

NACCHO

National Association of County & City Health Officials

REQUEST FOR APPLICATIONS

Improving HIV Outcomes through Collaboration: Supporting Partnership Development and Action Planning between Local Health Departments and Community Health Centers

*****Applications are Due Thursday, October 5, 2017, at 5:00 PM PT*****

OVERVIEW

The National Association of County and City Health Officials (NACCHO) is requesting applications for a new funding opportunity, “Improving HIV Outcomes through Collaboration: Supporting Partnership Development and Action Planning between Local Health Departments and Community Health Centers.”

As a leader, partner, catalyst, and voice for the nation’s nearly 3,000 local health departments (LHDs), NACCHO seeks to ensure the conditions that promote health, equity, and security for all people in their communities. The goal of this funding opportunity is to increase LHD and community health center (CHC) capacity to establish meaningful, collaborative, and sustainable partnerships to improve HIV outcomes. With funding and technical assistance from NACCHO, LHDs will collaborate with CHCs to explore and plan innovative and collaborative approaches to address local HIV prevention needs and improve HIV outcomes. Additionally, funded LHDs and their CHC partner(s) will be required to meaningfully engage community members to ensure that collaborative efforts are informed by the populations of focus for this project. Support for this program is provided by a cooperative agreement with the Centers for Disease Control and Prevention (CDC) Division of HIV/AIDS Prevention (DHAP).

NACCHO will select up to three LHDs for participation in this project, and award up to \$20,000 per awardee. The project period is seven months (December 1, 2017 – June 30, 2018).

Applications are due on October 5, 2017 at 5:00 PM PT. Notification of award will be made on or around October 25, 2017. All necessary information regarding the project and application process may be found in the Request for Applications (RFA). Potential applicants may e-mail questions to Mardrequis Harris at mharris@naccho.org.

BACKGROUND

Public health and primary care are natural, foundational partners for addressing the challenges in today’s health system. Together, along with other partners, we can improve population health.

–Practical Playbook
www.practicalplaybook.org

LHDs and CHCs play critical roles in improving community health, and are well-positioned to work together to achieve national HIV prevention goals. However, according to a 2015 NACCHO assessment, collaboration between LHDs and CHCs has been relatively limited thus far. More work is needed to understand the drivers and facilitators of LHD and CHC partnerships, the mechanisms for successful partnerships, and the benefit derived.

Primary care and public health have critical roles in providing for the health and well-being of communities across the nation. Although they each share a common goal, historically they have

operated independently of each other. However, new opportunities have brought and continue to bring the two sectors together in ways that will yield substantial and lasting improvements in the health of individuals, communities, and populations. In 2012, the Institute of Medicine, now known as the National Academies of Sciences, Engineering, and Medicine (the National Academies), released a report examining the integration of primary care and public health.¹ Recognizing that the interactions between the two sectors are so varied that it is not possible to prescribe a specific model or template for how integration should look, the National Academies identified a set of core principles derived from successful integration efforts, including a common goal of improving population health, as well as involving the community in defining and addressing its need. The challenges in integrating primary care and public health are great – but so are the opportunities and rewards.¹

Collaboration between public health and clinical care is critically important to improving HIV outcomes and meeting our national HIV prevention goals. There has been a 19% overall decline in new HIV infections that can be attributed to targeted HIV prevention efforts. However, progress has been uneven and diagnoses have increased among a few groups (e.g., gay and bisexual men of color, young African-American gay and bisexual men ages 13-24, people who inject drugs).² A collaborative approach bridges the gap between the macro and micro perspective of public health and primary care. When you combine public health’s commitment and understanding of communities and populations at large with primary care’s commitment and investment to one’s individual health, the intersection has the potential to have a greater impact on communities.

LETTER OF INTENT

Letters of intent are not required, but preferred. The letter of intent is not binding and will not be included in the review of a subsequent application. Letters of intent should be submitted via e-mail to Mardrequis Harris at mharris@naccho.org by **September 15, 2017 at 5:00 PM PT**. Use as the Subject Line: “LOI for LHD/CHC HIV Collaboration RFA.”

ELIGIBILITY AND CONTRACT TERMS

Eligible applicants include LHDs that are active NACCHO members. To confirm membership status or to become a dues-paying NACCHO member, visit <http://www.naccho.org/membership>. Additionally, acceptance of NACCHO’s [standard contract terms and conditions](#) is a requirement. Florida applicants are required to accept NACCHO’s [Florida standard contract terms and conditions](#). Potential applicants should review all terms and conditions before applying.

SCHEDULE OF EVENTS

Please note the following deadlines and events for this application:

Event	Date
Request for Applications Release	September 7, 2017
Letters of Intent (optional)	September 15, 2017
Application Submission Deadline	October 5, 2017
Anticipated Award Notification	October 25, 2017
Project Start	December 1, 2017
Project End	June 30, 2018

SCOPE OF WORK AND PROJECT REQUIREMENTS

This project aims to increase LHD and CHC capacity to establish meaningful, collaborative, and sustainable partnerships to improve HIV outcomes and reduce health-related disparities. With support and technical assistance from NACCHO, funded LHDs will be responsible for exploring and planning innovative and collaborative approaches with CHCs to improve HIV outcomes within their communities. Project activities will focus on building local capacity to establish new or enhance existing partnerships between LHDs and CHCs, engaging community members in a collaborative action planning process, identifying collaborative strategies to improve local HIV outcomes, and developing action plans for the implementation of identified strategies. LHD applicants are required to submit a letter of support for participation in this project from the CHC partner they intend to work with.

Priority areas for this project are to increase individual knowledge of HIV status, prevent new infections among HIV-negative persons, and reduce transmission from persons living with HIV. Based on local data and identified needs or gaps in HIV prevention services, LHDs and their CHC partner(s) will be required to identify a specific area of focus for their collaborative efforts, such as, but not limited to: HIV testing, PrEP implementation, harm reduction, and linkage to care. Additionally, priority populations of focus for collaborative efforts should be determined. Community engagement will be critical to ensuring that the planning process for collaborative efforts between LHDs and CHCs appropriately addresses the unique needs of the populations of focus.

Funded LHDs will be required to do the following:

1. Establish a community advisory committee to inform project activities. This group should represent the population(s) of focus for this project. If there is an existing community group that can be engaged in project activities, a new committee does not need to be formed, or the LHD can pull from that group to establish a community advisory committee for this project. The committee should be convened at least twice during the project period.
2. Plan and convene, in collaboration with NACCHO, an in-person action planning meeting with its CHC partner(s) and members of the community advisory committee, as well as any other key stakeholders identified in the planning process. The purpose of this

convening will be to explore and plan an innovative and collaborative approach to achieving improved HIV outcomes.

3. Finalize an action plan to implement collaborative efforts identified during the in-person meeting.
4. Convene at least two meetings or events, including trainings and webinars, to begin implementation of the action plan and discuss sustainability of collaborative efforts beyond the project period.
5. Participate in monthly, or as often as needed, conference calls with NACCHO staff to discuss progress, identify and resolve challenges, and document the steps, challenges, and successes of project activities.
6. Develop a final report in the form of a “Story from the Field,” which should include information about partnership development with the CHC(s); the collaborative approaches identified during the action planning process; lessons learned, successes, and challenges experienced during the project; how community involvement contributed to the partnership development and collaborative action planning process; and any tools or resources developed.
7. Participate in a NACCHO-hosted webinar at the end of the project period to share information about LHD and CHC partnership development and collaborative action planning focus on improving local HIV outcomes.

As a part of this award, NACCHO will:

1. Convene regular conference calls with project sites, and provide additional support through email and ad hoc conference calls.
2. Help plan and facilitate the in-person collaborative action planning meeting with each site.
3. Support development of the Story from the Field.

APPLICATION INSTRUCTIONS

The application should use single-spaced, Times New Roman 12-point font and not exceed seven pages in length. The cover page and CHC letter of support do not count against the page limit. All pages, charts, figures, and table should be numbered.

Successful applications will contain the following information:

A. Cover Page

Include a cover page with contact information (name, title, email, phone number) for the person who should be notified about the application, and the name, address, city, and state of the LHD.

B. Problem Statement (20 points)

- Describe the population served by your LHD, including community demographics and population size.
- Describe the epidemiologic profile of HIV in your jurisdiction, including information on the populations disproportionately affected by HIV.
- Describe priority area(s) for expanded HIV services in your jurisdiction, such as HIV testing, prevention, or linkage to care.
- Describe the need to develop new or increase existing collaborative efforts between the LHD and CHCs for the purpose of improving HIV outcomes.

C. Project Approach (20 points)

- Describe the proposed priority area of focus for collaborative action planning between the LHD and CHC (i.e., increase individual knowledge of HIV status, prevent new infections among HIV-negative persons, and reduce transmission from persons living with HIV), as well as the priority population(s) of focus.
- Describe how you will implement the project activities, including all the requirements outlined in the Scope of Work and Project Requirements section. This description should include information about the CHC you plan to partner with.
- Include a brief outline of how project funds would be used to implement project activities (e.g., staff time, community advisory committee meetings, material development and duplication).

D. Organizational Capacity and Experience (20 points)

- Provide the names, titles, and qualifications of the LHD staff that would support this project.
- Describe existing LHD HIV prevention efforts.
- Describe any existing partnerships with CHCs. (Note: Existing partnership activities do not need to be HIV-related.)
- Describe existing experience and expertise with community engagement, as well as your capacity to engage community members for participation in project activities.
- Describe the LHD's ability to sustain efforts initiated through this project, including ongoing efforts to implement the action plan developed through project activities and to maintain engagement from the community advisory committee.
- Include confirmation of LHD status as a dues-paying NACCHO member, or intent to become a dues paying NACCHO member in order to be eligible for this funding opportunity.

E. Letter of Support

The LHD responding to this RFA must include a letter of support from the CHC. The letter should highlight any existing collaborative efforts, and state the CHCs intent to participate in project activities.

F. Application Package

Please include the following components, saved in one PDF document, with your application:

- Cover page
- Project Narrative (Problem Statement, Project Approach, and Organizational Capacity and Experience)
- CHC letter of support

SELECTION PROCESS

NACCHO staff will review and score applications for this RFA based on the following criteria:

- Completeness (i.e., the extent to which the applicant’s proposal fulfills NACCHO’s stated requirements for the application)
- Clearly stated need for partnership development or expansion between the LHD and CHC for the purpose of expanding HIV prevention services, improving HIV outcomes, and reducing HIV-related disparities.
- Comprehensive problem statement that details the local HIV epidemic and priority populations for improved outcomes.
- Clearly described project approach that identifies an area of focus for collaborative efforts, plans for community engagement, and corresponds with stated project goals.
- Evidence of agency readiness and capacity to carry out the proposed activities.
- Letter of support from the proposed CHC partner.

Additionally, geographic distribution and population size will be considered to ensure diversity in sites selected.

SUBMISSION INSTRUCTIONS

Applications should be emailed to mharris@naccho.org in ONE e-mail by **5:00 PM PT on October 5, 2017**. NACCHO will confirm receipt of application within one business day of submission. Please use the subject line “NACCHO LHD/CHC HIV Collaboration RFA.” Please call 202-783-1418 if you do not receive a confirmation of receipt within one full business day after submission. NACCHO will not accept any applications received after the deadline.

REFERENCES

¹ The National Academies of Sciences, Engineering, and Medicine. (2012). Primary Care and Public Health: Exploring Integration to Improve Population Health. Retrieved August 22, 2017, from www.nationalacademies.org/hmd/Reports/2012/Primary-Care-and-Public-Health.aspx

² Centers for Disease Control and Prevention. (2017). HIV in the United States: At A Glance. Retrieved August 22, 2017, from <https://www.cdc.gov/hiv/statistics/overview/ataglance.html>.