicitation list completed some or all of the questions in this non-incentivized survey. NICHD sites were predominantly funded by IMPAACT (100%), followed by ACTG (34.5%), HPTN (13.8%), HVTN (20.7%), and ATN (6.9%). NIAID respondents identified their network affiliations (many were affiliated with multiple networks) as primarily ACTG (44.7%), with others responding from HPTN (42.5%), HVTN (18.2%), IMPAACT (21.3%), and ATN (2.1%) (Figures 1a & b). Roles of site respondents were also collected and are represented in Figures 2a and 2b.

Participant Demographics

Regarding adolescent demographics, all NICHD sites had conducted research with participants under the age of 12. 89.3% of the sites worked with adolescents aged 13-17 years old, while 92.9% conducted research with 18-24 years old and 78.6% had worked with those over the age of 24 (Figures 3a & b). Most sites had worked with both male and female populations (100% for females, 95.5% for males), while 50% had experience with transgender females and 36.4% had experience with transgender males (Figures 4a & b).

Of the NIAID sites, 91.7% had conducted research with participants >24 years and 93.8% have worked with adolescents aged 18-24 years old, while about half had conducted research with those 13-17 years old (52.1%) and adolescents 12 years old and younger (50%). Most sites had worked with both male (88%) and female populations (92%), while 24% had experience with transgender females and 20% had experience with transgender males. Of NIAID sites that have not conducted adolescent research, 64.7% responded that they have access to adolescent populations at the site.

Of the NICHD sites, 96.2% had worked with perinatally HIV-infected adolescents, 92.3% with behaviorally-infected adolescents, and 65.4% with adolescents at risk, but not living with HIV infection. At NIAID sites, 52% had worked with perinatally-infected adolescents, 56% with behaviorally-infected adolescents, and 80% with adolescents at risk, but not living with HIV infection. 50% of 24 NICHD site respondents and 32% of 25 NIAID site respondents were aware of the HIV incidence in their adolescent research populations. The respondents were also asked about CRS experience with other special populations, such as pregnant young women, sex workers, adolescents infected with STIs, and adolescents living with HIV in a clinical setting. There was a broad variety of CRS experience reported (Figures 5a &b).

Respondents indicated access to a variety of populations to which their sites had access. Of 24 NICHD-funded site respondents, adolescents living with HIV currently receiving care at the site (100%) was most common, with about 58.3% sites have experience working with adolescents living with HIV who are out of care. 100% of sites have access to pregnant young women while 75% of sites also have access to adolescents with STIs. 58.3% of sites have access to adolescents engaged in sex work and young gay, bisexual, and other men who have sex with men. 54.2% of sites have access to youth that identify as genderqueer, gender non-binary, or transgender. Eight sites (33.3%) have experience working with adolescent substance users including injection drug users. At NIAID-funded sites, 65.2% of 23 respondents had access to adolescents living with HIV currently receiving care at the site. 47.8% have access to adolescents living with HIV who are out of care. Sixteen sites (69.6%) report having access to adolescents with STIs. 52.2% (12 sites) have access to pregnant young women and young gay, bisexual, and other men who have sex with men. Only six sites (26.1%) have access to youth who identify as genderqueer, gender non-binary, or transgender populations. 39.1% of sites have access to adolescents engaged in sex work while only 21.7% of sites report access to adolescent substance users including injection drug users (Figures 7a&b). Individual sites also reported having access to adolescents with TB infection or exposure (two sites), healthy adolescents that are not living with HIV, out of school adolescents, and adolescents of minorities and migrant workers.

Protocol and Research Methods Experience

The survey inquired about research methods such as recruitment and study design. Top NICHD-funded site recruitment methods included clinic recruitment (96.2%), partnering with community-based organizations (61.54%) or public health departments (65.4%), with a broad representation of other methods such as household and venue-based recruitment (both 34.6%), partnering with family planning clinics (34.6%), snowball sampling and school-based recruitment (both 30.7%) with the least common method being web-based sampling (15.4%) (Figure 6a &b). At NIAID sites, the most prevalent recruitment methods included clinic recruitment (91.7%) and partnering with community-based organizations (75%), household recruitment (54.2%),

partnering with public health departments (50%), venue-based sampling (45.8%), again with good representation of other methods such as venue-based sampling (45.8%), and school and partnering with family planning clinics (both 37.5%), with the least common method being web-based sampling (12.5%). For the open-ended answer option, uncategorized NICHD responses included outreach in a hotspot such as a concert or referrals from outside clinicians and NIAID sites reported peer-to-peer recruitment, handing out flyers to participants in current studies, and community mobilization talks and roadshows.

The study designs of which NICHD CRSs had the most experience were observational cohort studies that included adolescents (92%), followed by randomized controlled trial of biomedical/drug/device (84%). Sites also had experience with Phase I and II clinical research (48%), qualitative research and feasibility/pilot studies of behavioral interventions and cross-sectional behavioral surveys (both 52%) with the least common research experience being randomized controlled trial of behavioral or structural intervention (36%) (Figure 9a). At NIAID-funded sites, the most common study design experience included randomized controlled study of biomedical drugs/devices (76%), followed by observational cohort including adolescents and cross-sectional behavioral surveys (60% and 52% respectively). About half of all NIAID-funded sites also had experience with qualitative research (44%) and feasibility/pilot studies of behavioral interventions (48%). NIAID sites also reported that they have experience with Phase I or II pilots/exploratory clinical research (20%) and randomized controlled trials of behavioral or structural interventions (32%). Additional responses include experience with HPV vaccine trials and cohort studies that included an intervention (Figure 9b).

A question about barriers to recruitment received more NIAID responses to the open-ended option than any other (68.8%), with 11 different responses (see Appendix IV). Of the pre-written options in the survey, the most frequently selected options included “lack of expertise at the site” (31.3%), “most adolescents available at the site are older than the inclusion criteria allow” and “protocols do not address issues that are of interest to research staff or to the adolescents at site” (both 18.8%). No respondents answered the question with “lack of interest”, “community thinks it is too risky”, or “site leadership has decided that it is too risky”. Of the respondent-generated responses, some answers pointed to lack of access to populations under 18, complications with the site’s IRB, and not being asked by the Networks to recruit adolescents (Figure 11).

The same question received no NICHD responses due to logic flow of the questions with the assumption that the rest of the respondents had conducted adolescent research.

The sites were also asked about clinical services available for adolescents: HIV care and treatment (100%) and pregnancy/ANC care (91.7%) were the most common at NICHD sites followed by HIV/STI testing (87.5%) as well as STI care and treatment (83.3%). 79.2% of NICHD sites offered contraceptive and reproductive health services, 70.8% offered mental health care, and 54.2% offered PrEP provision and care, 37.5% offer gender-affirming care and substance use services. 13 sites, or 50%, offered COVID-19 testing. Four sites (16.7%) provided additional services not listed including nutrition and dental referrals, vaccines, and primary healthcare (Figure 10a). At NIAID sites, HIV/STI testing and contraceptive and reproductive health services were the most commonly available service (73.9%), followed by HIV care and treatment (56.5%)

and PrEP provision and care (52.2%). 30.4% cited that they provide pregnancy/ANC care and COVID-19 testing. 26.1% of respondents indicated they provide mental health services, while 17.4 provide gender-affirming care, and 13% provide substance use services. There was also an open-ended response option which received three responses, including TB prevention, referral for PrEP services, and basic mental health screenings and referrals (Figure 10b).

To further research design knowledge, the survey also inquired about enrollment design (Figure 8a & 8b). When asked which enrollment features were most useful, 91.7% of 24 NICHD respondents selected "staff expertise in adolescent care and research", while 83.3% noted protocols designed to accommodate adolescent's schedules to be useful. "Flexible access - locations and times", was selected by 75% of NICHD sites. 70.8% of sites responded "adolescent focused outreach activities" are important for recruitment. The two options with the lowest incentive utility among NICHD sites were "adolescent and community engagement in protocol development" (50%) and "advanced consultation with external bodies" (29.2%). One notable response collected in the open-ended response was "parent/guardian engagement workshops". At NIAID sites, 77.3% selected "adolescent focused outreach activities (venue based, social networks, etc.)", while 72.7% found "protocols designed to accommodate adolescent's schedules" and "staff expertise in adolescent care and research" to be useful. Fifteen sites (68.1%) noted "incorporation of adolescent and community health promotion and other educational activities" as helpful. The two least popular options at NIAID CRSs were "adolescent and community engagement in protocol" (50%) and "advanced consultation with external bodies" at 54.6%. Three responses were collected in the open-ended response, with answers including "peer support and product use ambassadors", "training in motivational interview techniques", and "allow study participation by adolescent consent without parents for non-clinical trials with minimal risks (i.e.: questionnaires in those age 15 years up)."

CRS respondents were asked about their total number of years of experience with adolescent research. Most of the NICHD sites have been conducting adolescent research for 10+ years (76%). Three sites, or 12% reported 5-9 years of experience and three other sites reported having 3-4 years of experience conducting adolescent research. Eleven sites (44%) stated they had conducted 10+ studies. 12% have conducted 1-2 studies with adolescents, 24% of respondents had completed 3-5 studies while five sites (20%) had conducted 6-9 studies with adolescents. Of 23 NIAID responses, 17.4% (four sites) reported having 10+ years of research experience with adolescents. 52.2%, or 12 sites, reported 5-9 years of experience. Six sites (26.1%) had 3-4 years of experience while one site reported 1-2 years of adolescent research. Most NIAID site respondents (60.9%) reported that they had conducted 3-5 studies with adolescents. Four sites, or 17.4% have conducted 10 or more studies involving adolescent participants. Three sites (13%) reported 6-10 studies while two sites had conducted 1-2 studies with adolescents.

Advisory Experience

Of NICHD sites, 87.5% of 24 respondents reported that they worked with an Adolescent Community Advisory Group, while 100% of 24 respondents had both submitted a protocol to an IRB/ethics committee and received approval. 50% of NICHD respondents had requested a parental waiver for their adolescent research, with the waiver being granted in 10 out of 14 requests. 54.6% of 24 respondents cited that they had local guidelines for parental waivers.

71.4% of NIAID respondents reported that they worked with an Adolescent Community Advisory Group, while 95.8% of the 24 respondents (survey logic flow automatically skipped this question for some respondents depending on previous answers) had submitted a protocol to an IRB/ethics committee. Similar to NICHD sites, 95.8% of the 24 NIAID respondents had received approval from the IRB/ethics committee. 30.4% of 23 respondents had requested a parental waiver for their adolescent research, with the waiver being granted for 58.3% (12 sites responded to this question). 45% of 20 CRS respondents cited that they had local guidelines for parental waivers (47.5%).

COVID-19 Impact on Sites

The survey included two questions about the COVID-19 pandemic and the impact it has had on sites. 42% of NICHD-funded sites reported that COVID-19 affected the ability to provide clinical services to adolescents while 32% stated that COVID-19 affected the ability to conduct research with adolescents. Open ended responses from NICHD-funded sites detailing how COVID-19 has impacted the sites included a public transit ban has made more adolescents miss research-related visits, recruitment issues, community sensation, and not having the ability to conduct virtual visits due to not having electronic consents. For NIAID-funded sites that indicated they have conducted adolescent HIV research, 48% of sites reported that COVID-19 affected the ability to provide clinical services for adolescents while 30% noted that COVID-19 affected the ability to conduct adolescent research. NIAID-funded sites that have not conducted adolescent HIV research, 5 out of 16 respondents (31%) noted that COVID-19 has affected the ability to provide clinical services and to conduct research. Open ended responses to the question included that recruitment has been difficult during the COVID-19 pandemic, the nature of studies changed due to COVID-19 being the current focus, limited staffing allowed at sites, and the site has limited who can attend the clinic.

Summary

In summary, about 89% of NICHD-funded CRSs and 43% of NIAID-funded CRSs responded to this detailed non-incentivized survey to provide the Youth Prevention Research Work Group with valuable information on adolescent research. Sites indicated a broad range of experience working with adolescents, both living with HIV and living without HIV. Sites also indicated varied study design experience, while recruitment methods were notably less varied (primarily clinic-based recruitment). A majority of sites were interested in conducting adolescent HIV prevention research if they had not previously, and had access to diverse adolescent research populations. Of NIAID respondents, the survey indicated multiple barriers to enrollment and adolescent research in general (not invited to conduct research, lack of access to adolescent populations, etc.). The CRSs indicated a willingness to conduct and interest in adolescent HIV research, although they did note some of the barriers to conducting this research.

Site Survey Report Key Findings and Recommendations

In 2021, the HANC-facilitated Youth Prevention Research Working Group (YPRWG) conducted an online survey of 110 NIAID-funded clinical research sites and 27 NICHD-funded sites affiliated with the IMPAACT network of the NIH HIV/AIDS Clinical Trials Networks. A representative from

43% of the NIAID-funded sites and 89% of the IMPAACT-NICHD sites answered three or more survey questions. The YPRWG identified several key findings from the survey and based on these findings, provide recommendations to increase adolescent research within the NIH HIV/AIDS Clinical Trials Networks.

When combining the responses of all surveyed sites, we found that roughly 68% of the responsive sites (49 out of 72) have conducted or are conducting research with adolescents under the age of 18. That said, many barriers were reported by sixteen sites that have not conducted adolescent research. Several reported barriers were previously reported via the 2014 YPRWG site survey. One frequently reported barrier was the lack of access to populations under 18, with several sites stating that their site only serves adult populations. Other sites noted that they have not been asked to participate in studies that recruit adolescent populations, but they would be interested if given the opportunity. Another common theme revolved around the lack of expertise at sites. However, a few of these sites reported that they have partnerships with other local sites that have access to and experience working with adolescent populations. One site reported the site only has protocols for participants 18+, but investigators at the site have experience conducting adolescent research. Another noted they have a lack of experience, but recently starting building capacity to conduct adolescent research.

Two questions asked specifically about the impact COVID-19 has had on adolescent research at the site and on adolescent services provided by the site. Overall, sites reported that COVID-19 has impacted their ability to provide services more than it has affected conducting adolescent research. Among the sites that responded, 45% of the responsive sites reported COVID-19 impacted the ability to provide clinical services while 31% reported it affected adolescent research. While sites weren't impacted as much as expected, sites still reported disruptions and difficulties with pivoting to telehealth. Some sites had to suspend visits, while others shifted from in person to virtual visits. Lockdowns and suspension of public transit affected the ability to travel and make appointments.

Recommendations for the Networks to increase adolescent research in the NIH HIV/AIDS Clinical Trials Networks.

- The survey revealed that some sites are underutilized and that there is untapped expertise. Some sites reported interest in conducting adolescent research and while they lacked the experience and expertise, they have colleagues that have experience with adolescent research.
- Sites reported that the majority of recruitment efforts occurred at the sites while only a few sites appear to be taking advantage of the internet and social media. Enhancing the use of technology could improve recruitment and retention in adolescent studies as shown by the ATN.
- A handful of sites reported that the adolescent protocols shared with them do not address issues of interest to site staff and/or the adolescents at the site. Engaging with youth CABs during trial development could enhance youth interest and participation. Efforts to market upcoming studies differently could expand site and adolescents' interest in protocols.

Appendix I: Respondents to the HANC Adolescent Research Survey

Figure 1a: Network Affiliation, NICHD/IMPAACT

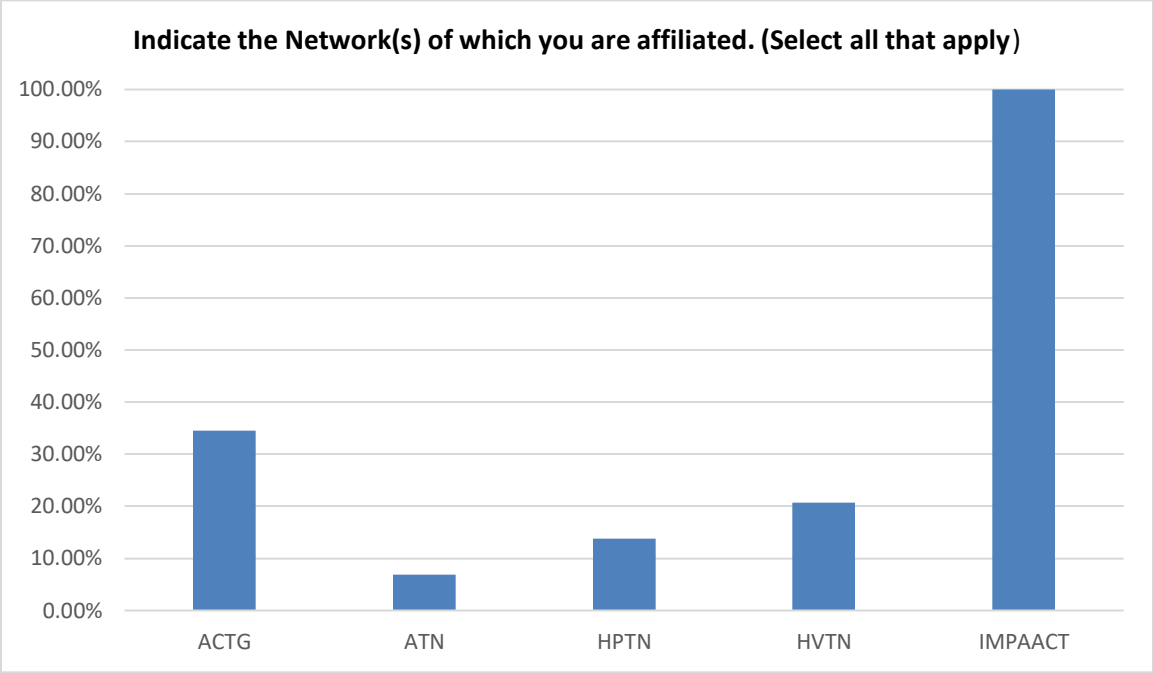


Figure 1b: Network Affiliation, NIAID

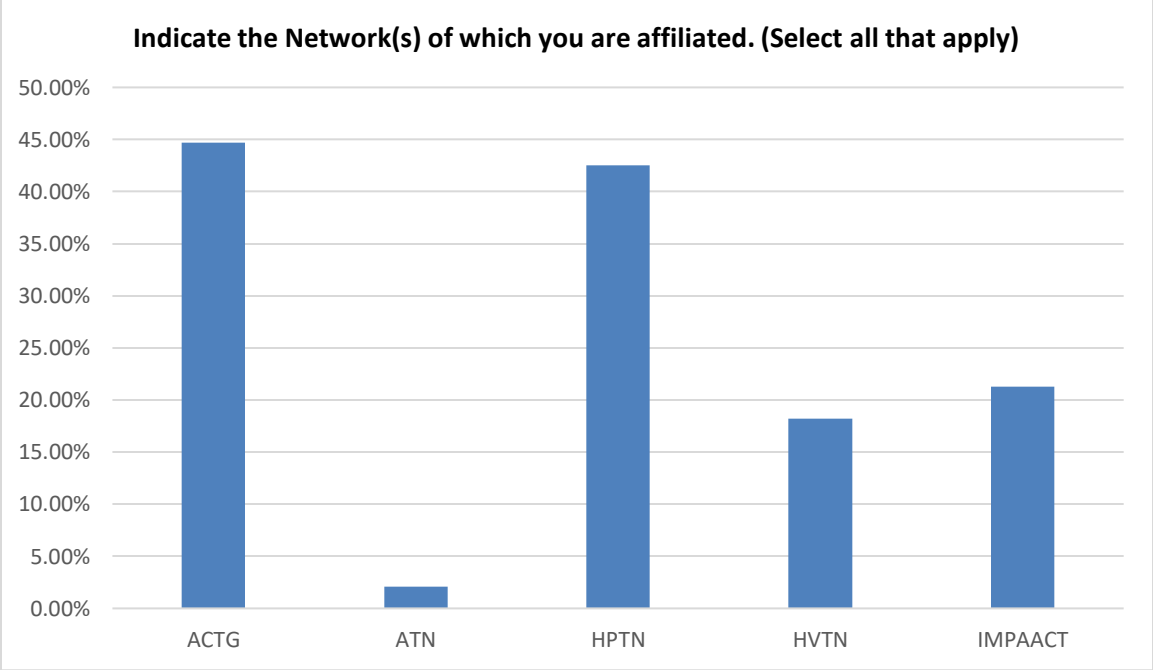


Figure 2a: Role of Respondent, NICHD/IMPAACT

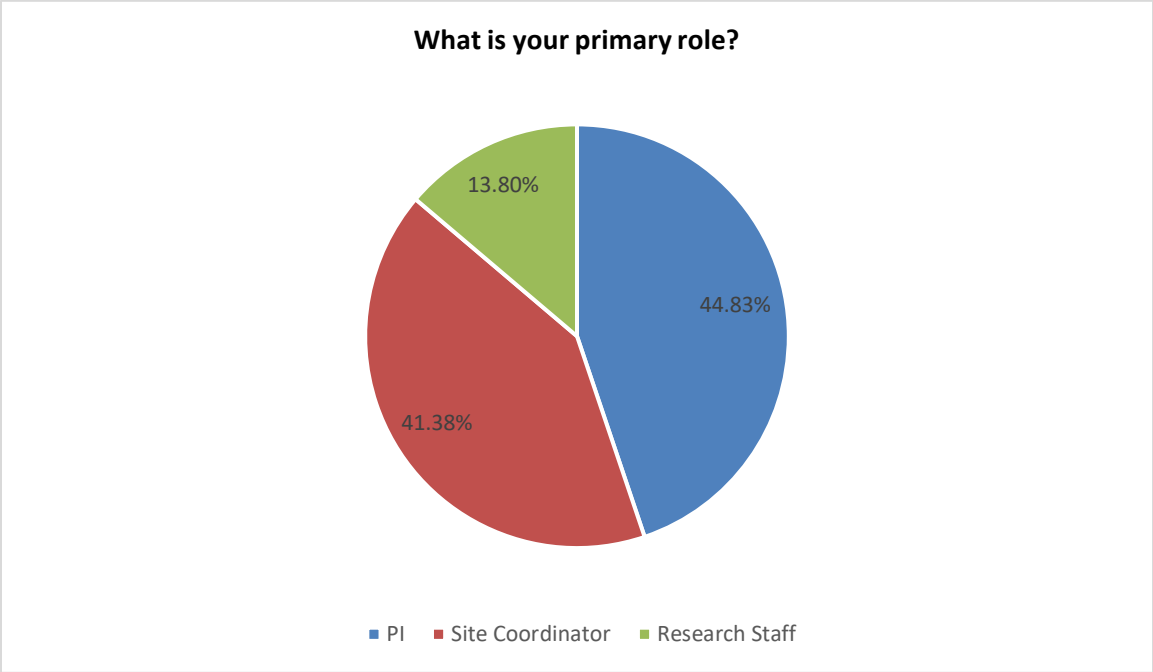


Figure 2b: Role of Respondent, NIAID

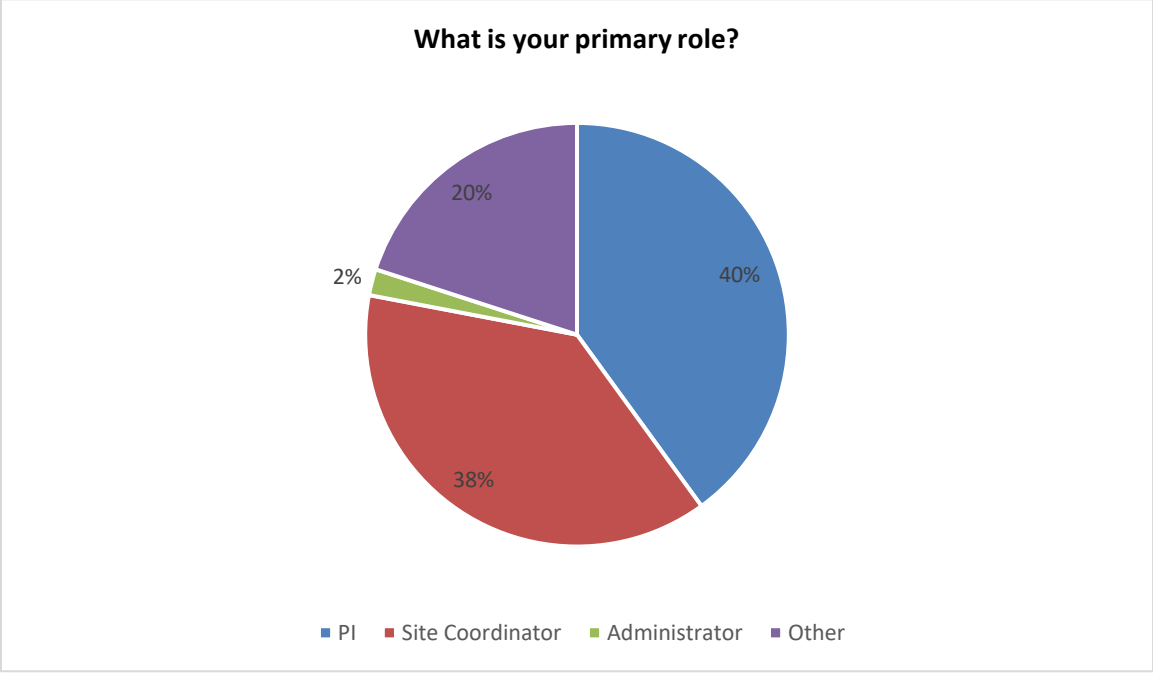


Figure 3a: Age Range of Study Populations, NICHD/IMPAACT

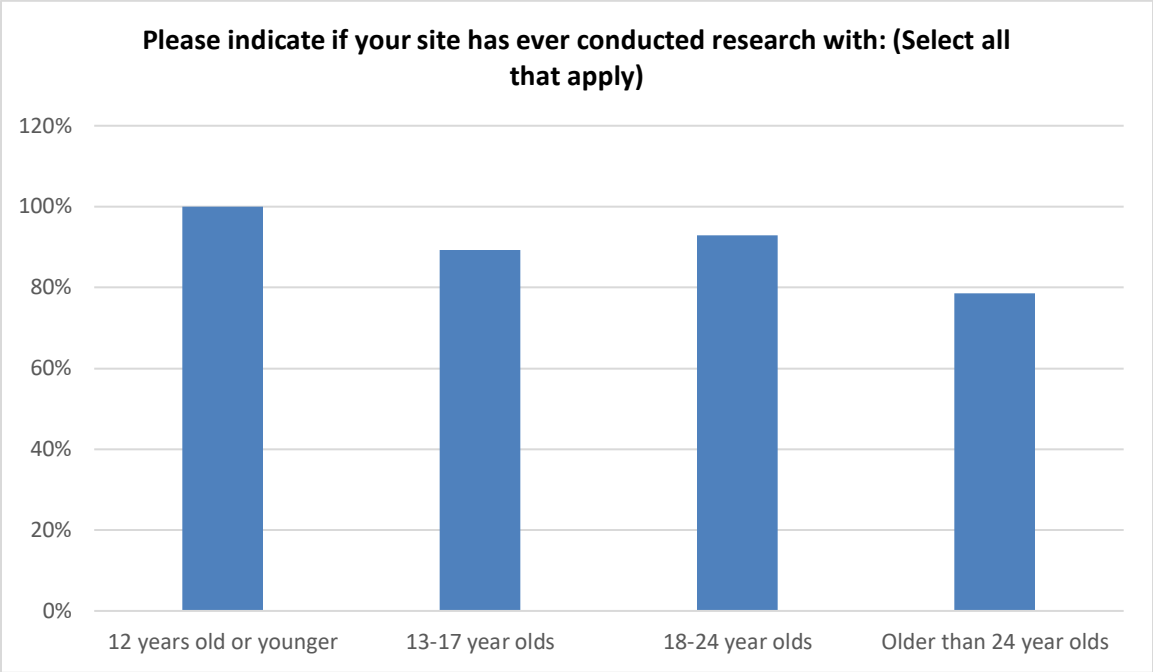


Figure 3b: Age Range of Study Populations, NIAID

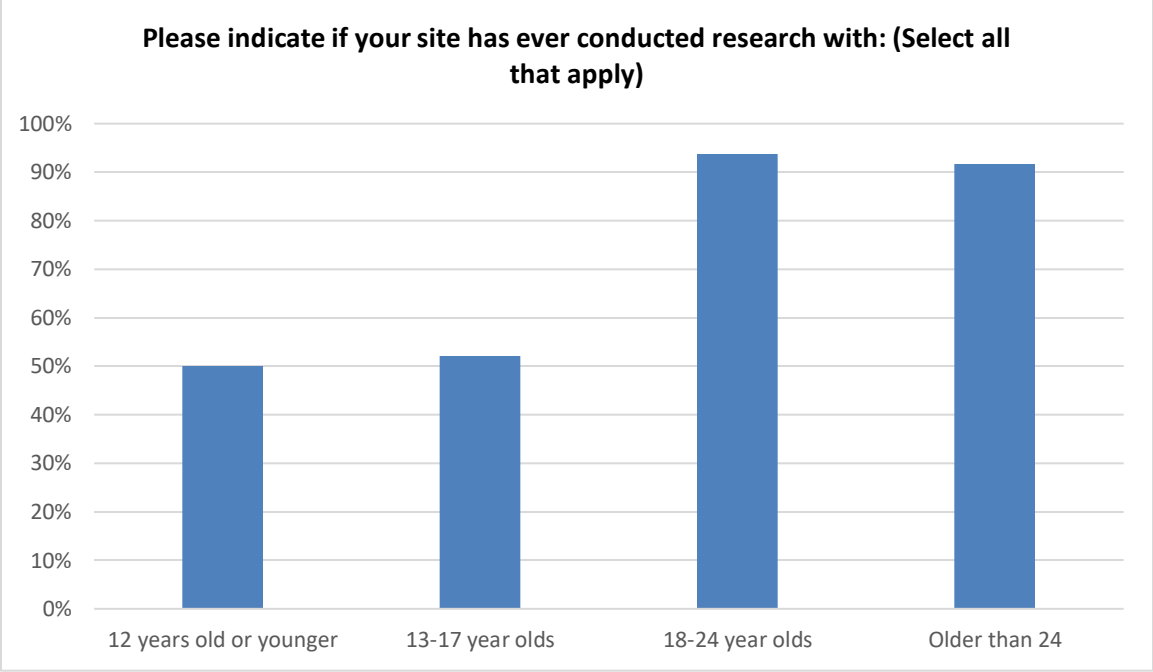


Figure 4a: Gender, NICHD/IMPAACT

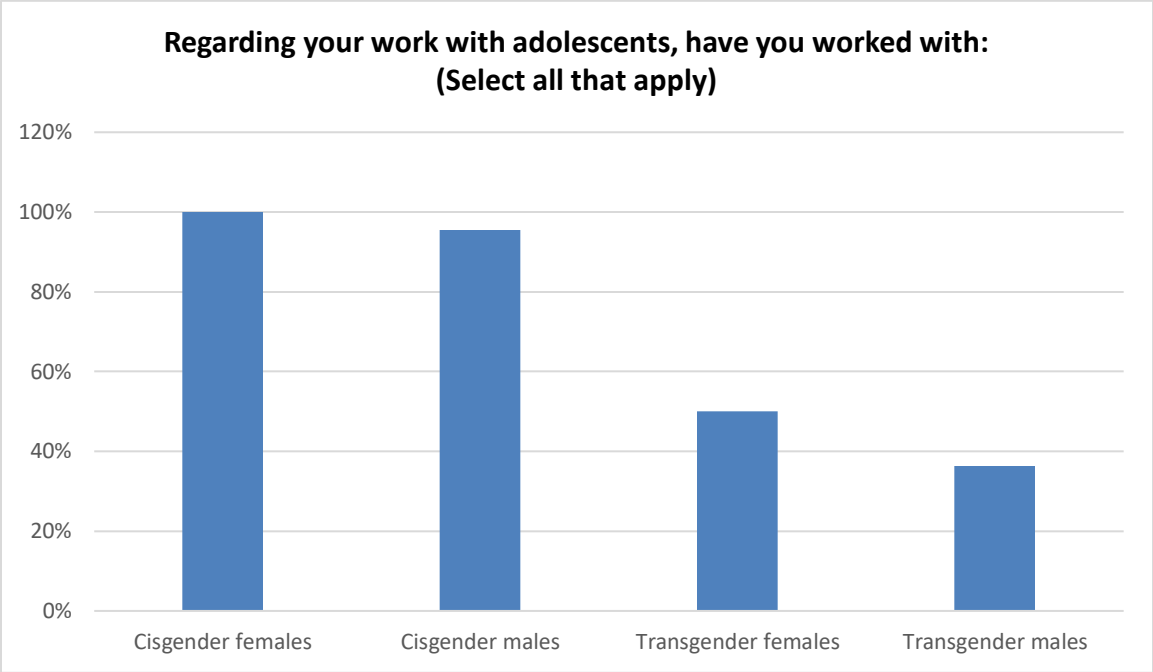


Figure 4b: Gender, NIAID

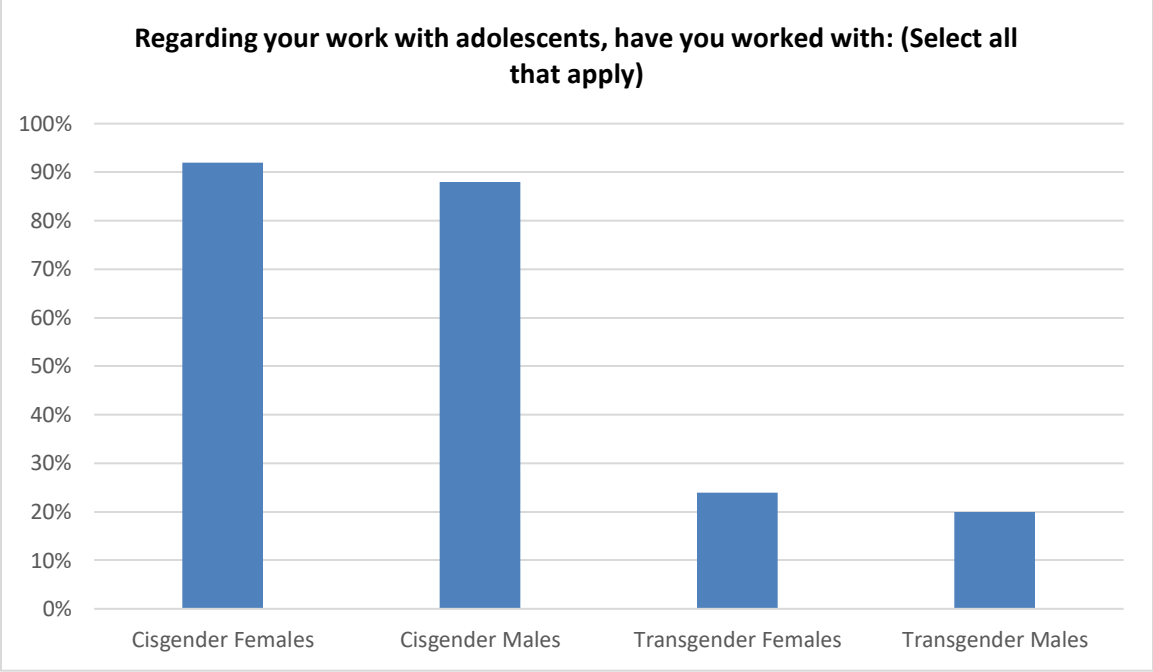
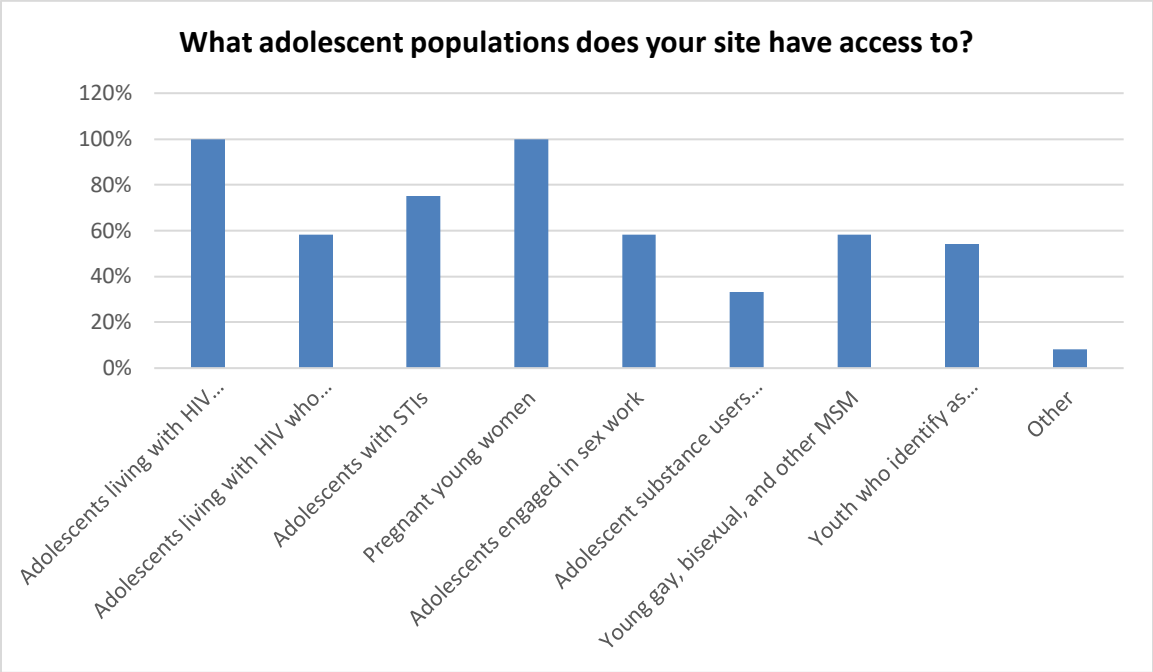


Figure 5a: Other Populations, NICHD/IMPAACT



X Axis Key for Figures 5a and 5b (left to right)

- Adolescents living with HIV currently receiving care at site
- Adolescents living with HIV who are out of care
- Adolescents with STIs
- Pregnant young women
- Adolescents engaged in sex work
- Adolescent substance users including injection drug users
- Young, bisexual, and other men who sleep with men
- Youth who identify as genderfluid, gender non-binary, or transgender
- Other

Figure 5b: Other Populations, NIAID

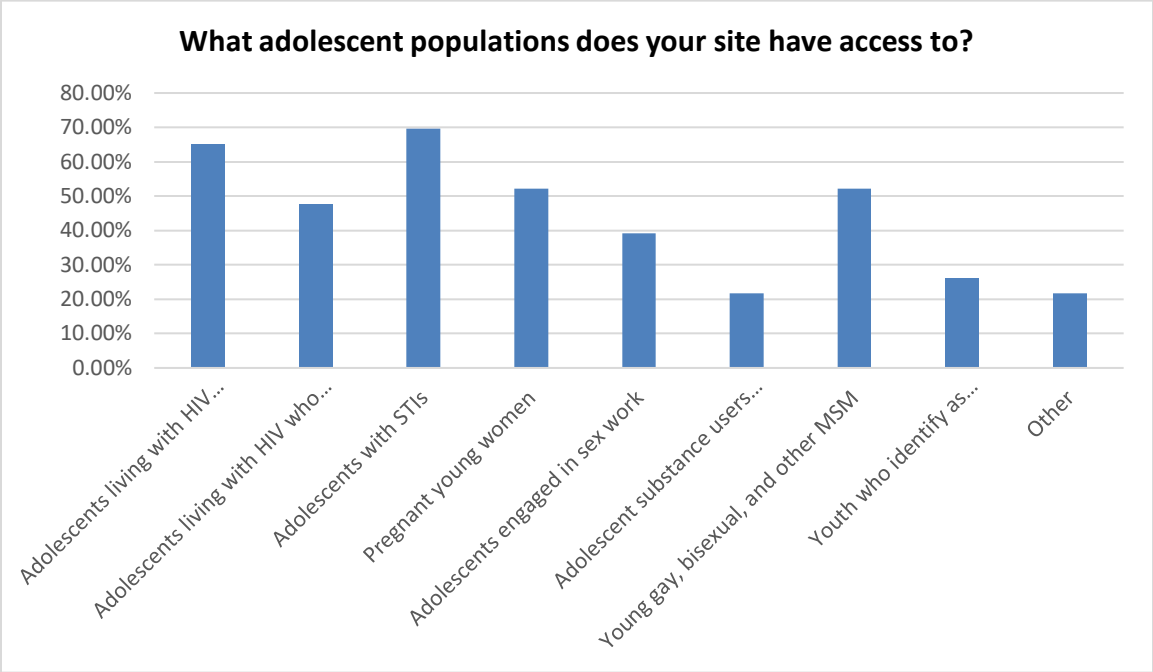
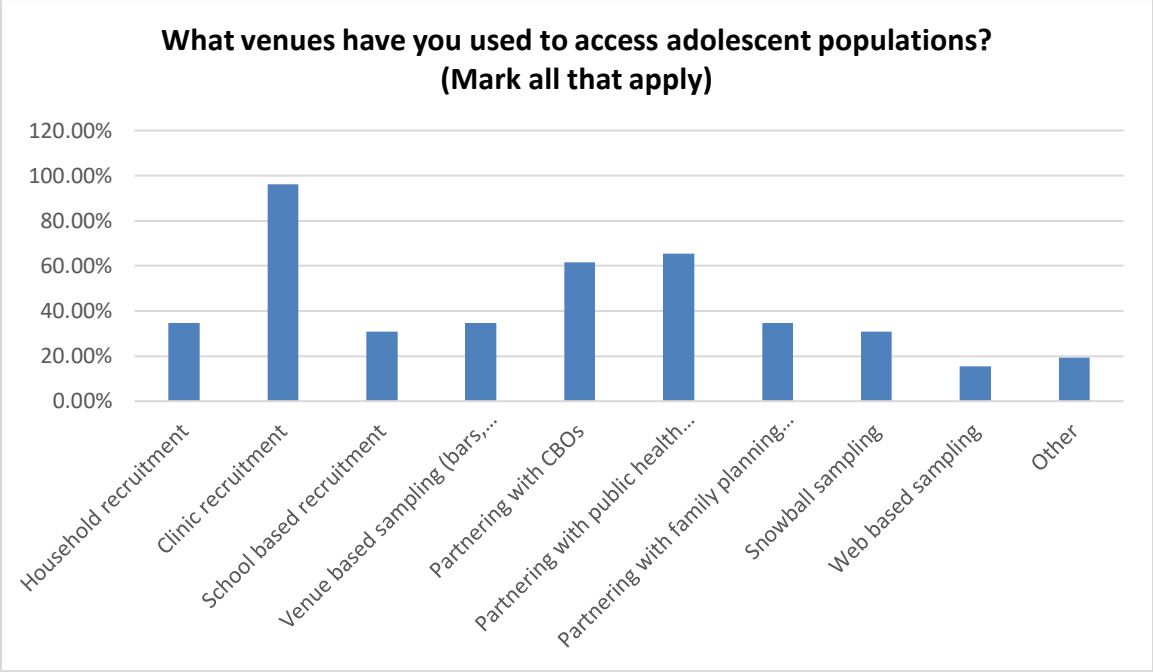


Figure 6a: Recruitment Methods, NICHD/IMPAACT



X Axis Key for Figures 6a and 6b (left to right)

- Household recruitment
- Clinic recruitment
- School based recruitment
- Venue based sampling (bars, clubs)
- Partnering with community-based organizations
- Partnering with public health departments
- Partnering with family planning clinics
- Snowball sampling
- Web-based sampling
- Other

Figure 6b: Recruitment Methods, NIAID

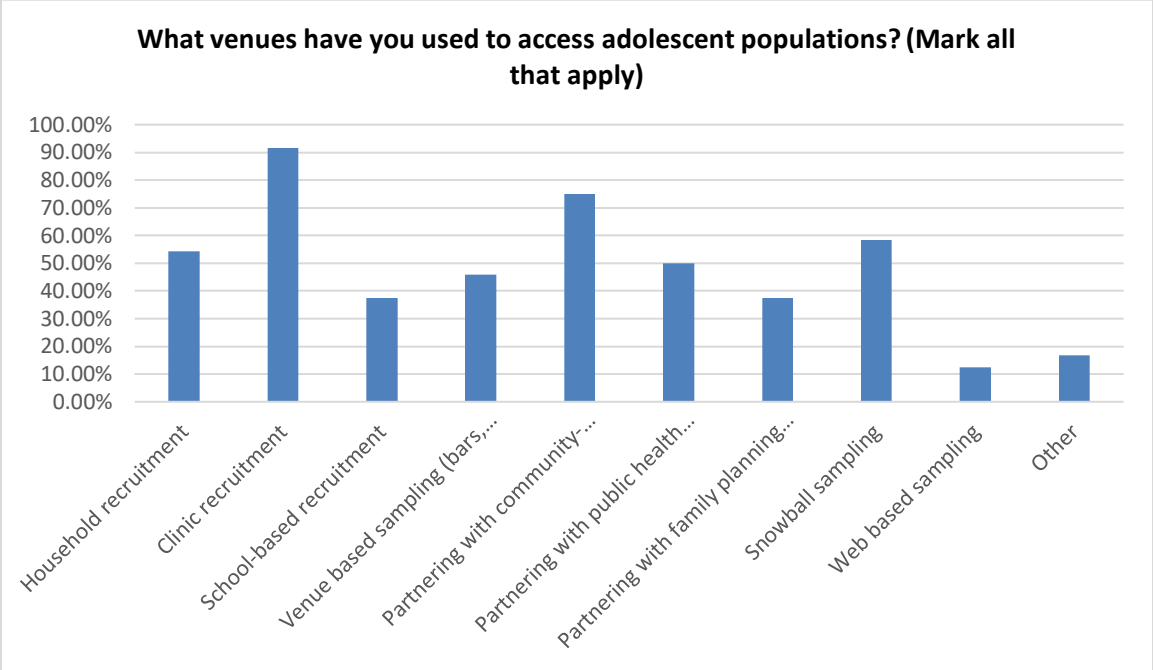


Figure 7a: HIV Status, NICHD/IMPAACT

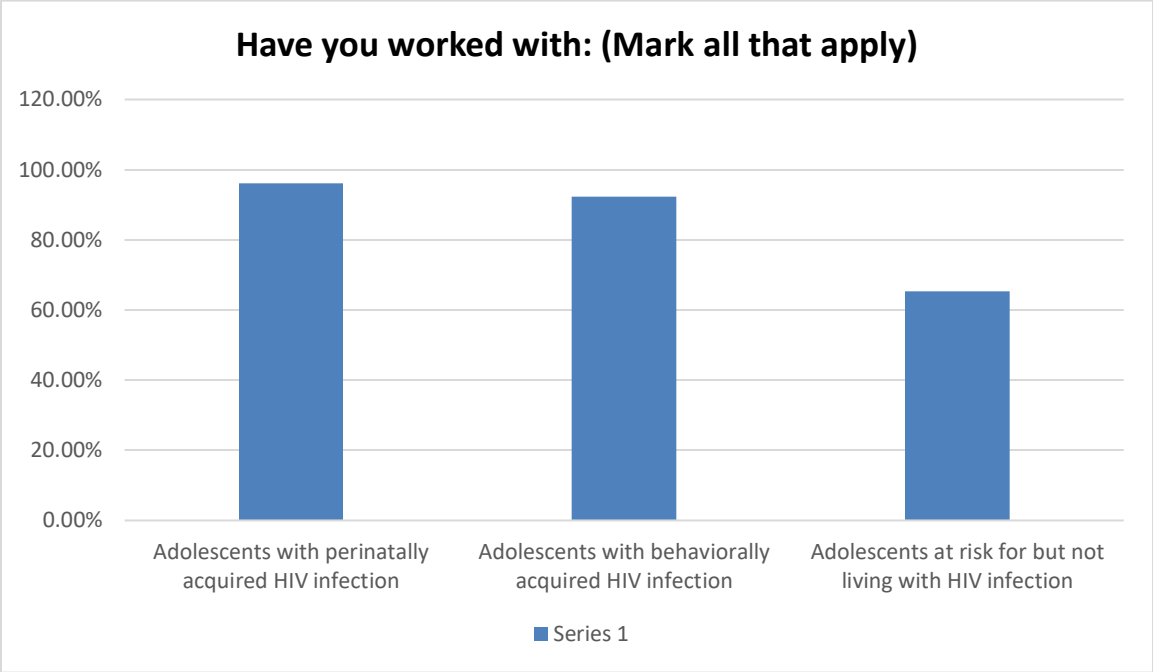


Figure 7b: HIV Status, NIAID

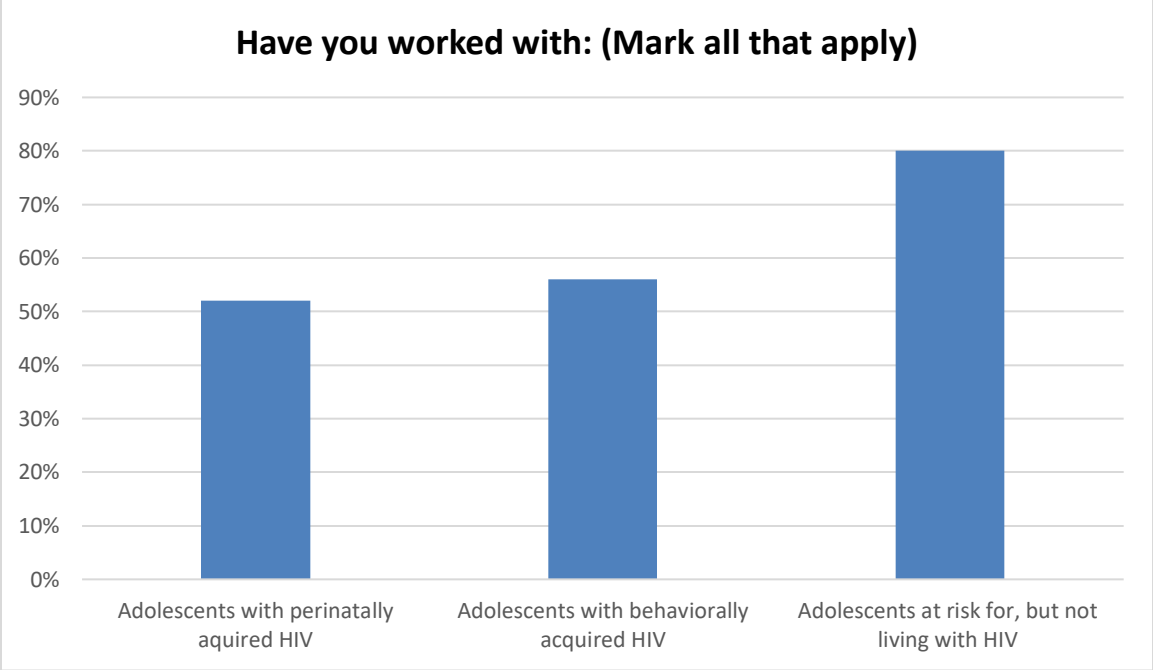
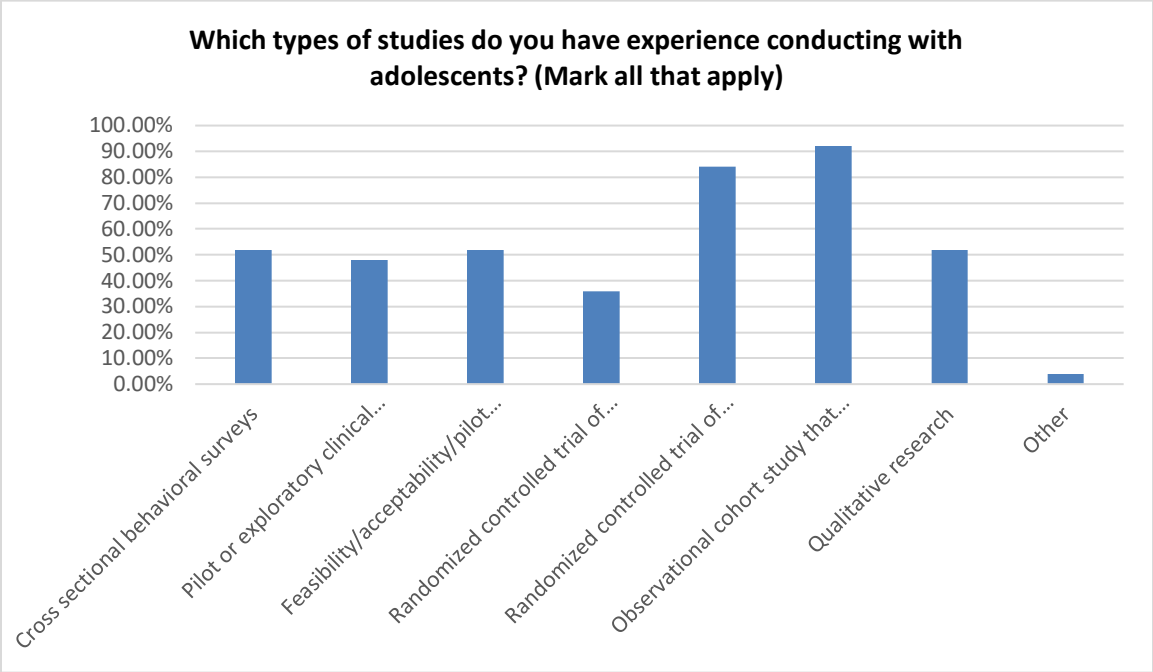


Figure 8a: Study Design, NICHD/IMPAACT



X Axis Key for Figures 8a and 8b (left to right)

- Cross sectional behavioral surveys
- Pilot or exploratory clinical research (Phase I or Phase II biomedical research)
- Feasibility/acceptability/pilot research of behavioral intervention (individual or group based)
- Randomized controlled trial of behavioral or structural intervention
- Randomized controlled trial of biomedical/drugs/devices
- Observational cohort study that includes adolescents
- Qualitative research
- Other

Figure 8b: Study Design, NIAID

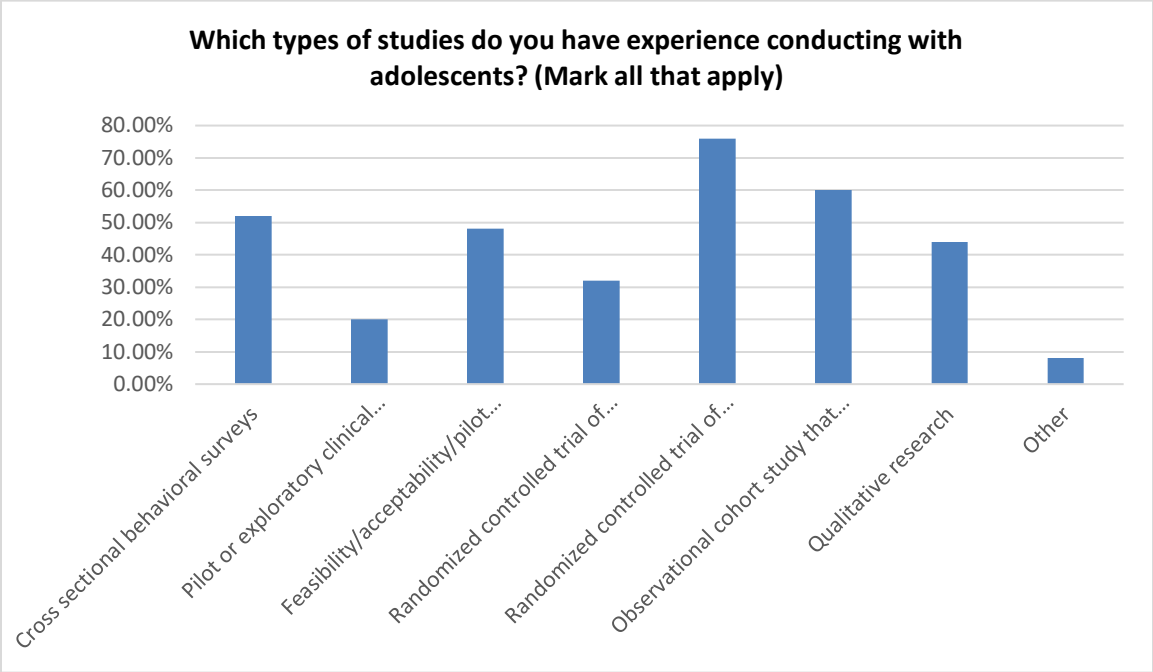
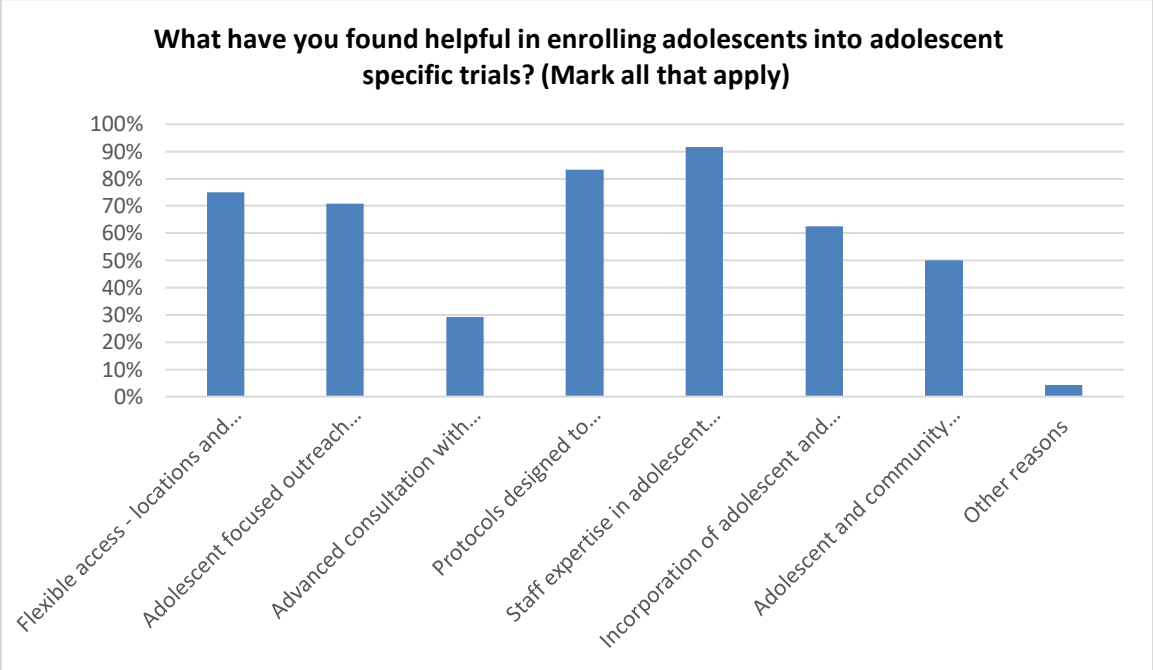


Figure 9a: Enrollment Tools, NICHD/IMPAACT



X Axis Key for Figures 9a and 9b (left to right)

- Flexible access – locations and times
- Adolescent focused outreach activities (venue based, social networks, etc.)
- Advanced consultation with external bodies (ethics board, community stakeholders, etc.)
- Protocols designed to accommodate adolescent's schedules (flexible visit windows, frequent SMS reminders, etc.)
- Staff expertise in adolescent care and research
- Incorporation of adolescent and community health promotion and other educational activities
- Adolescent and community engagement in protocol development
- Other reasons

Figure 9b: Enrollment Tools, NIAID

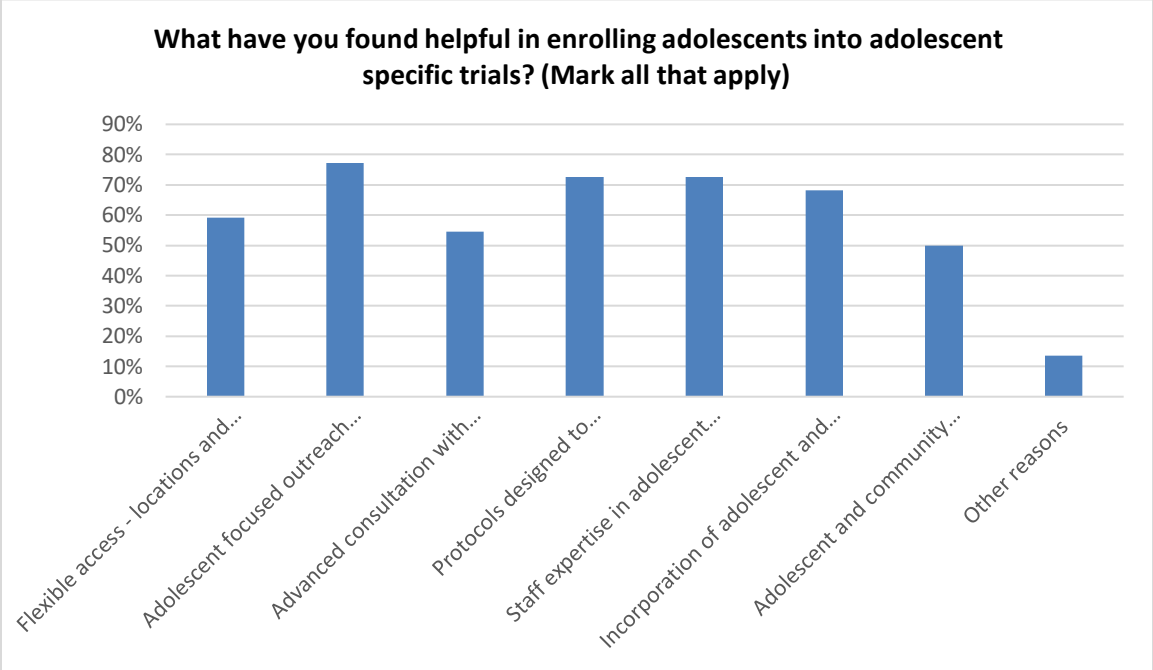


Figure 10a: Clinical Services, NICHD/IMPAACT

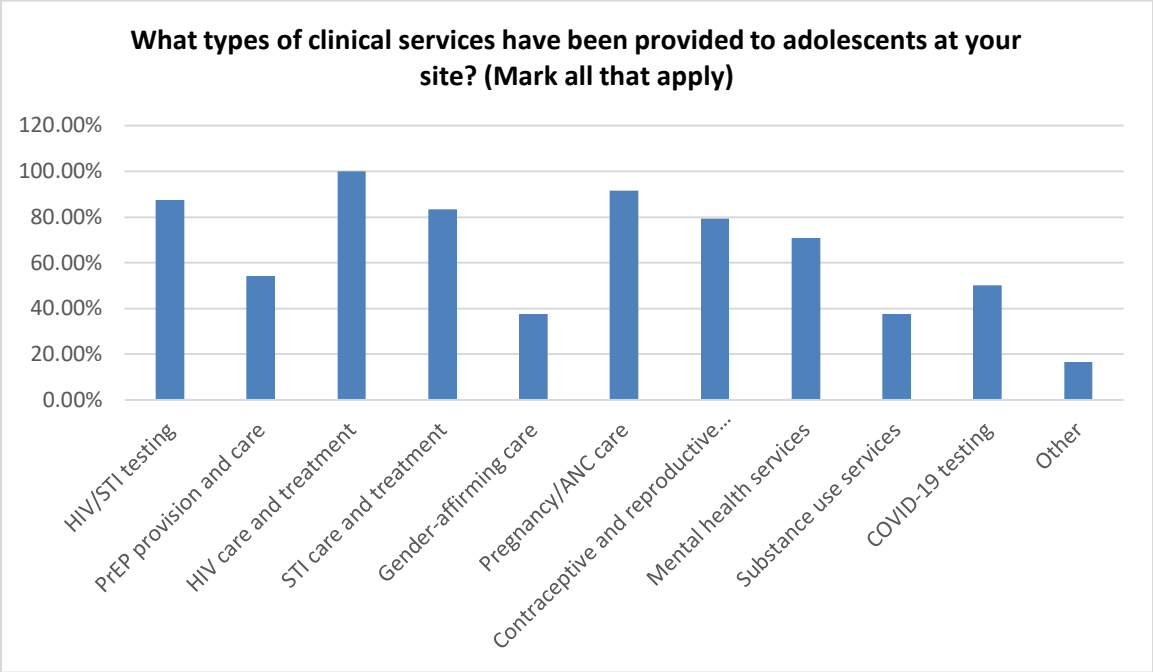


Figure 10b: Clinical Services, NIAID

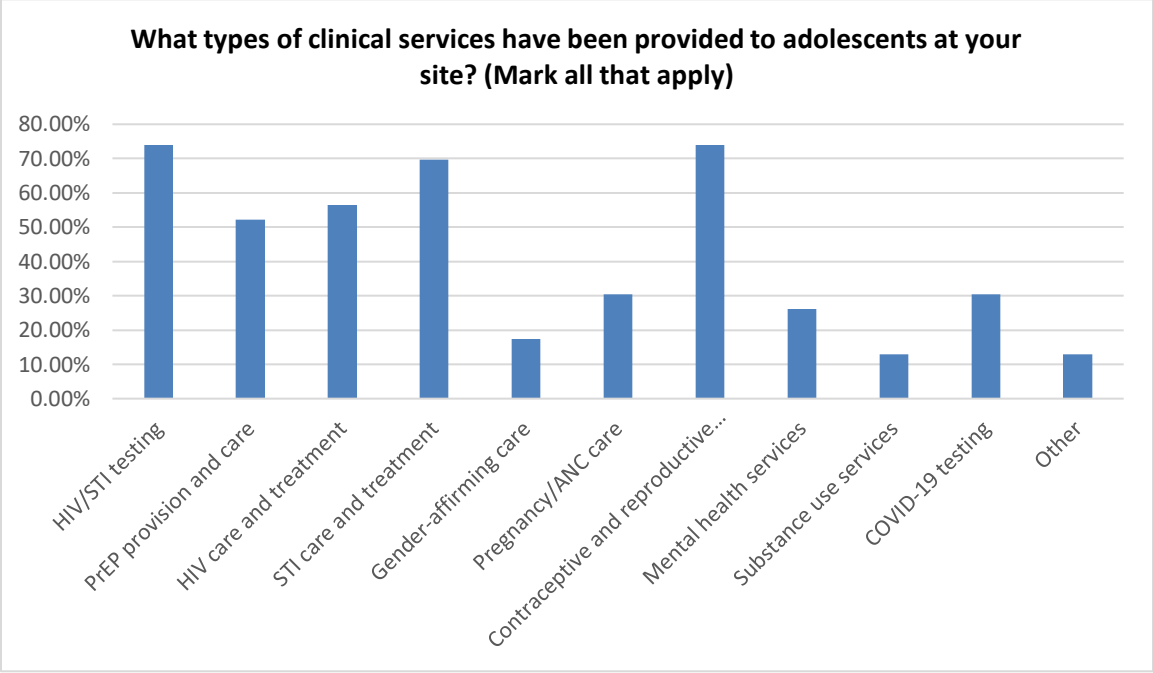
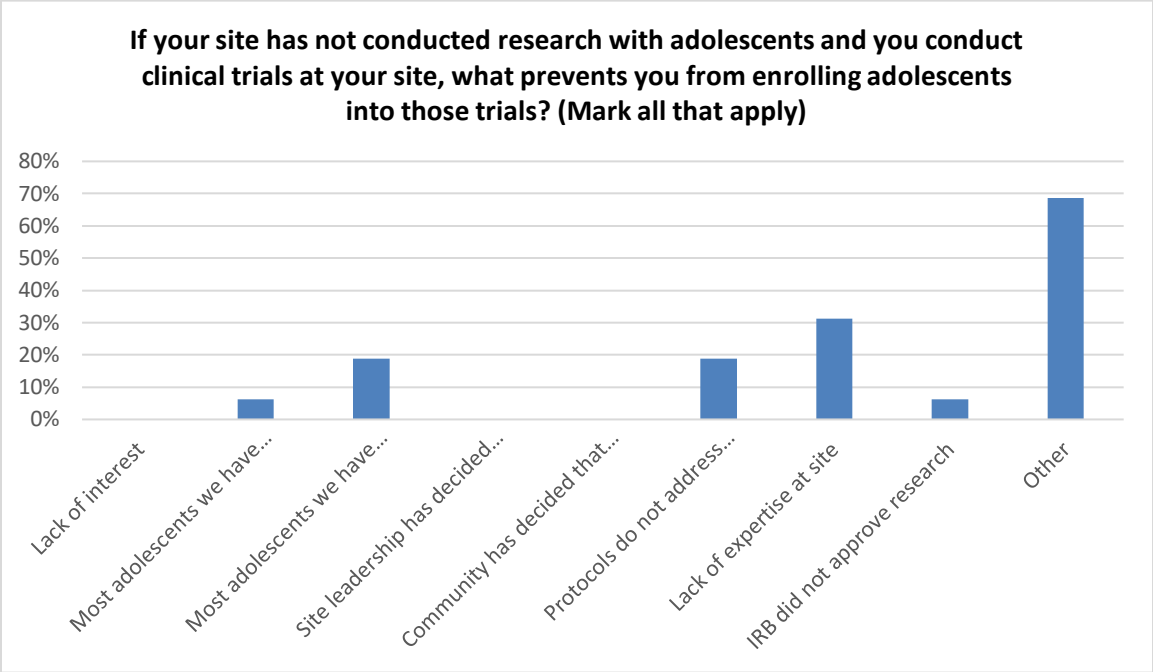


Figure 11: Barriers to Enrollment (NIAID only)



X Axis Key for Figure 11(left to right)

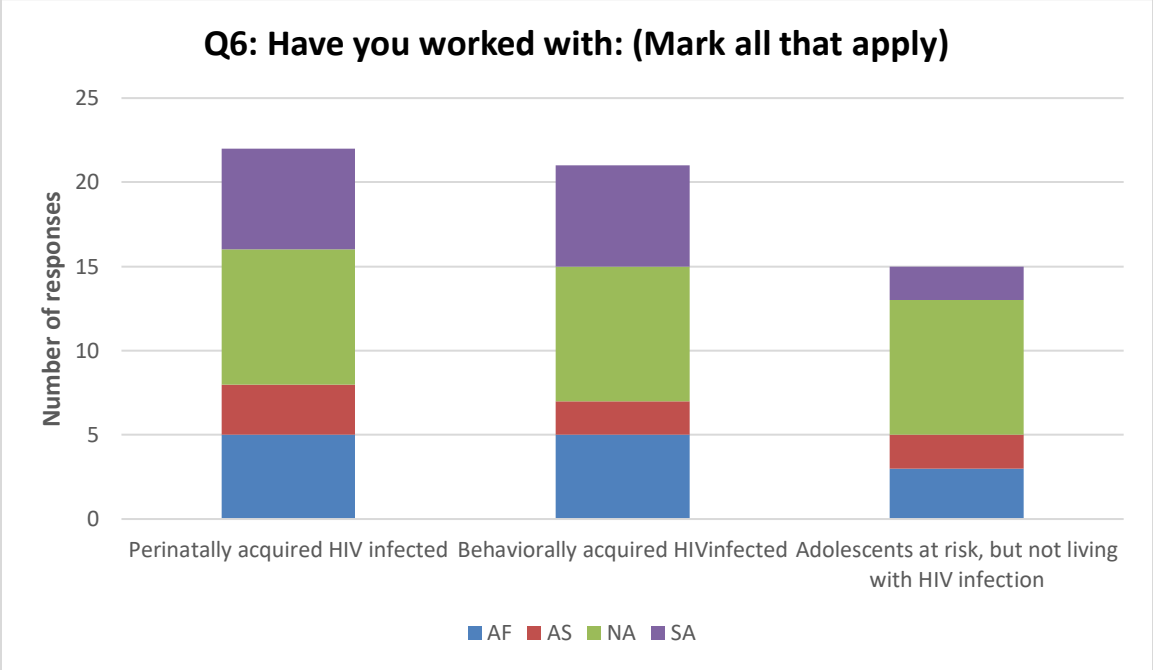
- Lack of interest
- Most adolescents we have available at the site are younger than inclusion criteria allow
- Most adolescents we have available at the site are older than the inclusion criteria allow
- Site leadership has decided that it is too risky
- Community has decided it is too risky
- Protocols do not address issues that are of interest to research staff or to the adolescents at site
- Lack of expertise at site
- IRB did not approve research
- Other

Appendix II: Secondary Analysis: Survey Answers by Geographic Region

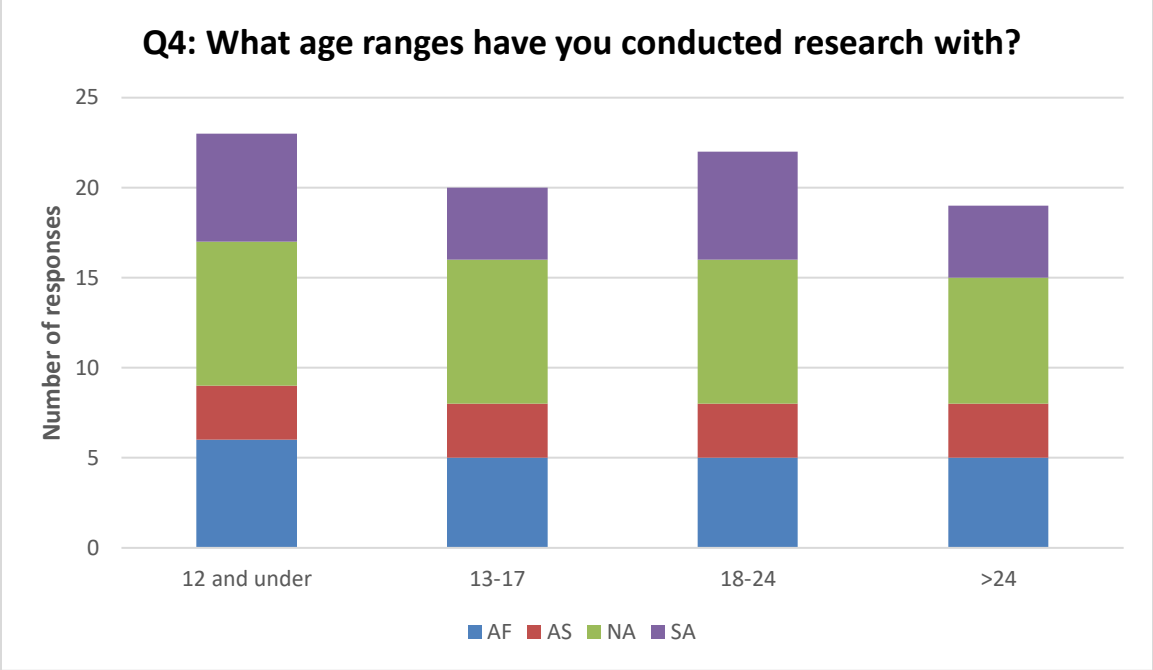
Master Key of Abbreviations:

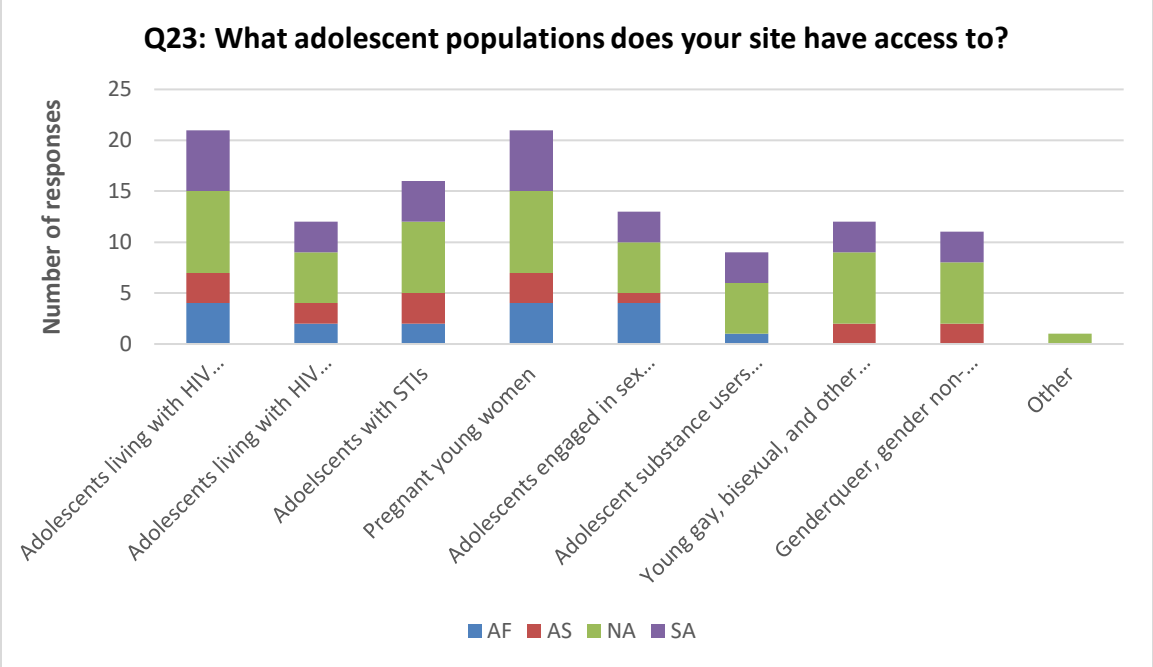
- SA: South America
- NA: North America
- AS: Asia
- AF: Africa

NICHD/IMPAACT Sites:



NICHD/IMPAACT Sites Continued:

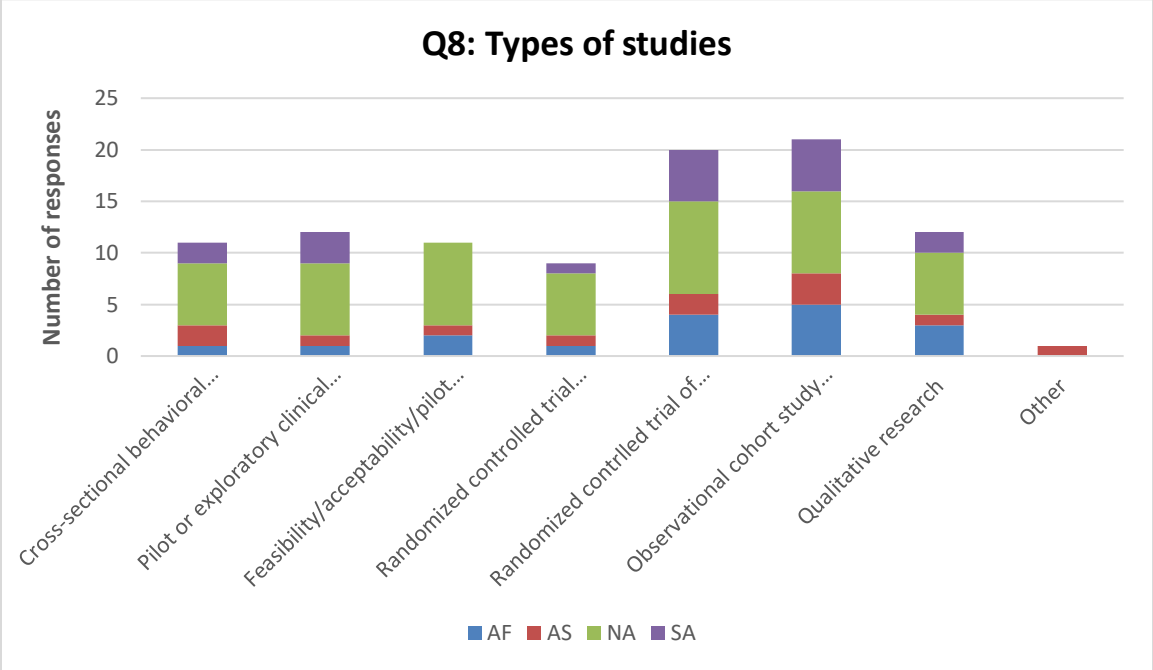




NICHD/IMPAACT Sites Continued:

X Axis Key (left to right)

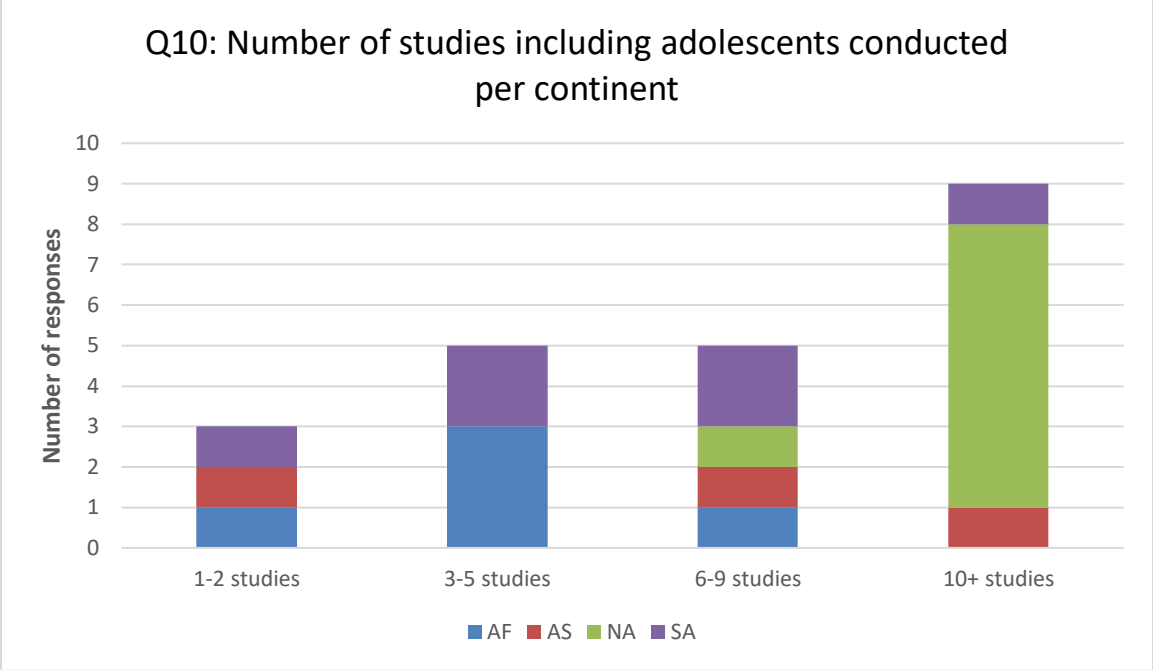
- Adolescents living with HIV currently receiving care at site
- Adolescents living with HIV who are out of care
- Adolescents with STIs
- Pregnant young women
- Adolescents engaged in sex work
- Adolescent substance users including injection drug users
- Young, bisexual, and other men who sleep with men
- Youth who identify as genderfluid, gender non-binary, or transgender
- Other

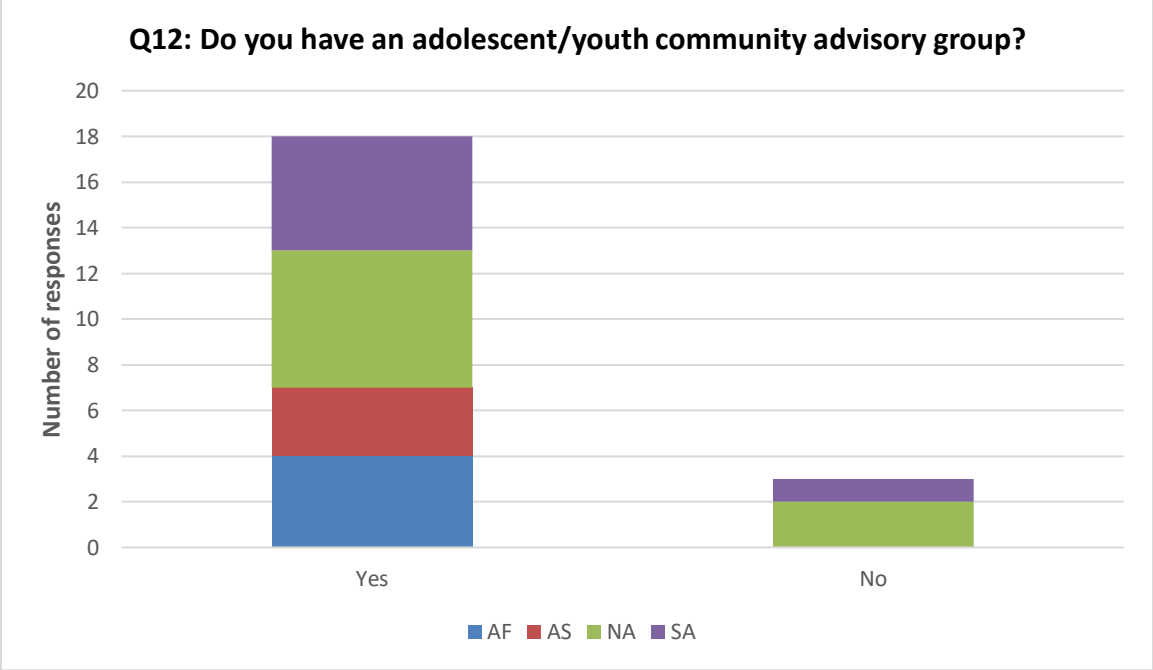


X Axis Key (left to right)

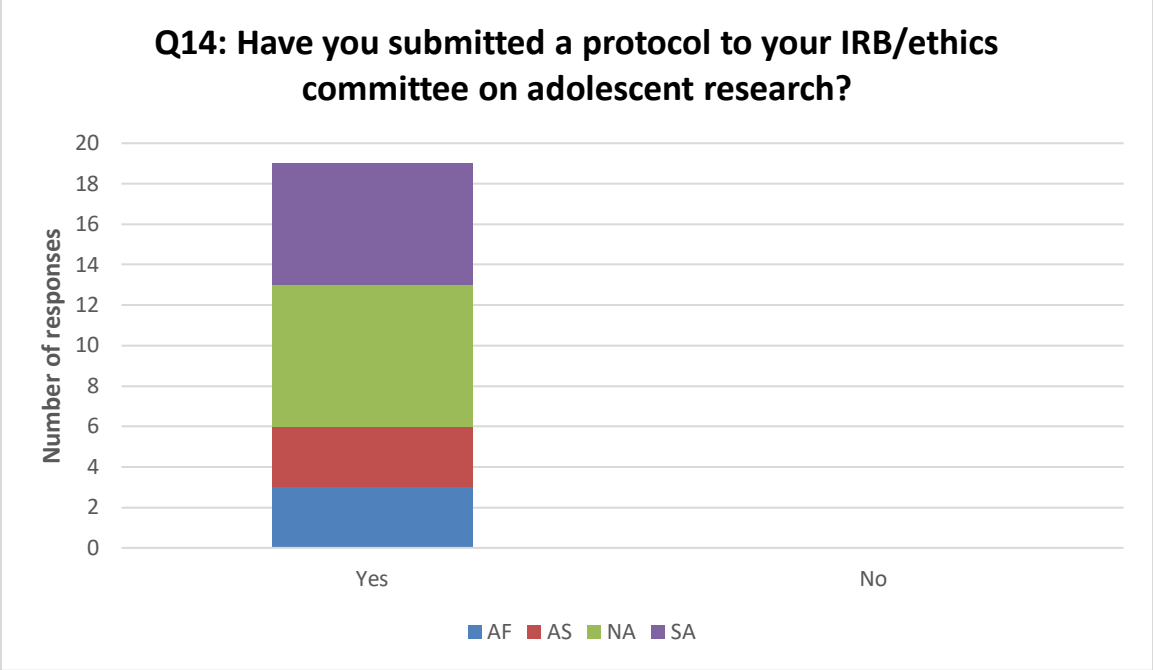
- Cross sectional behavioral surveys
- Pilot or exploratory clinical research (Phase I or Phase II biomedical research)
- Feasibility/acceptability/pilot research of behavioral intervention (individual or group based)
- Randomized controlled trial of behavioral or structural intervention
- Randomized controlled trial of biomedical/drugs/devices
- Observational cohort study that includes adolescents
- Qualitative research
- Other

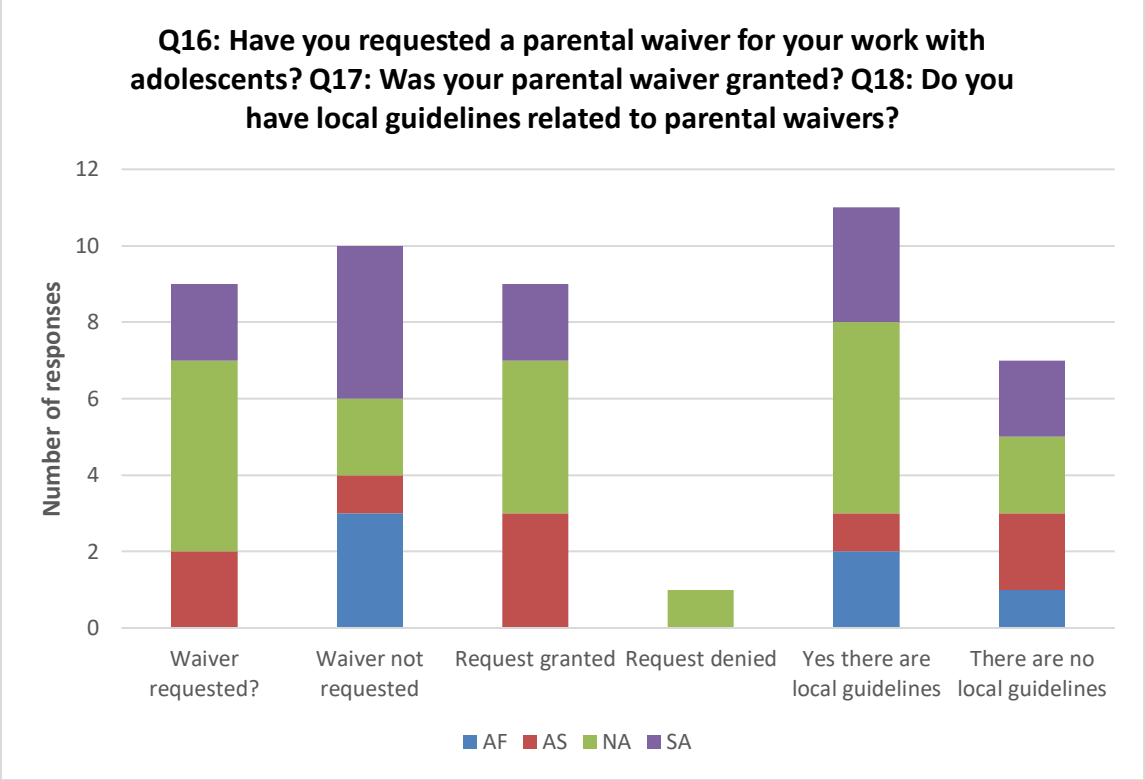
NICHD/IMPAACT Sites Continued:



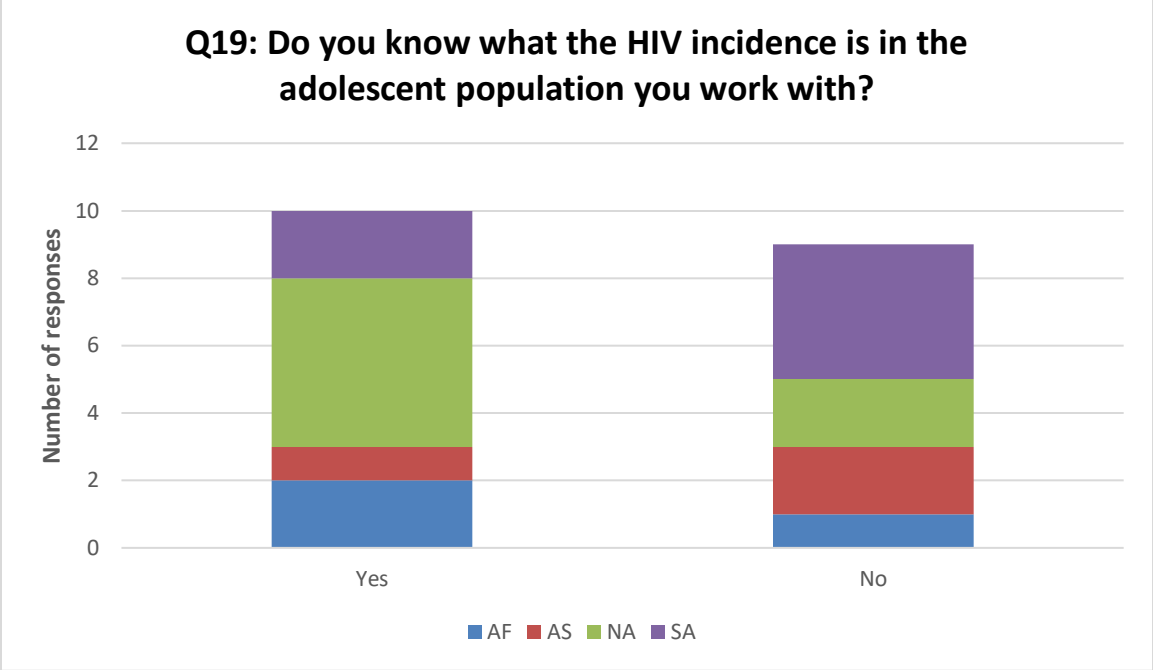


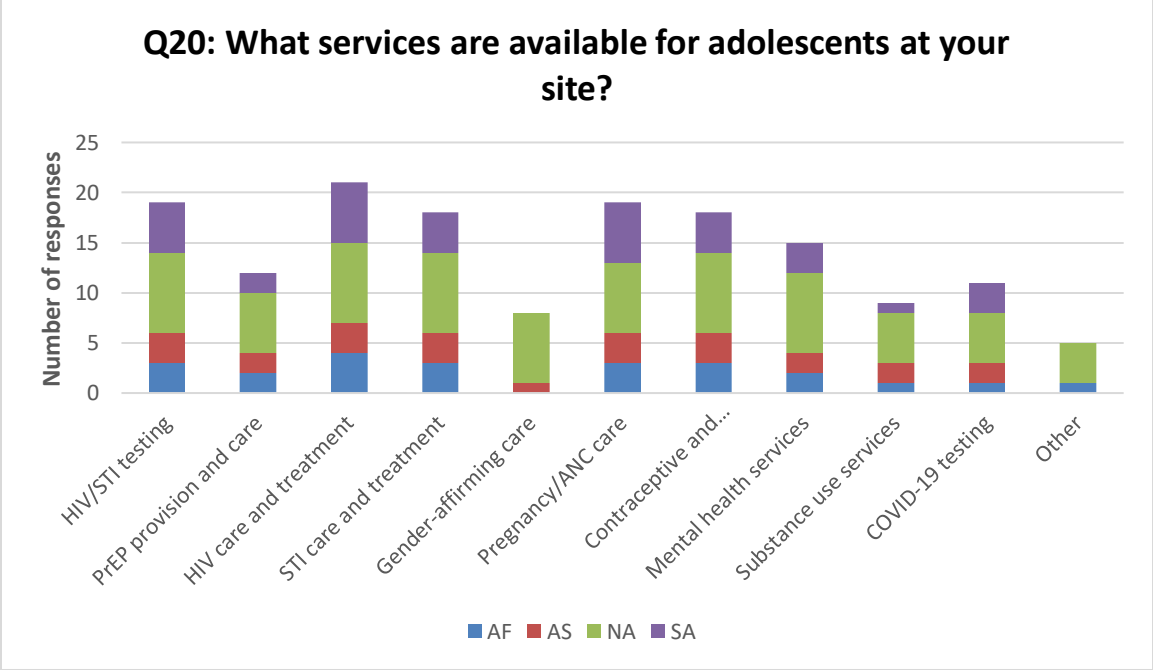
NICHD/IMPAACT Sites Continued:





NICHD/IMPAACT Sites Continued:

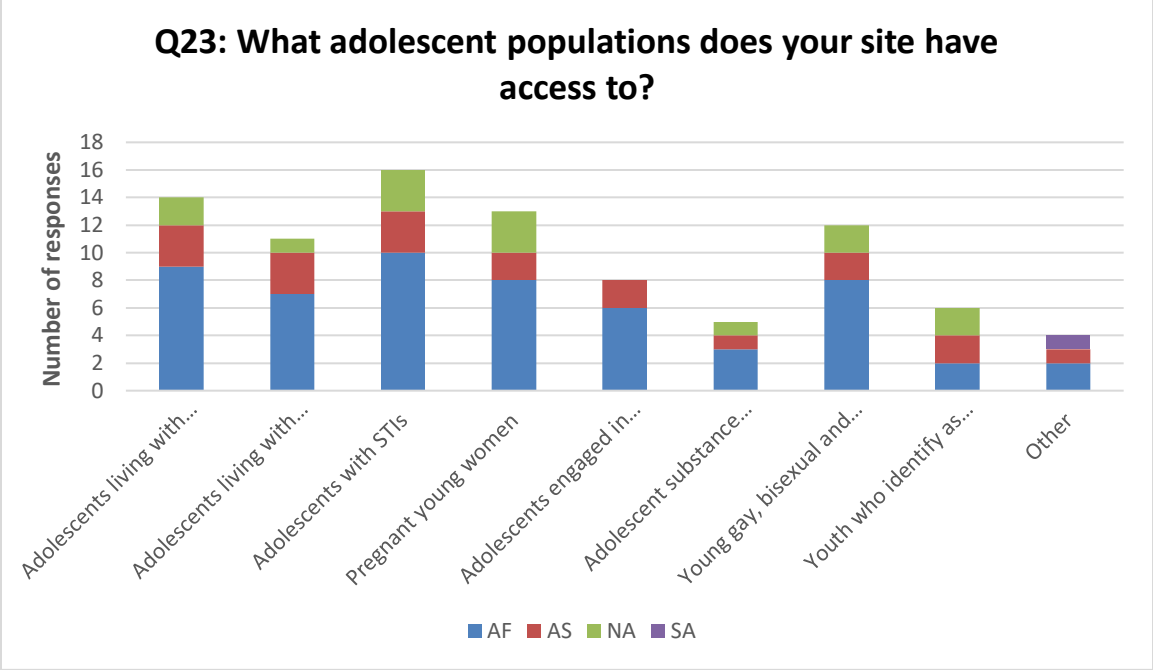




Master Key of Abbreviations:

- SA: South America
- NA: North America
- AS: Asia
- AF: Africa

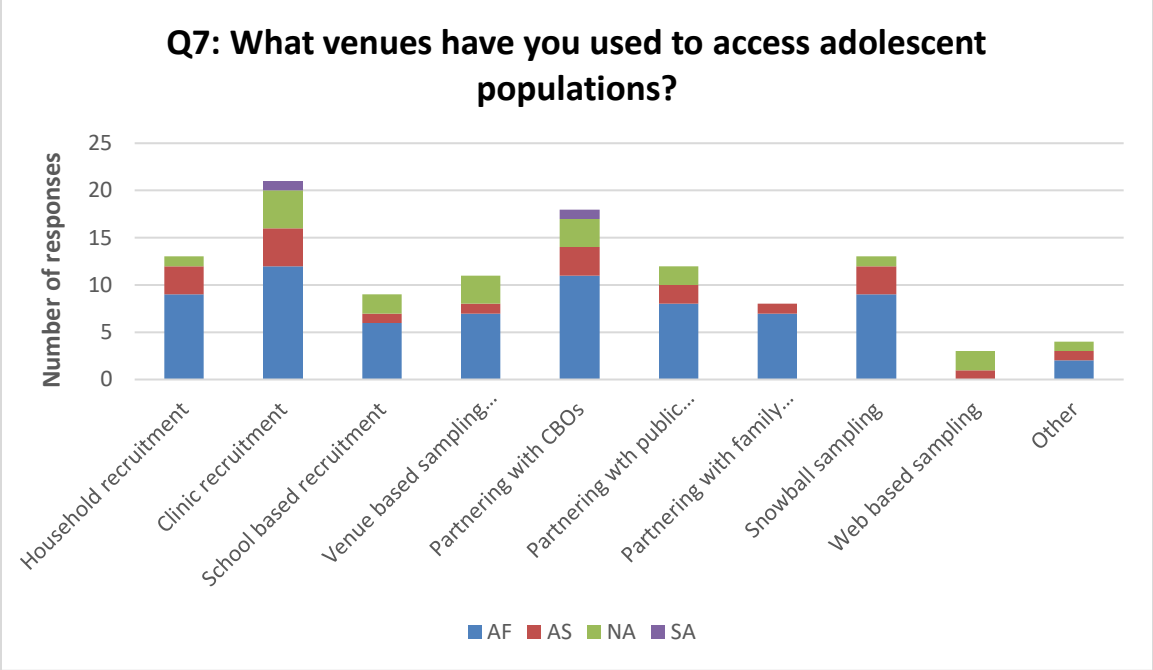
NIAID Sites:



X Axis Key (left to right)

- Adolescents living with HIV currently receiving care at site
- Adolescents living with HIV who are out of care
- Adolescents with STIs
- Pregnant young women
- Adolescents engaged in sex work
- Adolescent substance users including injection drug users
- Young, bisexual, and other men who sleep with men
- Youth who identify as genderfluid, gender non-binary, or transgender
- Other

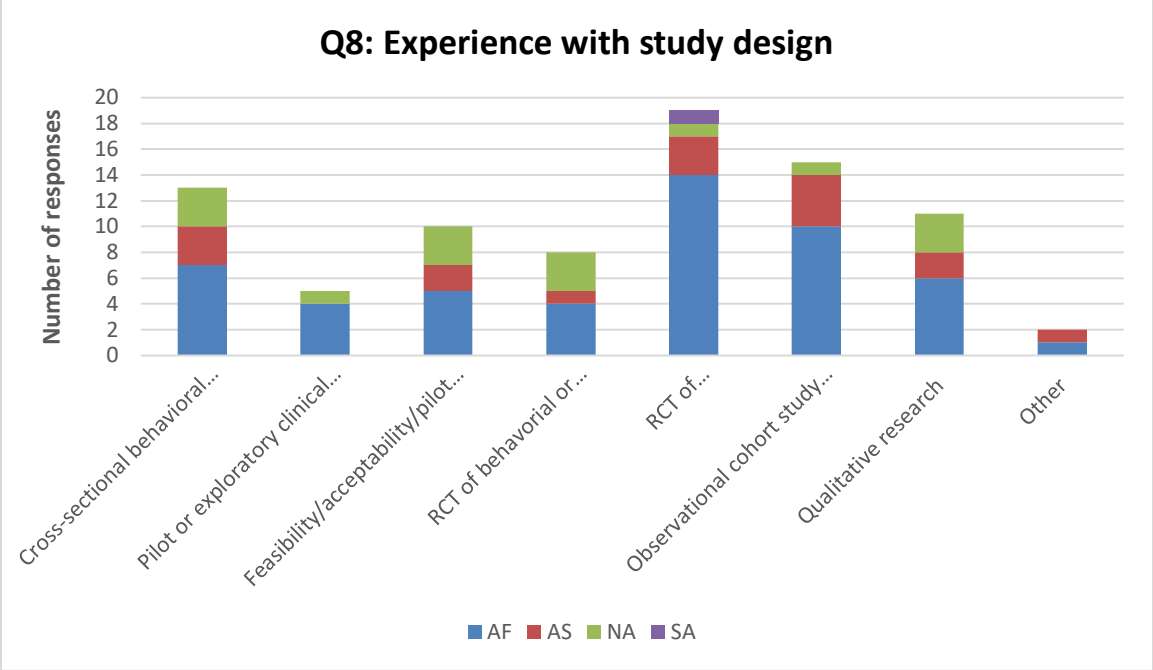
NIAID Sites Continued:



X Axis Key (left to right)

- Household recruitment
- Clinic recruitment
- School based recruitment
- Venue based sampling (bars, clubs)
- Partnering with community-based organizations
- Partnering with public health departments
- Partnering with family planning clinics
- Snowball sampling
- Web-based sampling
- Other

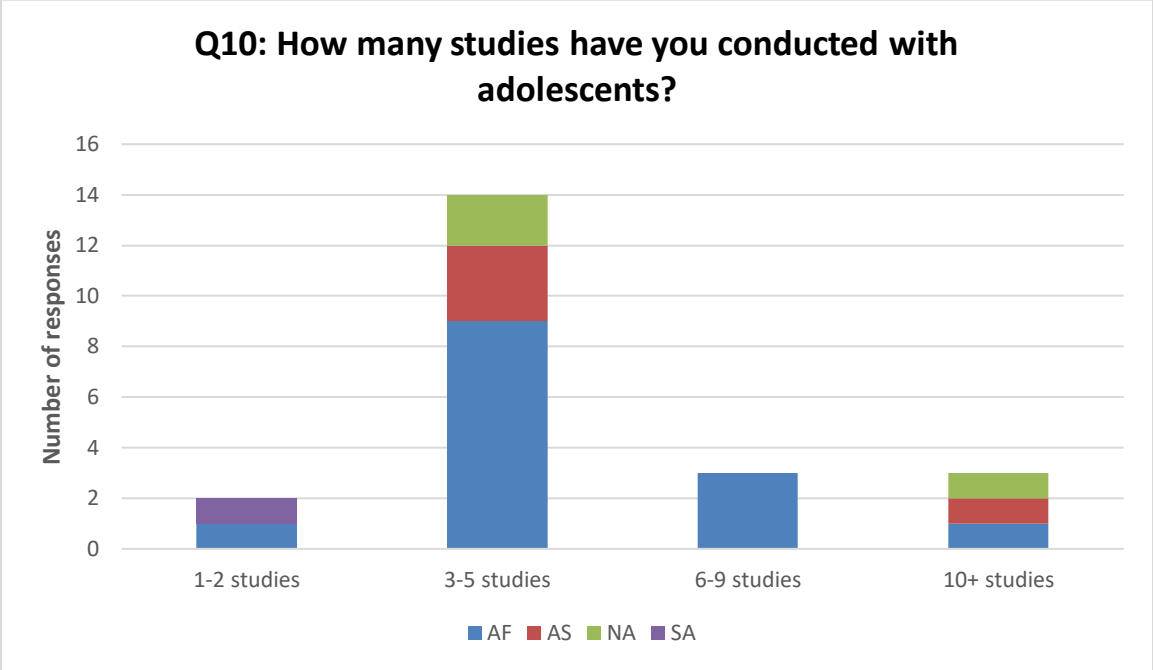
NIAID Sites Continued:

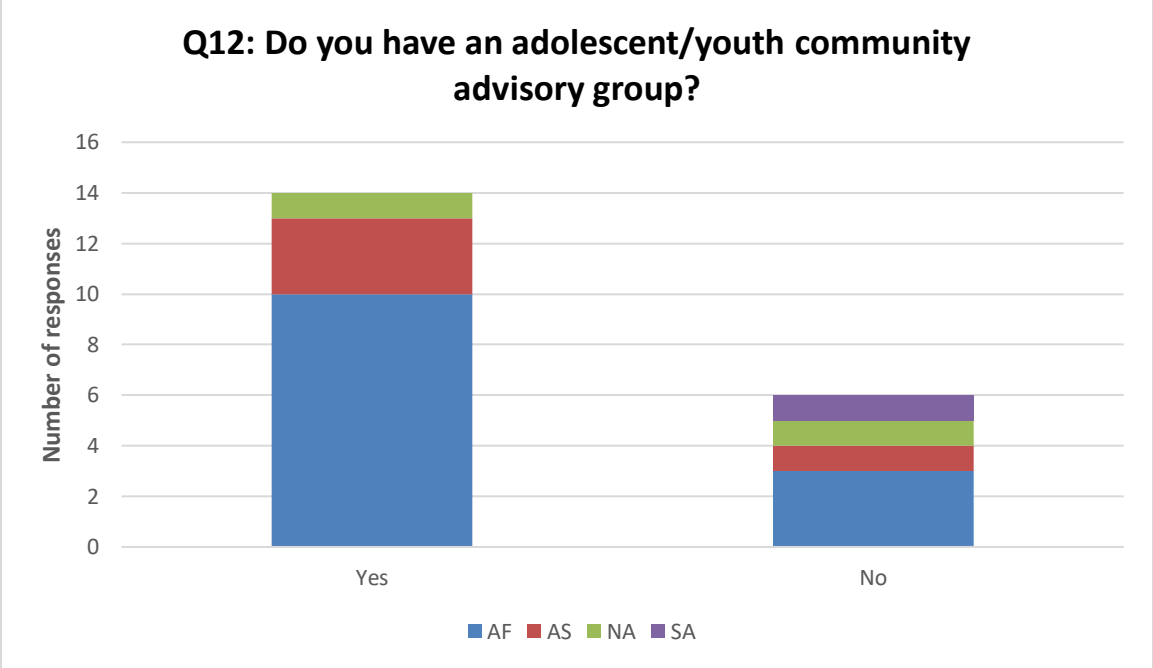


X Axis Key (left to right)

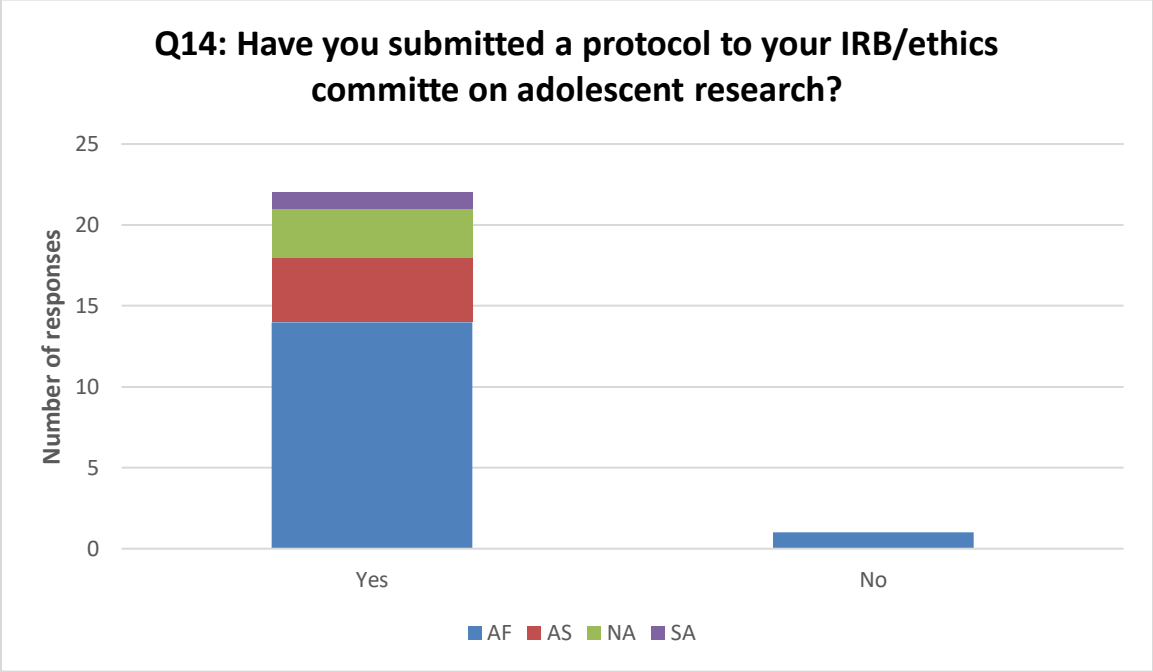
- Cross sectional behavioral surveys
- Pilot or exploratory clinical research (Phase I or Phase II biomedical research)
- Feasibility/acceptability/pilot research of behavioral intervention (individual or group based)
- Randomized controlled trial of behavioral or structural intervention
- Randomized controlled trial of biomedical/drugs/devices
- Observational cohort study that includes adolescents
- Qualitative research
- Other

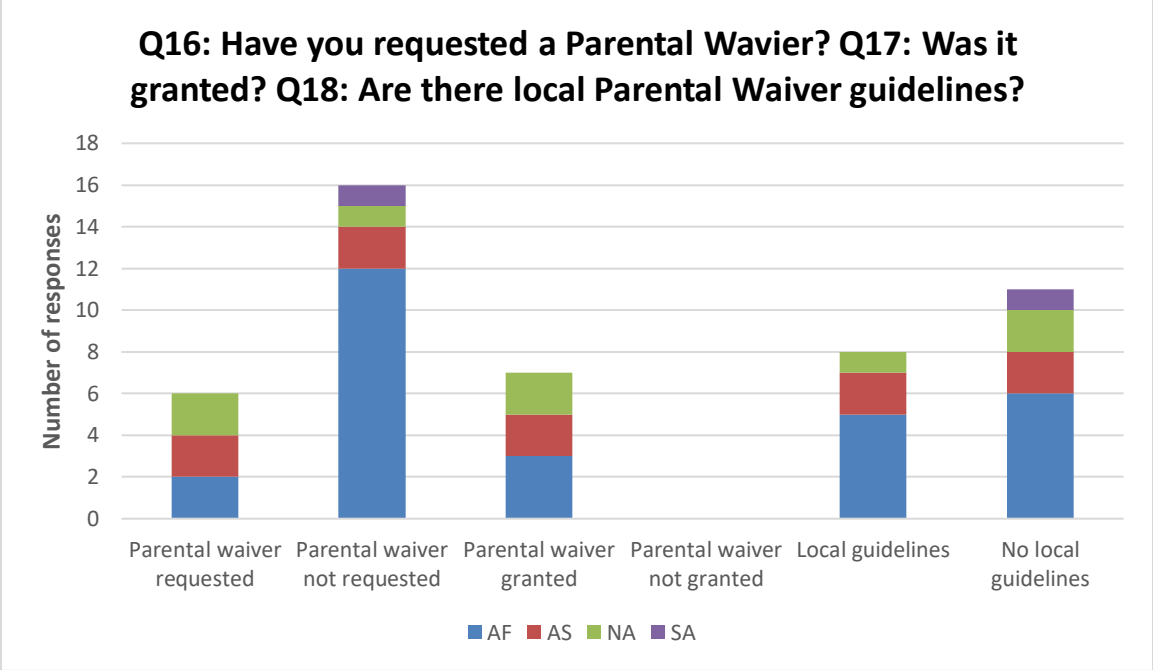
NIAID Sites Continued:



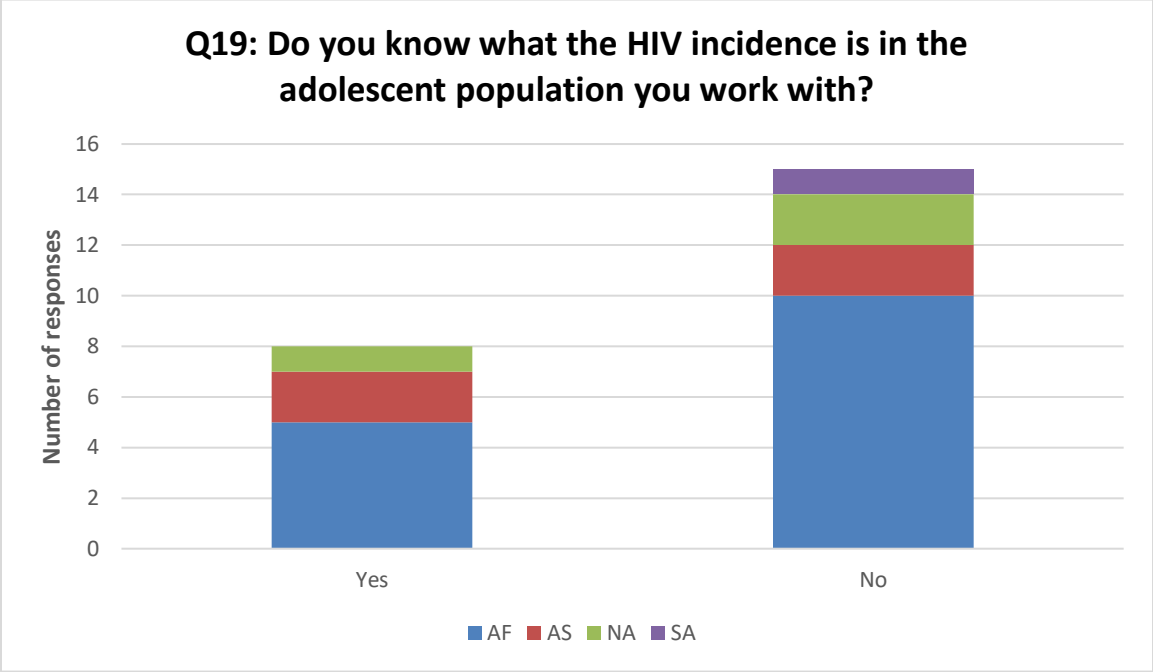


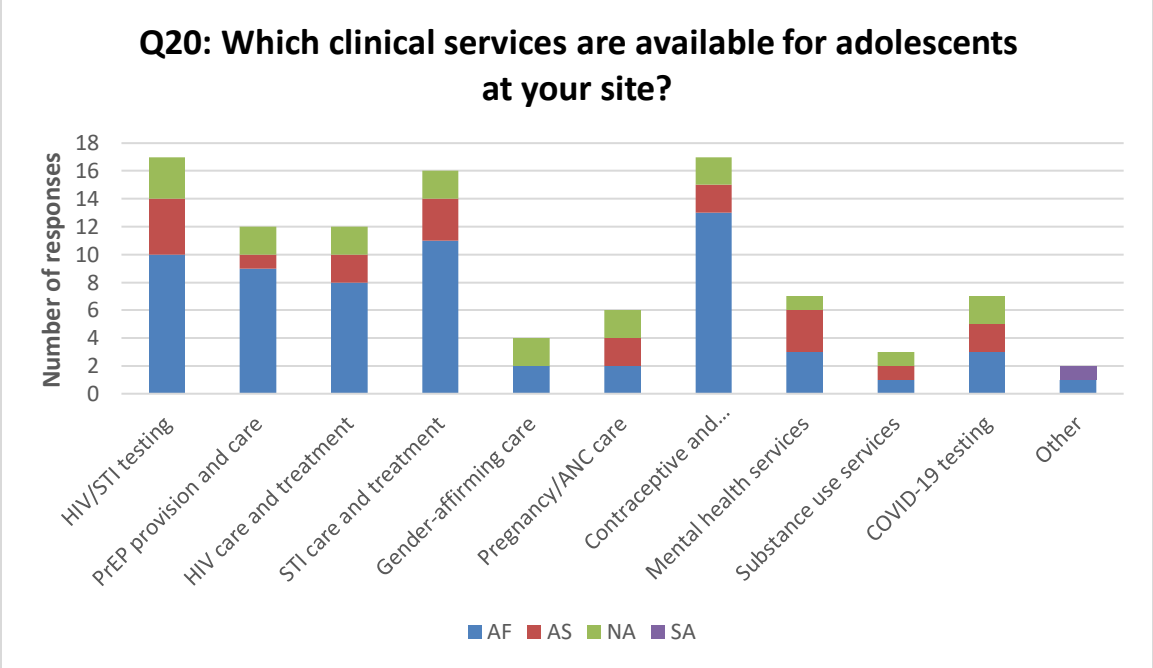
NIAID Sites Continued:



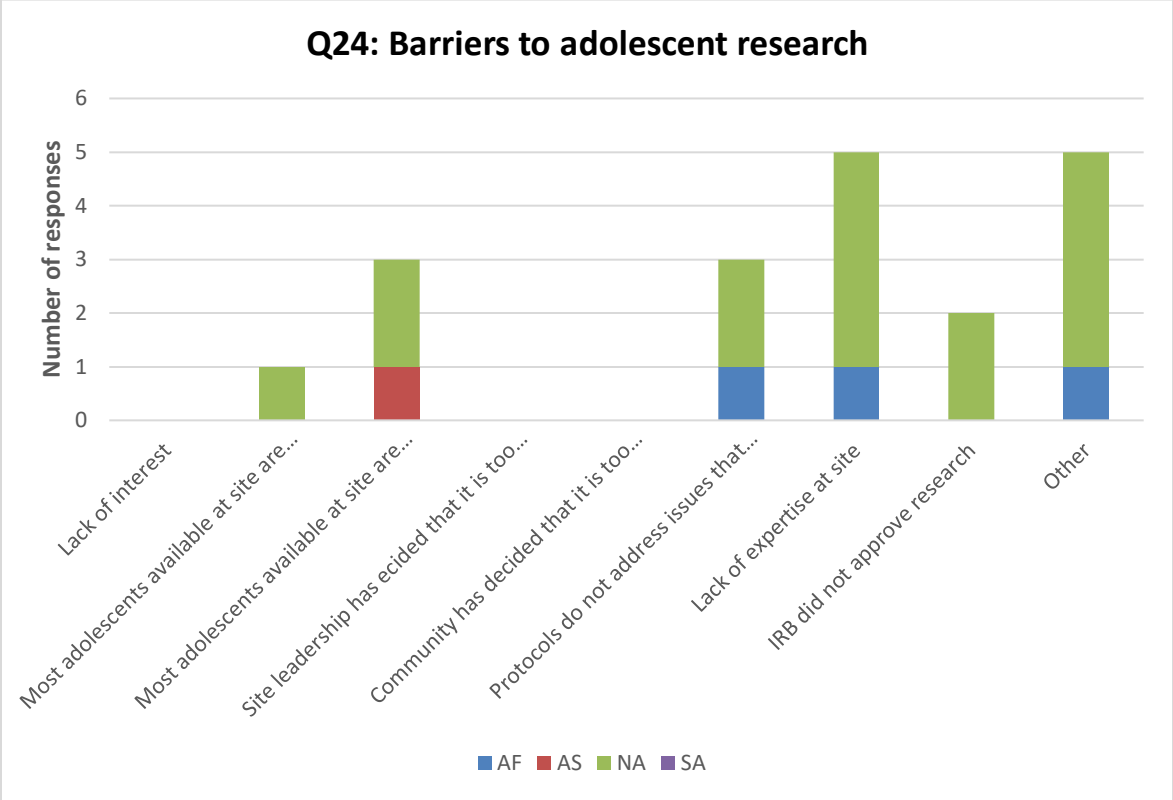


NIAID Sites Continued:





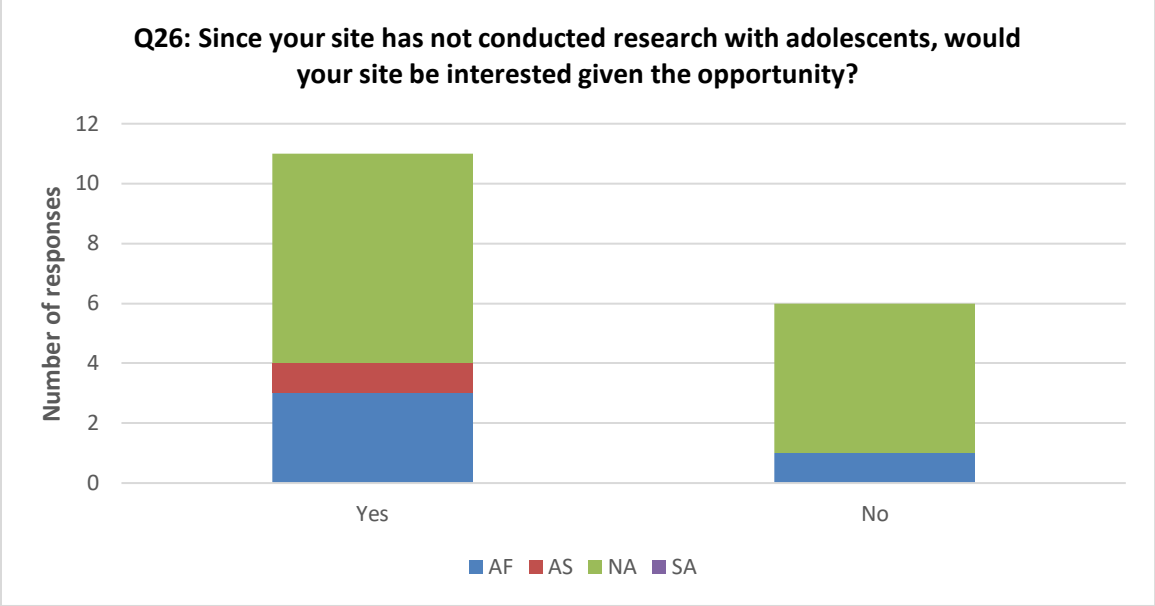
NIAID Sites Continued:



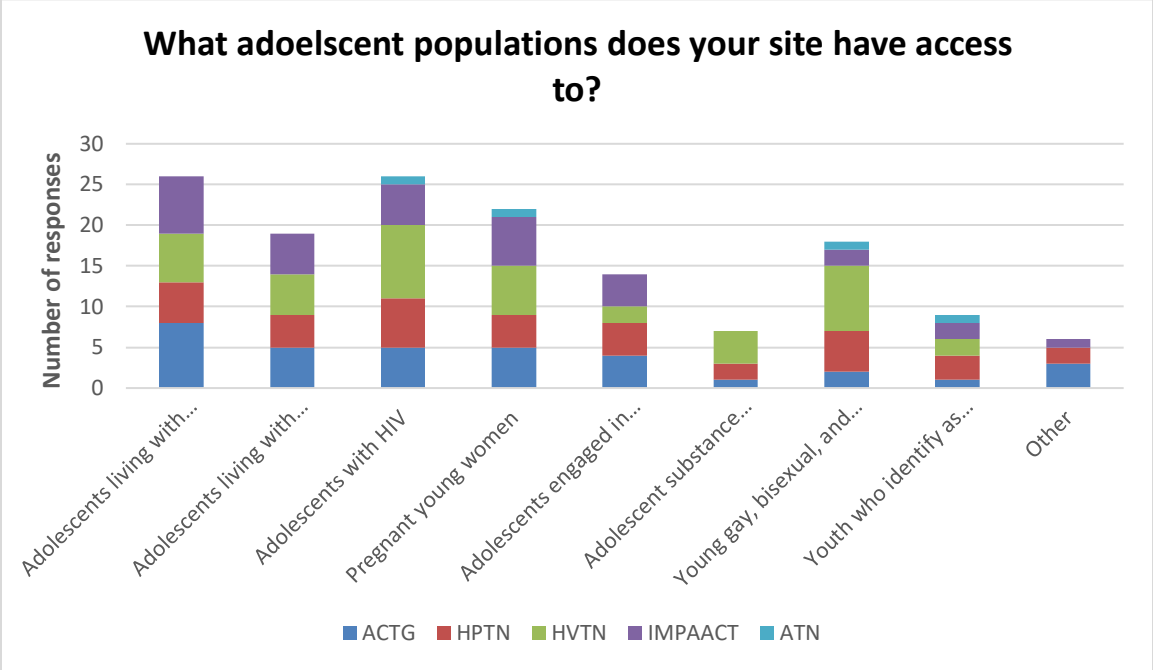
X Axis Key (left to right)

- Lack of interest
- Most adolescents we have available at the site are younger than inclusion criteria allow
- Most adolescents we have available at the site are older than the inclusion criteria allow
- Site leadership has decided that it is too risky
- Community has decided it is too risky
- Protocols do not address issues that are of interest to research staff or to the adolescents at site
- Lack of expertise at site
- IRB did not approve research
- Other

NIAID Sites Continued:



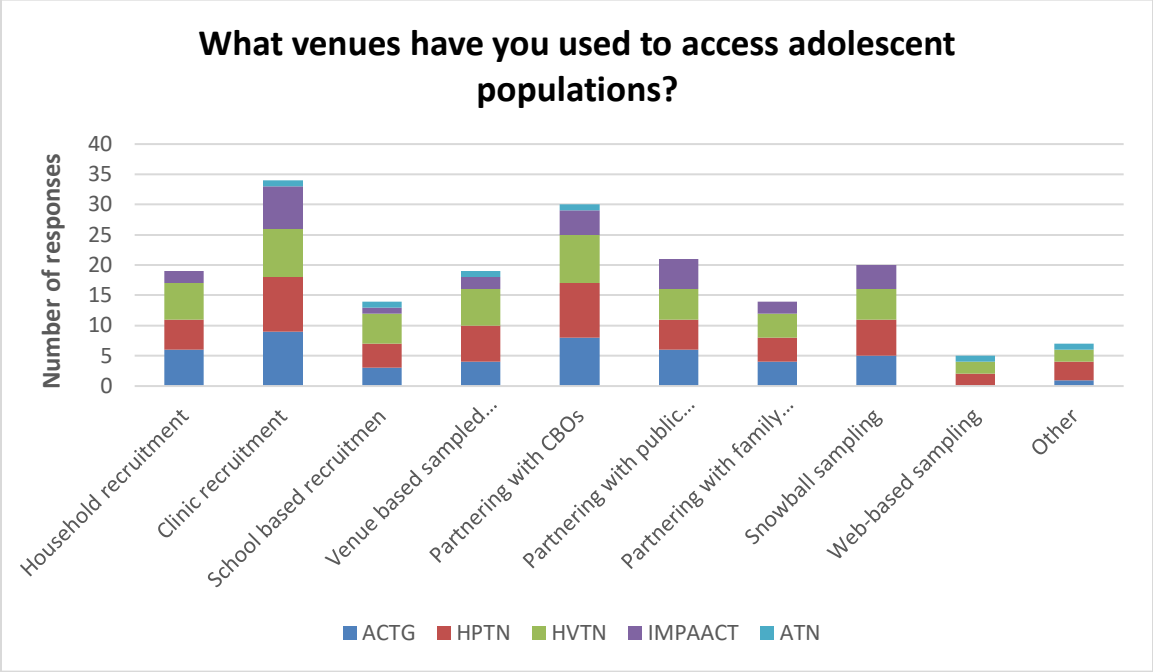
Appendix III: Secondary Analysis: Survey Answers by Network (NIAID-Funded Sites Only)



X Axis Key (left to right)

- Adolescents living with HIV currently receiving care at site
- Adolescents living with HIV who are out of care
- Adolescents with STIs
- Pregnant young women
- Adolescents engaged in sex work
- Adolescent substance users including injection drug users
- Young, bisexual, and other men who sleep with men
- Youth who identify as genderfluid, gender non-binary, or transgender
- Other

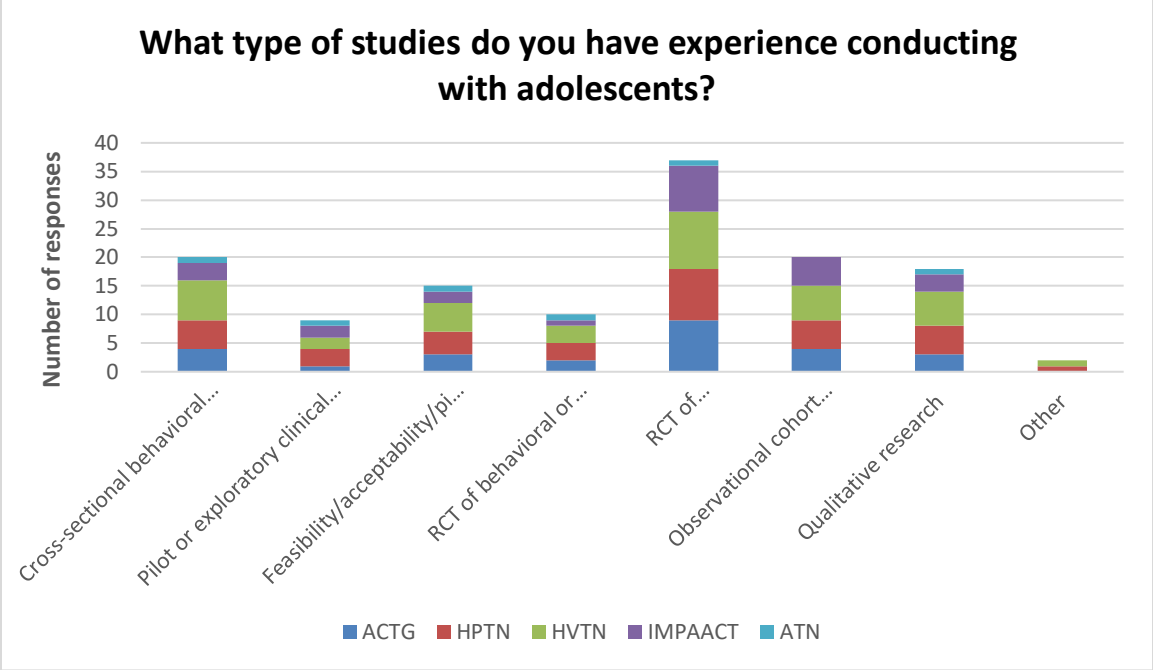
Survey Answers by Network (NIAID-Funded Sites Only) Continued:



X Axis Key (left to right)

- Household recruitment
- Clinic recruitment
- School based recruitment
- Venue based sampling (bars, clubs)
- Partnering with community-based organizations
- Partnering with public health departments
- Partnering with family planning clinics
- Snowball sampling
- Web-based sampling
- Other

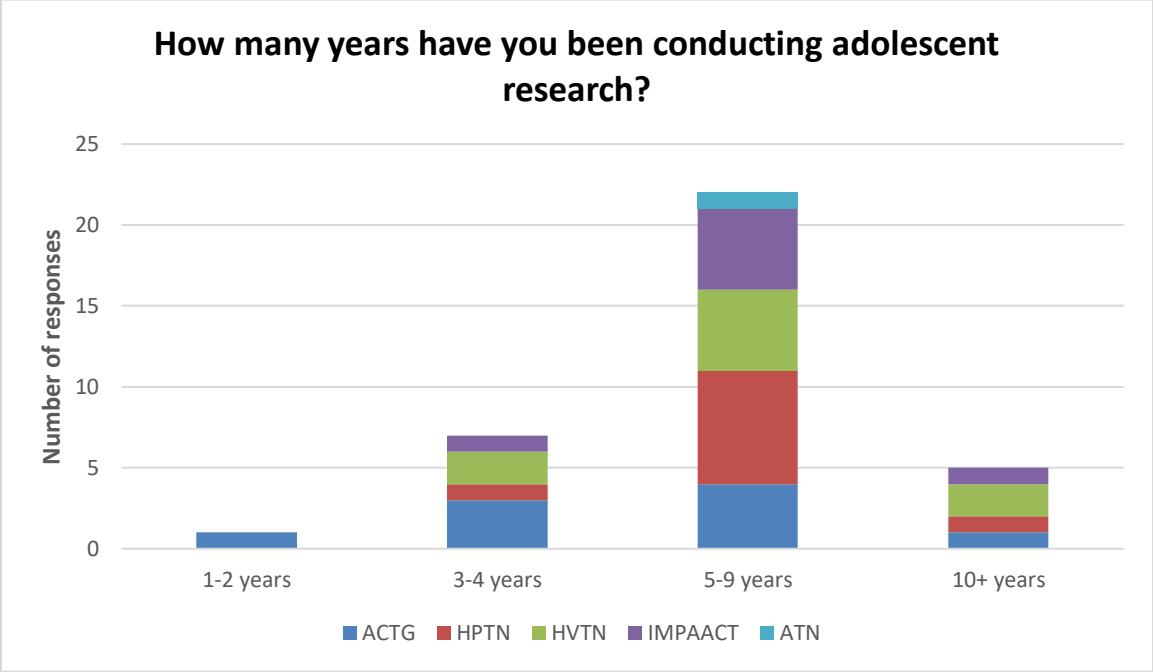
Survey Answers by Network (NIAID-Funded Sites Only) Continued:

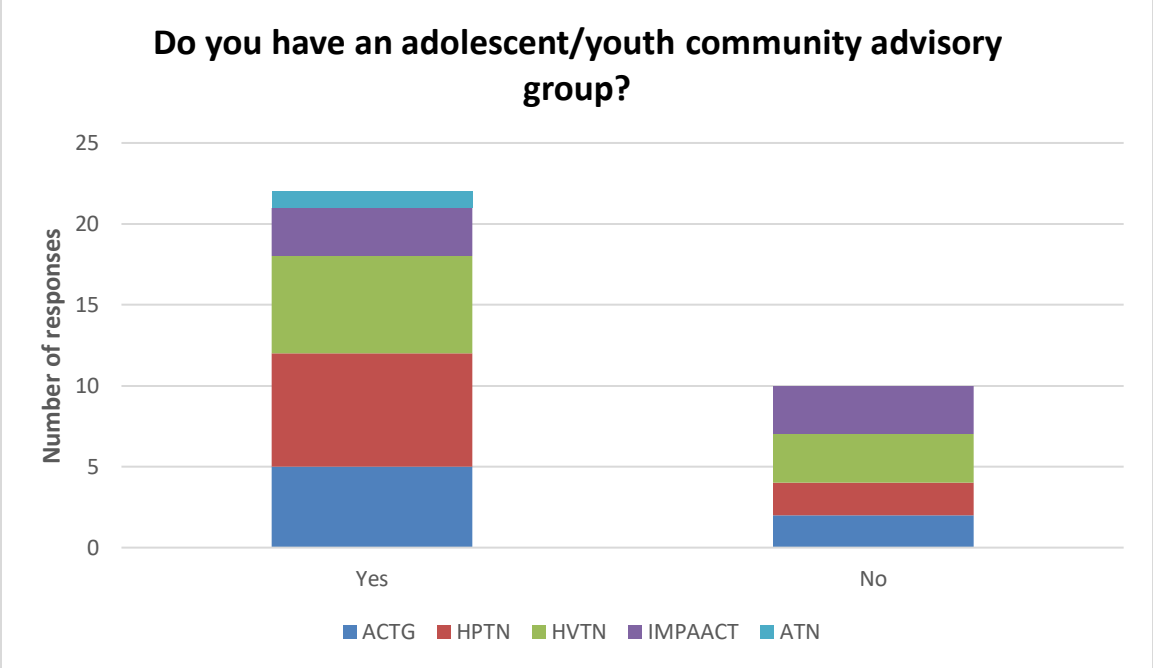


X Axis Key (left to right)

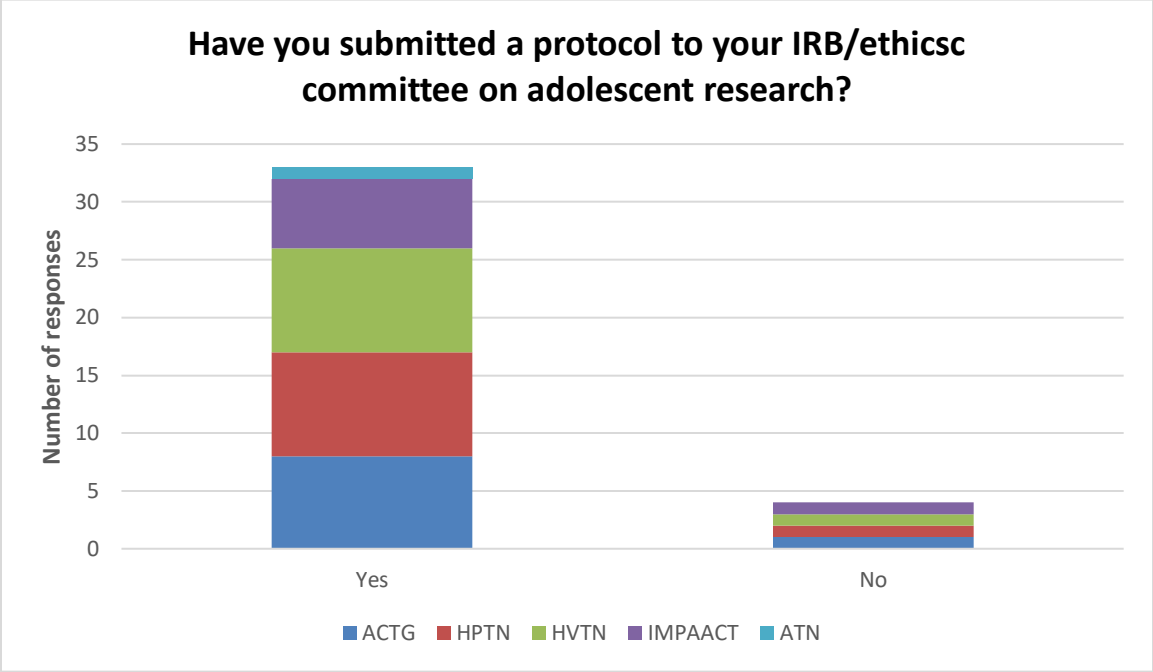
- Cross sectional behavioral surveys
- Pilot or exploratory clinical research (Phase I or Phase II biomedical research)
- Feasibility/acceptability/pilot research of behavioral intervention (individual or group based)
- Randomized controlled trial of behavioral or structural intervention
- Randomized controlled trial of biomedical/drugs/devices
- Observational cohort study that includes adolescents
- Qualitative research
- Other

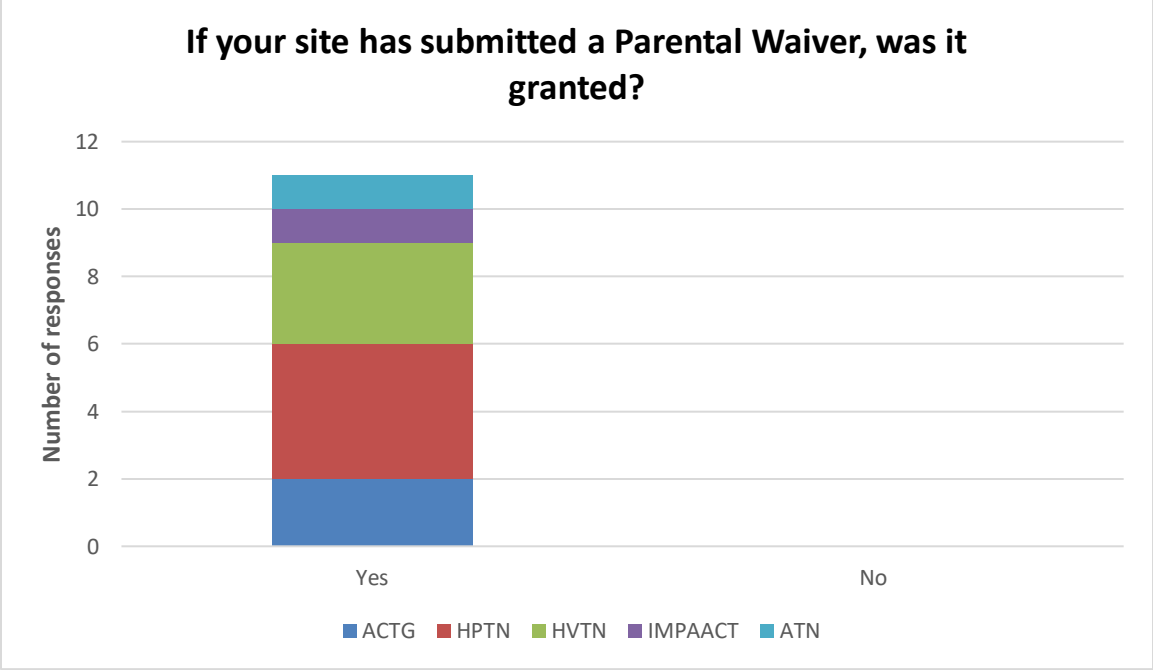
Survey Answers by Network (NIAID-Funded Sites Only) Continued:



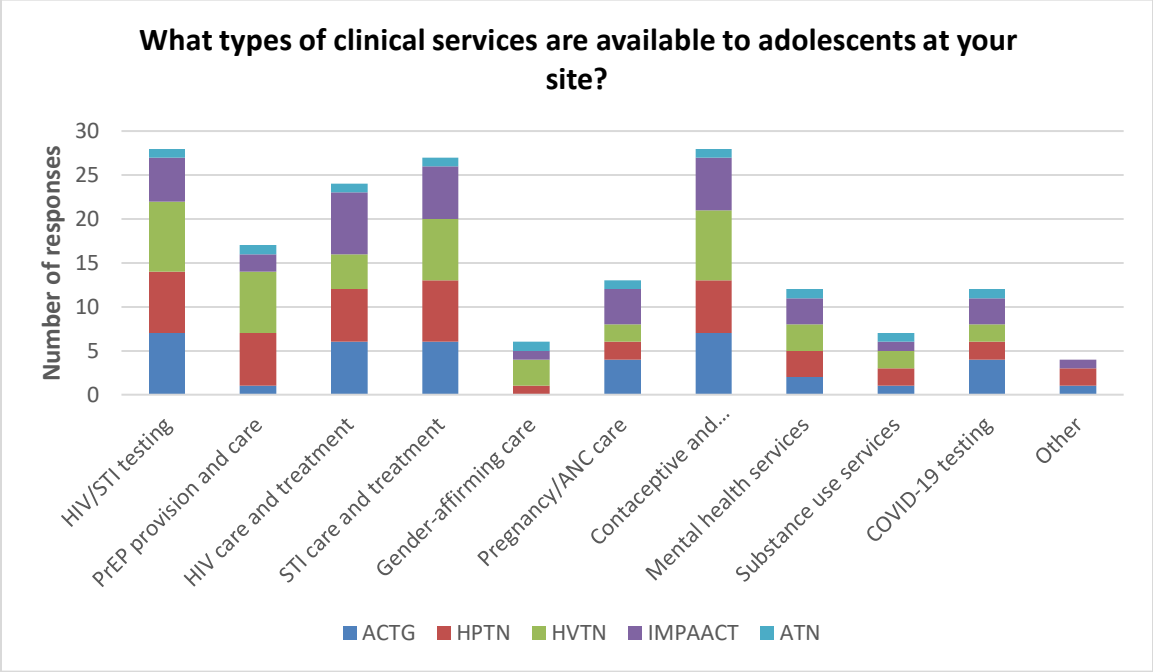


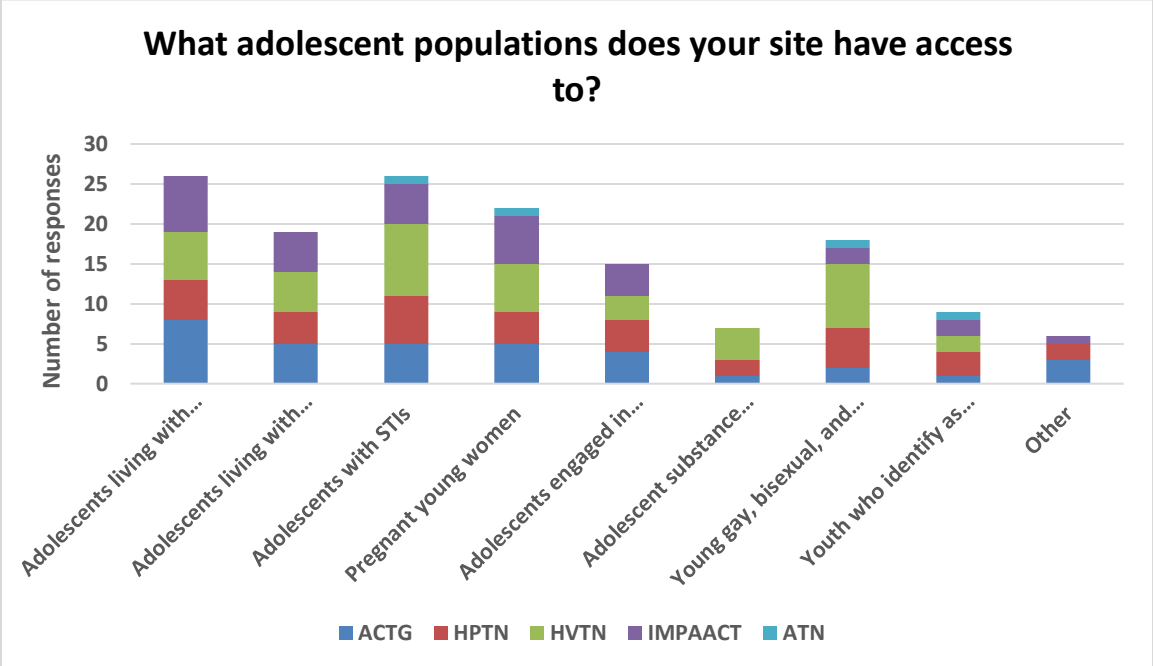
Survey Answers by Network (NIAID-Funded Sites Only) Continued:





Survey Answers by Network (NIAID-Funded Sites Only) Continued:

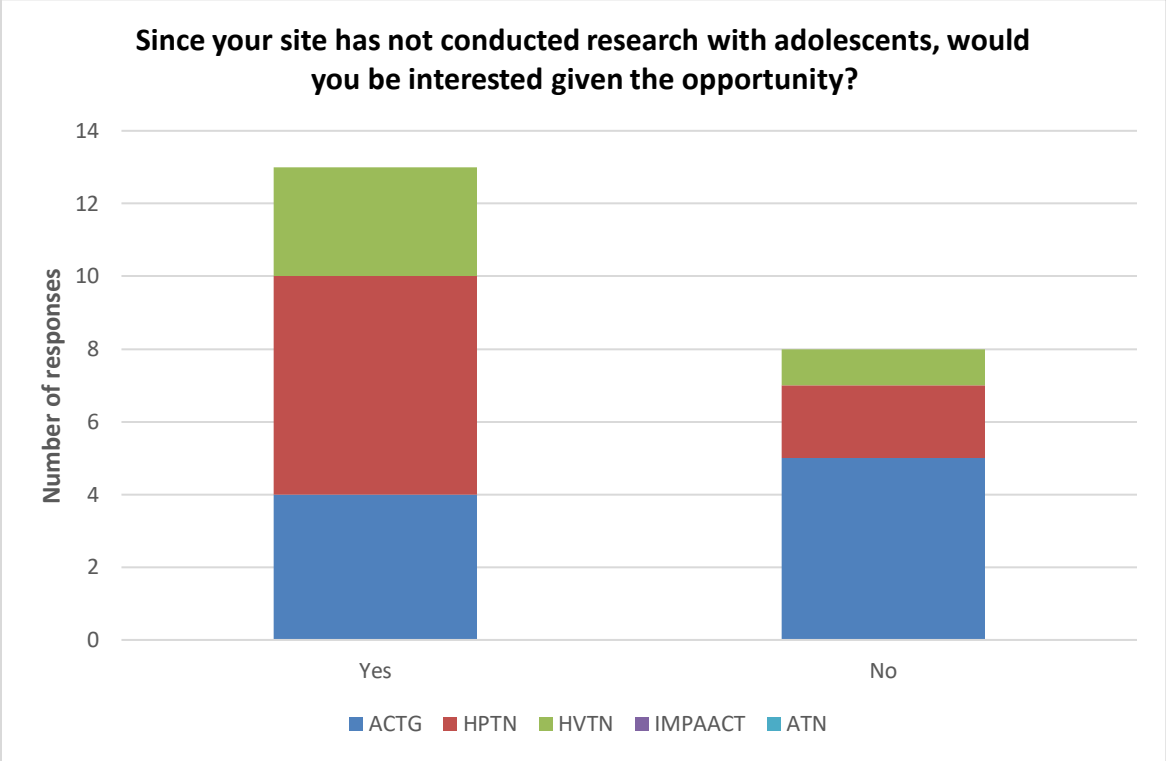




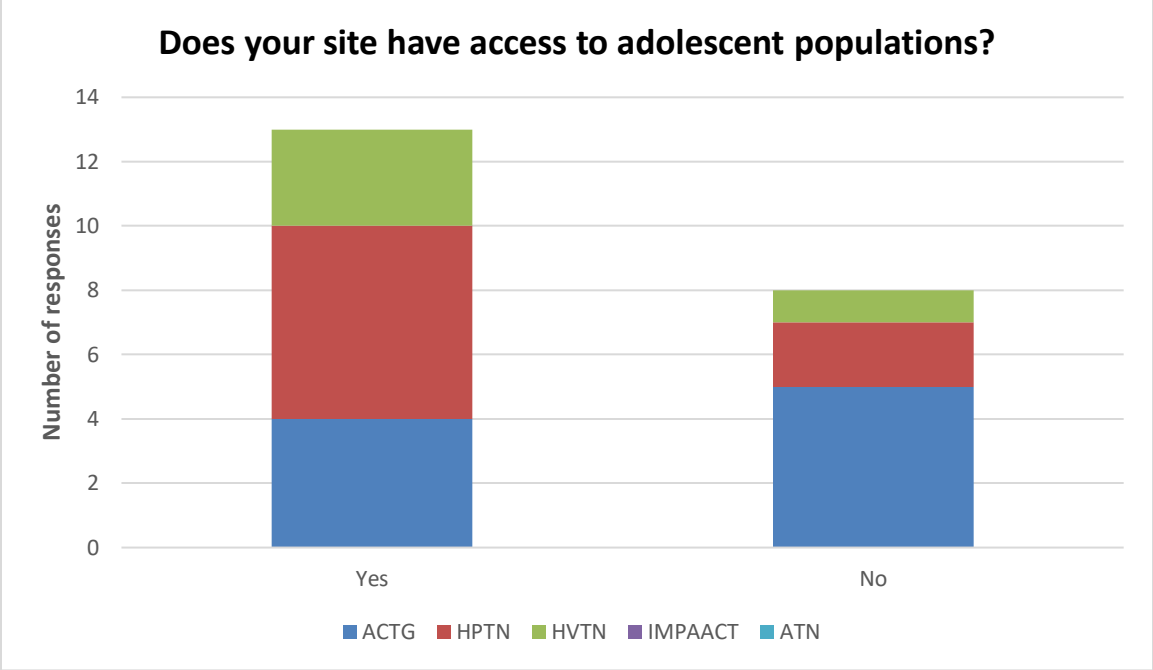
Survey Answers by Network (NIAID-Funded Sites Only) Continued:

X Axis Key (left to right)

- Adolescents living with HIV currently receiving care at site
- Adolescents living with HIV who are out of care
- Adolescents with STIs
- Pregnant young women
- Adolescents engaged in sex work
- Adolescent substance users including injection drug users
- Young, bisexual, and other men who sleep with men
- Youth who identify as genderfluid, gender non-binary, or transgender
- Other



Survey Answers by Network (NIAID-Funded Sites Only) Continued:



Appendix IV: Selected Responses to Open-Ended Questions

NIH results of Q24: If your site has not conducted research with adolescents and you conduct clinical trials at your site, what prevents you from enrolling adolescents into those trials?	
Site Number	**Response**
30007	We've not been asked by DAIDS Networks to recruit adolescents.
31791	We only recently started seeing adolescents at our health center, so have not had the patient population to recruit from. We have no experience conducting adolescent research and as an organization are in the process of developing policies/procedures including adolescents in research.
12301	As an ACTG CRS, our site's main research focus is Adult treatment and prevention. The only exposure our site has had to adolescent participants has been through an Adult MDR-B clinical trial, where they are enrolled as households of an adult index case.
31608	We have excellent clinical and community partners for adolescents so could partner with them, even though we do not have adolescent services on site. We have not had protocols with HPTN for <18 to date. We do have a couple of investigator-initiated adolescent protocols in HIV prevention outside of the networks.
601	We do not see adolescents at our site.
3203	The youngest patients seen at our clinic are 17, so we do not have access to them.
2101	We have traditionally done studies with adolescents over age 18. There are affiliated groups on campus that we work closely with who do research on minors.
Site number not provided	Very complicated with our IRB.
2701	Hospital is adult (>18) only.
1401	We're attached to an adult HIV clinic and have adult-trained clinicians (no pediatrics). Children's hospital has separate research.
31635	In all our studies, inclusion criterion for age is 18 years and above.