



## **Application for Learning Collaborative – October 7, 2022 to February 28, 2023**

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 focuses 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 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 NORC at the University of Chicago to facilitate a 16-month-long [Learning Collaborative](#). Organizations who want to reduce the impact of HIV and related stigmas on the clients they serve and are willing to engage in a multi-step process of developing, planning, implementing, evaluating, and refining a comprehensive HIV Stigma Reduction Initiative are invited to apply for the ESCALATE Learning Collaborative.

### **Stigma Reduction Initiatives**

A Stigma Reduction Initiative is a [formalized, comprehensive, and evidence-informed](#) effort to reduce the impact of HIV stigma on an identified [population of focus](#).

### **Learning Collaborative**

- The 2023-2024 ESCALATE Learning Collaborative will bring together organizations to engage in a multi-step process of developing, planning, implementing, evaluating, and refining a Stigma Reduction Initiative.
- Organizations will receive coaching, opportunities for peer-to-peer learning, and support from stigma-reduction subject matter experts. In addition, they will engage in collaborative tracking of progress and practice continuous quality improvement techniques intended to enhance their Initiative over time.
- The ESCALATE Learning Collaborative will be convened over a 16-month period, during which we estimate team members will need to devote approximately 6-10 hours per month.

For additional information, please visit <https://targethiv.org/escalate>

### **Criteria**

To be eligible for participation in the ESCALATE Learning Collaborative, your organization must

1. Be either a HRSA RWHAP Part A-D funded recipient or sub-recipient.
2. Want to create an evidence-informed, comprehensive, Stigma Reduction Initiative and engage in efforts to improve the performance of that Initiative over time.
3. Have a foundational understanding of HIV and related stigmas experienced by your clients.
4. Have written commitment from your organization's leadership to provide resources and tangible support for the development and implementation of a Stigma Reduction Initiative.

**If your organization meets these criteria and is interested in participating in the 2023-2024 ESCALATE Learning Collaborative, please fill out this application.**

### **Stigma Reduction Team**

Organizational change cannot be achieved by one person alone! Therefore, **each organization accepted into the ESCALATE Learning Collaborative** will need to identify a team of **4-6 participants** who will form a Stigma Reduction Team. This team must include:

- someone **in a leadership position to implement changes at the organization and assign resources** to the Initiative. This person will act as the Stigma Reduction Change Agent, and will lead the Stigma Reduction Team;
- individuals who represent **members of the population(s) that your Stigma Reduction Initiative seeks to serve**; and
- people who represent **a wide range of roles and seniority** within your organization including both **client-facing staff**, such as frontline staff, case managers, patient educators or navigators, and/or providers, as well as **administrative and other vital support staff** who don't regularly interact with clients, including staff involved in human resources, billing, and finance.

### **Instructions**

To complete this application:

1. Print a PDF copy to refer to offline
2. Identify your Stigma Reduction Team (SRT) members
3. Confer with your Stigma Reduction Team to develop responses to each question. You may want to type your answers into the form-fillable PDF to enable you to complete the online application at a later stage.
  - a. If you have any questions during this time, please
    - i. Contact [ESCALATE@NORC.org](mailto:ESCALATE@NORC.org)
    - ii. Attend one of our ESCALATE Learning Collaborative Webinars
4. Obtain written support for your application from organizational leadership.
5. Return to this web-based portal to enter your responses.
6. Submit your responses by 12:00pm, **February 28, 2023**

### **Parts of Application**

This application contains 7 sections, including

- A. Primary Point of Contact Information
- B. Organizational Characteristics
- C. Perceptions of Stigma
- D. Stigma Reduction Teams' Experience
- E. Stigma Reduction Team
- F. Rationale for Participation
- G. Closing

### **Section A: Primary Point of Contact's Information**

Please provide some information about the main person responsible for completing this application so that we can reach out and offer support, if needed, as they complete it.

1. Full name: \_\_\_\_\_
2. Pronouns: \_\_\_\_\_
3. Email address: \_\_\_\_\_
4. Good daytime telephone number where they can be reached: \_\_\_\_\_

### Section B: Organizational Characteristics

5. Organization name: \_\_\_\_\_
6. U.S. state, district, or territory in which the organization is located: \_\_\_\_ (Drop Down List) \_\_\_\_\_
7. 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 with HIV (PWH) 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.

8. 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.<sup>1</sup> 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**
9. Which of the following best describes your organization?
- a. RWHAP recipient
  - b. RWHAP sub-recipient
  - c. Other (please specify)
10. Which of the following RWHAP Core Medical Services<sup>2</sup> 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
11. Which of the following RWHAP Support Services<sup>3</sup> 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

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

<sup>2</sup> [https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN\\_16-02Final.pdf](https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf)

<sup>3</sup> [https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN\\_16-02Final.pdf](https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf)

- 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

12. Does your organization provide services:

- a. Directly to clients;
- b. Indirectly via sub-recipients or subcontractors; or
- c. Both

13. Approximately how many people work:

- a. At the organization? \_\_\_\_\_
- b. In the organization's HIV program? \_\_\_\_\_

14. 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? \_\_\_\_\_

15. How did you hear about ESCALATE? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Section C: Perceptions of Stigma**

16. How does your organization define HIV stigma?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

17. 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).*

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

18. 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.

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**19.** 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.).*

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**Section D: Stigma Reduction Teams’ Experience**

We recognize organizations will be at different stages of developing and implementing initiatives to reduce HIV stigma.

**20.** Please describe your SRTs’ level of experience in the following activities. (Select the rating that represents the highest level of experience for any members of your Stigma Reduction Team.)

	No experience	Entry level/ novice	Some experience	Proficient/ skilled	Master/ expert
a. Meaningful engagement of community members					
b. Obtaining leadership support and buy-in					
c. Assessment of client experiences of stigma					
d. Assessment of clinic environment					
e. Assessment of stigma and the workforce					
f. Identifying a population of interest					
g. Selection of an evidence-based strategy					
h. Development of an implementation plan					
i. Development of an evaluation plan					

j. Monitoring progress					
k. Applying quality improvement/ quality assurance processes					
l. Sustaining gains					
m. Other (please specify):					

**Section E: Stigma Reduction Team**

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

Stigma Reduction Change Agent (**hover over text for more information**) [roll-over text: This is someone in a leadership position to implement changes at the organization and assign resources to the Initiative.]

Name 1: \_\_\_\_\_ Title 1: \_\_\_\_\_

Email 1: \_\_\_\_\_

Other SRT Members (**hover over text for more information**) [roll-over text: Three to five individuals (in addition to the Change Agent) 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 plans to focus. (We ask you to specify which population(s) members of your team represent in the next question.)

Name 2: \_\_\_\_\_ Title 2: \_\_\_\_\_

Email 2: \_\_\_\_\_

Name 3: \_\_\_\_\_ Title 3: \_\_\_\_\_

Email 3: \_\_\_\_\_

Name 4: \_\_\_\_\_ Title 4: \_\_\_\_\_

Email 4: \_\_\_\_\_

Name 5: \_\_\_\_\_ Title 5: \_\_\_\_\_

Email 5: \_\_\_\_\_

Name 6: \_\_\_\_\_ Title 6: \_\_\_\_\_

Email 6: \_\_\_\_\_

22. 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.)*

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**23.** 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

**Section F. Rationale for Participation**

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.

**24.** What does your Stigma Reduction Team want to accomplish by participating in the ESCALATE Learning Collaborative?

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**25.** What does your Stigma Reduction Team hope to learn from other organizations participating in the ESCALATE Learning Collaborative?

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**26.** Has the organization participated in a learning collaborative through previous initiatives? (Your learning collaborative experience does not have to be on the topic of stigma.)

*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.*

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27. 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 <b>~8-10 hours per month</b> to participating in the Learning Collaborative <sup>4</sup>					
b. <u>Other members of the organization’s Stigma Reduction Team</u> can each dedicate <b>~6-8 hours per month</b> to participating in the Learning Collaborative <sup>4</sup>					

28. 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. Space (i.e., for meetings)
- d. Other (please specify):
- e. None of the above
- f. Don’t know/Not sure (please explain):

**Section G: Closing**

Thank you for taking the time to submit an application.

29. 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 ESCALATE Learning Collaborative;

<sup>4</sup> Successful participation in the ESCALATE Learning Collaborative will require engagement in live, virtual meetings, check-ins with Learning Collaborative coaches, Affinity Group Meetings, and evaluation activities, including meeting with your Stigma Reduction Team and completing quality improvement forms

- b. Commitment to provide staff time<sup>5</sup> for your Stigma Reduction Team to participate the Learning Collaborative;
- c. Commitment to incorporating stigma-reduction strategies implemented successfully in the Learning Collaborative into your broader organization’s activities, policies, practices, and behaviors; and
- d. Commitment to support your organization’s Stigma Reduction Team to disseminate information on their progress, successes, challenges, and lessons learned by participating in the ESCALATE Learning Collaborative by contributing to organization-specific digital stories on TargetHIV.

**30.** 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 March 6, 2023. 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 the ESCALATE 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 participating in the **Learning Collaborative**, please contact NORC’s Application Lead, Jessica Fox (she/her/hers), [ESCALATE@norc.org](mailto:ESCALATE@norc.org).

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<sup>5</sup> *Approximately 6-10 hours per team member per month.*