

ESCALATE Training Application – June 14, 2021

NMAC is funded by the Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB) to implement the Minority HIV/AIDS Fund initiative - Ending Stigma through Collaboration and Lifting All to Empowerment (ESCALATE) project, ¹ which seeks to reduce stigma for people with HIV on multiple levels throughout the health care delivery system, including on an individual client level. The program focuses on implementing various stigma-reducing approaches with an emphasis on cultural humility across all ethnic groups but particularly for People of Color with HIV to improve linkage to care, retention in care, and viral suppression.

ESCALATE activities focus on supporting Ryan White HIV/AIDS Program (RWHAP) funded organizations in addressing stigma by providing Training, Technical Assistance (TA), and Learning Collaboratives (LC). For more information on ESCALATE Training, Technical Assistance, and Learning Collaboratives, please visit the TargetHIV site where you can find FAQs and pre-application materials: https://targethiv.org/ta-org/escalate

This application is for Training. Training is a multi-day learning opportunity designed to change knowledge, attitudes, beliefs, and behaviors around HIV-related stigma through facilitated conversations within and among RWHAP organization staff and community members. Organizations and community members can apply to join as Stigma Reduction Teams.

A Stigma Reduction Team:

- Must be affiliated with one or more RWHAP organizations
 - Examples: Part C funded community clinic, Part B subrecipient providing core medical services, community HIV services organization with Part D funds to support women and families, Part A planning council, Part F community partnership dental project, etc.
- Must have staff or leadership employed at the organization(s) AND an HIV-positive community member receiving HIV services from the RWHAP

Please submit one application per Stigma Reduction Team.

Applications will be open between June 14, 2021 and July 9, 2021, and applicants will be selected and notified by the week of August 11, 2021.

The Stigma Reduction Teams should identify their primary point of contact for this application and, if selected, ESCALATE activities. This primary point of contact should complete this application.

1. Please list the following inform	nation for your Stigma Reduction Team's primary contact person.
Name	
Email	
Phone	
Race	

¹ ESCALATE is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) and the Minority HIV/AIDS Fund as part of a financial assistance award totaling \$1,600,906. with 100 percentage funded by HRSA/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA/HHS, or the U.S. Government.

Staff or Community Member

	1.1 Is this a cell phone? a. Yes b. No
2.	Please identify the RWHAP organization that the primary contact is affiliated with. Select a state from the choices below and find your organization. If you cannot find it, write it in the "other organization" blank below. There are organizations that have been added since this list was created and that's why you might not be able to find yours. [Dropdown list]
	2.1 Other organization:
3.	Is there another RWHAP organization represented on your Stigma Reduction Team? a. Yes b. No
	3.1 Please select the organization. [Dropdown list]
	3.1.1 Other organization:
	3.2 Is there another RWHAP organization represented on your Stigma Reduction Team?a. Yesb. No
	3.2.1 Please select the organization. [Dropdown list]
	3.2.2 Other organization:
4.	How did you hear about ESCALATE?
5.	ESCALATE requires that each member of the Stigma Reduction Team dedicates 30 hours to participate in the Training. Is your Stigma Reduction Team able to commit 30 hours to participate in the training? a. Yes b. No c. Not Sure
6.	Please submit a letter of commitment from organizational leadership (such as the executive director or medical director) outlining the organization's commitment to support staff in participating in the ESCALATE Training for each organization represented on your Stigma Reduction Team. File options are PDF, DOC, DOCX, TXT, ODT.

6.1 Letter of commitment for second organization:

6.2 Letter of commitment for third organization:

7. Please provide the following information for the members of your Sti member:	gma Reduc	tion Team.	First team
Name			
Email			
Phone			
Race			
Staff or community member			
7.1 Would you like to add information for another team member?			
a. Yes			
b. No			
7.1.1 Second team member:			
Name			
Email			
Phone			
Race			
Staff or community member			
[Repeat for up to 4 team members]			
8. Stigma Reduction Teams should represent the communities that the responsibilities across organizations. Please tell us more about the responsibilities across organizations.	•		les and
	Yes	No	Not sure

	Yes	No	Not sure
Does your team include individuals of diverse sexual orientation?			
Does your team include individuals of diverse gender identity?			
Does your team include individuals of diverse professional status?			
(For example, more than one level of service, including managers,			
line staff, administrators, peers, etc.)			
Does your team include at least 1 HIV-positive community member			
receiving services at the organization (client, CAB member, other			
community member associated with the agency)?			
Does any member of your team need special accommodations			
(limited vision or eyesight; deaf or hard of hearing; translation			
services; other accommodations)?			

The following questions relate to access to technology needed to participate in virtual trainings.

9.	Does each Stigma Reduction Team member have	e access to a table	t, laptop, or	desktop con	nputer to
	participate in online webinars?				

a. Yes

b. No

- 9.1 Can the organization support each Stigma Reduction Team member in obtaining access to a tablet, laptop, or desktop computer?
- a. Yes
- b. No
- c. Not sure
- 10. Does each Stigma Reduction Team member have access to a strong wifi/internet connection?
 - a. Yes
 - b. No
 - 10.1 Can the organization support each Stigma Reduction Team member in obtaining access to wifi/internet connection?
 - a. Yes
 - b. No
 - c. Not sure

The next six questions help you create a Stigma Reduction Team personal statement about some of your Team's experiences and expectations. After each question you'll see a text box to write your statement in. Each answer will be limited to 1800 characters (approximately 300 words).

- 11. Please describe why your Stigma Reduction Team is interested in applying for Training.
- 12. In your own words, please describe how HIV-related stigma impacts persons with HIV in your community and/or workplace.
- 13. Have you ever done anything to address HIV-related stigma in your community and/or workplace, such as advocacy, training, policy changes, change in mission or vision, or in providing services? Please describe what you did, what you learned from the experience, and if/how you incorporated the lessons learned into your work.
- 14. Do you currently implement any anti-stigma projects or resources?
- 15. We anticipate persons who complete the Training will return to their communities and workplaces to try some of the methods and practices learned in ESCALATE. Do you have any ideas on how you think you will do this, including sharing the information and skills you learn in ESCALATE with others?
- 16. Is there anything else you would like us to know, for example, any special skills or experiences your team brings to the program?
- 17. By submitting this application, I understand that, if selected, this program requires my full attendance and participation is required. Click here to agree.