



Application for Organizations – June 14, 2021

NMAC has been 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, 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 project will focus on implementing various stigma-reducing approaches with an emphasis on cultural humility, particularly for addressing HIV stigma faced by transgender/gender-nonconforming individuals, men who have sex with men, and the Black/African-American community. The overall aim of the activities is to increase cultural humility in care and treatment settings for people with HIV to improve linkage, retention in care, and viral suppression.

ESCALATE activities will support Ryan White HIV/AIDS Program (RWHAP) grantees in reducing HIV stigma by providing Training, Technical Assistance (TA), and Learning Collaboratives. For more information on ESCALATE, please visit the TargetHIV site for FAQs and pre-application materials: <https://targethiv.org/ta-org/escalate>.

NMAC has partnered with Abt Associates to deliver time-limited (up to 9 months) TA and with NORC at the University of Chicago to facilitate two, 14-month-long learning collaboratives. Organizations that need targeted support to identify or prepare to implement a stigma-reduction initiative will be selected to receive TA, while organizations that are ready to implement or already implementing a stigma-reduction initiative and could benefit from peer-to-peer learning and subject matter expertise will be selected to participate in the Learning Collaborative.

Technical Assistance (TA)

- TA will focus on providing time-limited, tailored coaching and learning opportunities to address an organization-specific work plan. Organizations will collaborate with a TA coach to create a work plan with tangible action steps to reduce stigma within the organization, community, and/or system.
- TA will be offered in a 9-month session to teams of organization representatives. We estimate TA will require approximately 3-5 hours per month for each participating team member. The exact activities and timeline will be determined by each organization's tailored TA plan.

Learning Collaborative

- Each Learning Collaborative will bring together organizations that are ready to implement or already implementing stigma-reduction activities for coaching, peer-to-peer learning, collaborative tracking of progress, and support from stigma-reduction subject matter experts.
- Each Learning Collaborative will be convened over a 14-month period, during which we estimate team members will need to devote approximately 6-10 hours per month.

For additional information, please see our concept note and FAQs: <https://targethiv.org/ta-org/escalate>

If your organization is interested in one of these opportunities, please fill out this application.

Identifying Members of your Stigma Reduction Team: Organizational change cannot be achieved by one person alone! As such, regardless of whether you're interested in receiving TA or participating in the learning collaborative, you will need to identify a team of **4-6 participants** who will represent your organization. This Stigma Reduction Team must include:

- individuals who represent **members of the population(s) on which your stigma-reduction initiative focuses;**
- people who represent **a wide range of roles and seniority** within your organization; and
- someone **in a position to implement changes at the organization**, who we refer to as the Stigma Reduction Change Agent.

We also recommend your Stigma Reduction Team include **client-facing staff**, such as frontline staff, patient educators or navigators, and/or providers.

Please confer with members of your Stigma Reduction Team who will receive TA or participate in the Learning Collaborative to develop responses to each question.

Section 1: Characteristics of your Organization

1. Organization name: _____
2. Type of organization (**Select all that apply**)
 - a. **Hospital or university-based clinic:** includes ambulatory/outpatient care departments or clinics, emergency rooms, rehabilitation facilities (physical, occupational, speech), hospice programs, substance use disorder treatment programs, sexually transmitted diseases clinics, HIV/AIDS clinics, and inpatient case management service programs.
 - b. **Publicly funded community health center:** includes community health centers, migrant health centers, rural health centers, and homeless health centers.
 - c. **Publicly funded community mental health center:** includes community-based agencies, funded by local, State, or federal funds, that provides mental health services to low-income people.
 - d. **Other community-based service organization:** includes nonhospital-based organizations, HIV/AIDS service and volunteer organizations, private nonprofit social service and mental health organizations, hospice programs (home and residential), home health care agencies, rehabilitation programs, substance use disorder treatment programs, case management agencies, and mental health care providers.
 - e. **Health department:** includes State or local health departments.
 - f. **Substance use disorder treatment center:** includes agencies that focus on the delivery of substance misuse treatment services.
 - g. **Solo/group private medical practice:** includes all health and health-related private practitioners and practice groups.
 - h. **Agency reporting for multiple fee-for-service providers:** includes agencies that report data for more than one fee-for-service provider (e.g., a State operating a reimbursement pool).
 - i. **People Living with HIV (PLWH) coalition:** includes organizations that provide support services to individuals and families affected by HIV and AIDS.
 - j. **VA facility:** includes facilities funded through the U.S. Department of Veterans Affairs
 - k. **Other provider type:** agencies that do not fit the agency types listed above. If you select “Other facility,” you must provide a description.
3. U.S. state, district, or territory in which the organization is located:
4. The Ryan White HIV/AIDS Program (RWHAP) is comprised of multiple programs (called “Parts”) that vary in focus to meet diverse needs across geographic regions, populations, and services.¹ Under which Part(s) is the organization funded? (**Select all that apply**)
 - a. **Part A** – Hard Hit Urban Areas and Planning Councils
 - b. **Part B** – States/Territories and AIDS Drug Assistance Program (ADAP)
 - c. **Part C** – Community-Based Early Intervention
 - d. **Part D** – Women, Infants, Children, Youth
 - e. **Don’t know/Not sure**
5. How many sites does the organization have? _____
 - a. Please describe the geographic location of the site(s) (e.g., urban or rural; if multiple sites, spanning a city, county, or state, etc.).
 - b. Will the team participating in TA or the Learning Collaborative include staff from all of the

¹ <https://targethiv.org/library/topics/ryan-white-hivaids-program-parts>

organization's sites, only selected sites, or just one site? Please explain.

6. Which of the following RWHAP Core Medical Services² does the organization provide? **(Select all that apply)**
- a. AIDS Drug Assistance Program Treatments
 - b. AIDS Pharmaceutical Assistance
 - c. Early Intervention Services (EIS)
 - d. Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals
 - e. Home and Community-Based Health Services
 - f. Home Health Care
 - g. Hospice
 - h. Medical Case Management, including Treatment Adherence Services
 - i. Medical Nutrition Therapy
 - j. Mental Health Services
 - k. Oral Health Care
 - l. Outpatient/Ambulatory Health Services
 - m. Substance Use Disorder Outpatient Care
 - n. None of the above
7. Which of the following RWHAP Support Services³ does the organization provide? **(Select all that apply)**
- a. Child Care Services
 - b. Emergency Financial Assistance
 - c. Food Bank/Home Delivered Meals
 - d. Health Education/Risk Reduction
 - e. Housing
 - f. Legal Services
 - g. Linguistic Services
 - h. Medical Transportation
 - i. Non-Medical Case Management Services
 - j. Other Professional Services
 - k. Outreach Services
 - l. Permanency Planning
 - m. Psychosocial Support Services
 - n. Referral for Health Care and Support Services
 - o. Rehabilitation Services
 - p. Respite Care
 - q. Substance Use Disorder Services (residential)
 - r. None of the above
8. What other non-RWHAP HIV services does the organization provide?
9. Approximately how many people work:
- a. At the organization? _____
 - b. In the organization's HIV program? _____

² https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf

³ https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf

- 10.** Approximately how many staff at the organization:
- a. Support HIV/AIDS service provision in total (including administrative work, clinical services, case management, etc.)? _____
 - b. Support RWHAP service provision? _____
 - c. Support non-RWHAP HIV service provision? _____

11. How did you hear about ESCALATE?

Section 2: Population Served

12. How does your organization define HIV stigma?

13. Which populations affected by HIV stigma does your organization serve or wish to serve?

Please describe the size of these populations (estimates of number served and/or number of these populations in your service area), their racial/ethnic make-up, their sexual orientations and gender identities, as well as any other characteristics for which they are stigmatized (for instance, engaging in sex work or substance use, poverty, education, immigration status, religious beliefs, incarceration, or experience of trauma or mental illness).

14. How are these populations identified above affected by HIV stigma and other forms of stigma or discrimination that may exacerbate their experience of HIV stigma?

Please describe how they are affected by HIV stigma specifically as well as all other types of stigma or discrimination that they face (for example, racism, homophobia, transphobia, religious trauma, etc.) which may exacerbate HIV stigma and the impact of stigma on them, including how stigma impacts their physical or mental health, employment, education, and housing as well as linkage to care, retention in care and viral suppression.

15. Has the organization surveyed clients about their experience with stigma, including HIV stigma?

If so, please describe the types of stigma you survey clients about (for example, HIV stigma, racism, homophobia, transphobia, religious trauma, etc.) your process (for example, through community meetings, surveys, interviews), and how often the organization surveys clients about their experience with stigma (for example, monthly, quarterly, annually, etc.).

Section 3: Organizational Needs for Reducing HIV Stigma

We recognize organizations will be at different stages of developing and implementing initiatives to reduce HIV stigma. Please answer the following questions to help us understand your organization's needs.

16. In what stage is the organization in reducing HIV stigma?
- Pre-contemplation:** as an organization, we need to decide if we can do something to reduce HIV stigma.
 - Contemplation:** we have realized a need to reduce HIV stigma but have not yet developed a plan to address it.
 - Planning:** we have identified goals and objectives, personnel responsible, activities to be conducted, and resources needed but have not yet started implementing the plan.
 - Implementation:** we have started implementing stigma-reduction activities but have not yet achieved our goals.
 - Maintenance:** our stigma-reduction activities are ongoing and we have achieved some goals, but we need to sustain our gains.
 - Reinvigoration:** our stigma-reduction activities are no longer working, or we need to engage in activities to reduce stigma for a different population we're serving.
17. What does the organization need to improve staff knowledge of stigma?
- Ableism
 - Cultural humility
 - Discrimination
 - HIV stigma
 - Homophobia
 - Implicit bias
 - Internalized stigma
 - Intersectionality
 - Privilege
 - Racism
 - Stigma related to HIV services
 - Stigma related to mental health
 - Stigma related to pronouns
 - Stigma related to substance use
 - Stigma related to sex work
 - Transphobia
 - Other (please specify):

18. What does the organization need to improve planning of stigma-reduction initiatives? (Select all that apply)

- a. Assessment of client experiences of stigma
- b. Assessment of clinic environment
- c. Assessment of stigma and the workforce
- d. Identifying a population of interest
- e. Selection of an evidence-based strategy
- f. Development of an implementation plan
- g. Development of an evaluation plan
- h. Meaningful engagement of community members
- i. Obtaining leadership support and buy-in
- j. Other (please specify):

19. What does the organization need to do to improve how it interacts with clients? (Select all that apply)

- a. Accessibility and physical environment
- b. Assessment of client experience during intake and visits
- c. Client/public-facing materials
- d. Positive representation in organizational materials
- e. Communication with clients
- f. Client engagement in decision-making
- g. Meaningful feedback mechanism for clients
- h. Staff/volunteer interaction with clients
- i. Visible/transparent policies and practices
- j. Welcoming clinic environment
- k. Other (please specify):

20. What does the organization need to do to improve organizational culture related to HIV stigma and other forms of stigma or discrimination that may exacerbate the population's experience with HIV stigma? (Select all that apply)

- a. Assessment of staff beliefs related to HIV stigma
- b. Assessment of staff experience with HIV stigma
- c. Meaningful feedback mechanism for staff
- d. Organizational commitment to reduce HIV stigma
- e. Organizational policies and procedures
- f. Staff training on stigma and discrimination
- g. Staff/volunteer representation
- h. Other (please specify):

21. What does the organization need to do to improve how it implements HIV stigma-reduction initiatives?
(Select all that apply)

- a. Tailoring evidence-based strategies to a population of focus
- b. Monitoring progress
- c. Applying quality improvement/ quality assurance processes
- d. Sustaining gains
- e. Other (please specify):

22. What does the organization need to do to improve how it evaluates HIV stigma-reduction initiatives?
(Select all that apply)

- a. Impact of HIV stigma on clients
- b. Impact of HIV stigma on linkage to care
- c. Impact of HIV stigma on service delivery
- d. Impact of HIV stigma on retention in care
- e. Impact of HIV stigma on viral suppression
- f. Other (please specify):

Section 4: Stigma Reduction Team

23. Each organization participating in TA or a learning collaborative must identify a Stigma Reduction Change Agent, who will provide visible leadership, lend credibility to the project, and serve as the champion of the organization's Stigma Reduction Team.

Please list the contact information for your organization's Stigma Reduction Change Agent.

Name: _____
Title/Role: _____

24. In addition to the Stigma Reduction Change Agent, each organization participating in TA or a learning collaborative must identify a team of 3 to 5 individuals who will be actively engaged in this work. We recommend that your team represent a wide range of roles and seniority within your organization and include client-facing staff, such as frontline staff, patient educators/navigators, and/or providers. The team must include at least one person who represents the population(s) on which your stigma-reduction initiative focuses. (We ask you specify which population(s) members of your team represent in the next question.)

Please list the Stigma Reduction Team members, their titles/roles, and email addresses.

Name 1: _____ Title 1: _____
Email 1: _____

Name 2: _____ Title 2: _____
Email 2: _____

Name 3: _____ Title 3: _____
Email 3: _____

Name 4: _____ Title 4: _____
Email 4: _____

Name 5: _____ Title 5: _____
Email 5: _____

25. Please select one of the team members above, including the Stigma Reduction Change Agent, to serve as the team's primary point of contact with the TA or Learning Collaborative team and provide their contact information:

Name: _____
Title/Role: _____
Email: _____@_____
Phone: (_____) _____ - _____

26. Your team must include at least one individual from the populations your organization serves that are most likely to be stigmatized. Please **do not indicate which team member(s)** this is, but please specify which population(s) they represent. (For example, depending on the populations on which your stigma-reduction initiative focuses, those represented by members of your Stigma Reduction Team may include: people with HIV; people who are Black/African American; people who are members of the LGBTQ community; people who have been incarcerated; etc.)

27. All members of the Stigma Reduction Team who will participate in TA or the learning collaborative have access to: **(Select all that apply)**
- a. Reliable, high-speed internet (e.g., ability to join videoconference calls, stable internet connection)
 - b. Computers or laptops that have an internal camera or external (i.e., attached) webcam, microphone, and speakers to enable participation in live, virtual learning sessions, webinars, and check-ins
 - c. Conference rooms or other spaces where you and your colleagues can meet in private
 - d. None of the above

28. What training(s) have members of your Stigma Reduction Team – either individually or collectively – received so far on stigma reduction? Please indicate below the type(s) of training that one or more members of your Stigma Reduction Team has received and the year in which they received the training.

Type of Stigma Reduction Training	Year Received

29. What resources has the organization’s leadership dedicated to HIV stigma-reduction activities? **(Select all that apply)**
- a. Staff time
 - b. Funding (i.e., separate from staff time)
 - c. Other (please specify):
 - d. None of the above
 - e. Don’t know/Not sure (please explain):

30. Organizations implementing (or preparing to implement) a stigma-reduction initiative typically have implementation and evaluation plans. Please indicate which of the following your organization currently has: **(Select all that apply)**
- a. A **formal implementation plan** that sets specific objectives to be achieved within a stated time period
 - i. Attach your stigma-reduction initiative’s implementation plan here.
 - b. A **formal plan to evaluate your HIV stigma-reduction initiative** that includes specific measures of client perceptions of stigma
 - i. Please attach your organization’s stigma-reduction initiative evaluation plan here.
 - c. None of the above

Section 5: Selection of ESCALATE Stigma-Reduction Track

31. Is your organization interested in receiving TA or participating in the Learning Collaborative?
- a. Technical assistance
 - b. Learning collaborative

Section 6. Application to Receive TA

We are interested in selecting organizations to participate in technical assistance that vary in terms of their capacity and progress. As such, please respond honestly to the following questions, which will help us identify your needs and develop appropriate programming to assist the organization in meeting its objectives.

32. Why is the organization interested in applying for technical assistance? What makes this the right time to work with a technical assistance provider to reduce HIV-related stigma?

33. Has the organization received any kind of technical assistance to improve HIV care services, improve clinic operations, and/or to reduce HIV stigma through previous initiatives?

If so, please tell us more about that experience, and describe who provided the technical assistance, what topics were covered through the TA, what TA strategies worked for your team, which ones didn't work and what challenges you encountered?

34. Please indicate in the table below your team's bandwidth to participate in TA. How likely is it that:

	Extremely likely	Likely	Neutral	Unlikely	Extremely unlikely
a. Your organization's <u>Stigma Reduction Change Agent</u> can dedicate at least 3-5 hours per month to participating in TA?					
b. <u>Other members of the organization's Stigma Reduction Team</u> can dedicate at least 3-5 hours per month to participating in TA?					

Section 7. Application to Participate in an ESCALATE Learning Collaborative

We are interested in selecting organizations to participate in a learning collaborative that vary in terms of their capacity and progress. As such, please respond honestly to the following questions, which will help us identify your needs and develop appropriate programming to assist you in meeting your objectives.

35. Please answer the following questions to help us learn more about why your organization is applying to participate in the ESCALATE Learning Collaborative.

- a. What stigma-reduction initiative is the organization implementing (or planning to implement), how will it reduce HIV stigma, and what progress have you made thus far?
- b. What else does your organization want to accomplish through this initiative?
- c. What does your Stigma Reduction Team hope to learn from other organizations that are implementing similar initiatives with similar population(s) of focus?

36. Has the organization participated in a learning collaborative through previous initiatives?

If so, please tell us more about that experience, including describing who led the learning collaborative, what topics were covered, what was the most impactful thing the organization learned, what could have made it more successful or useful and what changes the organization made as a result of the experience.

37. Please indicate in the table below your team’s bandwidth to participate in the learning collaborative. Note that the times listed are in addition to time spent implementing stigma-reduction activities. How likely is it that:

	Extremely likely	Likely	Neutral	Unlikely	Extremely unlikely
a. Your organization’s <u>Stigma Reduction Change Agent</u> can dedicate ~8-10 hours per month to participating in the learning collaborative ⁴					
b. <u>Other members of the organization’s Stigma Reduction Team</u> can dedicate ~6-8 hours per month to participating in the learning collaborative ⁵					

⁴ Successful participation in the learning collaborative will require engagement in live, virtual meetings, check-ins with Learning Collaborative coaches, Affinity Group Webinars, and evaluation activities, including meeting with your team and completing quality improvement forms

⁵ Successful participation in the learning collaborative will require engagement in live, virtual meetings, check-ins with Learning Collaborative coaches, Affinity Group Webinars, and evaluation activities, including meeting with your team and completing quality improvement forms.

Thank You!

Thank you for taking the time to submit an application.

- 38.** Please attach a letter from your organization’s leadership (your CEO, Executive Director, or other leaders) noting:
- a. Support for your organization’s Stigma Reduction Team to participate in the TA or learning collaborative activities;
 - b. Commitment to provide staff time for your Stigma Reduction Team to participate in either the TA⁶ or learning collaborative⁷ activities; and
 - c. Commitment to incorporating stigma-reduction strategies implemented successfully in TA or the learning collaborative into your broader organization’s activities, policies, practices, and behaviors, including:
 - i. Commitment for key staff who participate in TA to serve as informal trainers to share tailored approaches with staff
 - ii. Commitment for key staff who participate in a learning collaborative to disseminate information on their progress, successes, challenges, and lessons learned via digital stories on TargetHIV.
- 39.** Is there anything else important for the ESCALATE team to know about the organization and its potential involvement in TA or the learning collaborative?

We will begin issuing our determinations starting the week of October 18, 2021. We kindly ask that all applicants prepare (e.g., provide notice to the appropriate approval authorities within your organization) to be able to confirm acceptance within 5 business days of receiving an offer to participate in ESCALATE either by receiving TA or participating in the Learning Collaborative to secure their place as space is limited. Additionally, if you are no longer able to participate or wish to rescind your application from consideration post-submission, please notify us as soon as possible.

If you have questions about receiving **Technical Assistance**, please contact Abt’s Project Manager, Hunter Robertson (he/him/his), at Hunter_Robertson@abtassoc.com.

If you have questions about participating in the **Learning Collaborative**, please contact NORC’s Application Lead, Jessica Fox (she/her/hers), ESCALATE@norc.org.

⁶ Approximately 3-5 hours per team member per month

⁷ Approximately 6-10 hours per team member per month