

**NATIONAL ASSOCIATION OF COUNTY AND CITY HEALTH OFFICIALS**  
IN PARTNERSHIP WITH  
**CICATELLI ASSOCIATES, INC.**

**The Southern Initiative:**  
*Improving HIV Outcomes Among Minority Populations in the South*

**FUNDING OPPORTUNITY ANNOUNCEMENT**  
**MEMPHIS TGA**

**Application Due Date: January 16, 2017**

**Release Date: December 13, 2016**

**Contact:**

Nicholas Parr, MPH

Senior Program Analyst, HIV, STI, and Viral Hepatitis

National Association of City and County Health Officials

Email: [nparr@naccho.org](mailto:nparr@naccho.org)

Telephone: (202) 595-1121

**FUNDING OPPORTUNITY OVERVIEW**

<b>Application Due Date</b>	Monday, January 16, 2017 at 11:59 PM EST
<b>Anticipated Award Notification</b>	February 1, 2017
<b>Number of Awards</b>	One
<b>Project Start Date</b>	February 15, 2017
<b>Project Period</b>	February 15, 2017 – August 31, 2019
<b>Anticipated Funding Availability</b>	<ul style="list-style-type: none"> <li>• Year 1: February 15, 2017 – August 31, 2017: \$125,000</li> <li>• Year 2: September 1, 2017 – August 31, 2018: \$200,000</li> <li>• Year 3: September 1, 2018 – August 31, 2019: \$200,000</li> </ul>
<b>Eligibility</b>	<p>Eligible applicants include organizations which offer HIV prevention and/or care and treatment services, and may include, but are not limited to: federally-qualified health centers, community health centers, or clinics offering a similar array of services, and community-based organizations. Applicants may propose partnerships with other organizations (letters of commitment are required).</p> <p>Applicants are not required to be current Ryan White HIV/AIDS Program (RWHAP) providers, but must be located within the Memphis RWHAP Part A Transitional Grant Area (TGA). The Memphis TGA consists of the following counties: Shelby, Tipton, and Fayette in Tennessee; Crittenden in Arkansas; and DeSoto, Marshall, Tate, and Tunica in Mississippi.</p>
<b>Contract Terms and Method of Payment</b>	<p>The award will be granted through the development of a subaward contract between NACCHO and the awardee. Potential applicants should review NACCHO’s <a href="#">standard contract terms and conditions</a>. All federal regulations included in <a href="#">45 CFR 75</a> will be mandated for awardees. Invoicing and reimbursement will occur every other month. NACCHO reserves the right to make changes to the payment schedule, if necessary.</p>
<b>Limitations on Use of Funds</b>	<p>Funds provided by this project <u>may not</u> be used for:</p> <ul style="list-style-type: none"> <li>• Charges that are billable to third party payers, including insurance providers, Medicaid, or the AIDS Drug Assistance Program</li> <li>• Directly providing housing or healthcare services (e.g., HIV care, counseling and testing) that duplicate existing services</li> <li>• Medications for pre-exposure prophylaxis (PrEP) or post-exposure prophylaxis (PEP)</li> <li>• Cash payments to intended recipients of RWHAP services</li> <li>• Purchase or improvement of land</li> <li>• Purchase, construction, or permanent improvement, of any building or other facility</li> </ul>

## **PURPOSE**

The purpose of this funding opportunity announcement is to solicit applications for an organization in the Memphis RWHAP Part A TGA to participate in the Southern Initiative, a three-year initiative aimed at improving HIV outcomes among minority populations in the Southern United States. The Southern Initiative is a project of the National Association of County and City Health Officials (NACCHO), in partnership with Cicatelli Associates, Inc. (CAI). The initiative is supported by the U.S. Department of Health and Human Services Secretary's Minority AIDS Initiative Fund, and administered by the Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB), Division of Metropolitan HIV/AIDS Programs. NACCHO and CAI in partnership serve as the Coordination and Technical Assistance Center for the Southern Initiative.

The Southern Initiative is focused on four RWHAP Part A jurisdictions: Atlanta, Houston, Memphis, and New Orleans. One organization in each jurisdiction will be selected to receive funding and technical assistance (TA) to implement innovative and evidence-based/informed interventions aimed at improving outcomes across the HIV care continuum and reducing disparities among minority populations, with a focus on men who have sex with men (MSM), youth, cisgender and transgender women, and people who inject drugs (PWID).

The goals of this initiative are aligned with the goals of the National HIV/AIDS Strategy for the United States: Updated to 2020 (NHAS 2020): (1) reduce new HIV infections; (2) increase access to care and improve health outcomes for people living with HIV (PLWH); (3) reduce HIV-related disparities and health inequities; and (4) achieve a more coordinated response to the national HIV epidemic. NHAS 2020 identifies four key areas of critical focus to achieve these goals: (1) widespread testing and linkage to care, enabling PLWH to access treatment early; (2) broad support for PLWH to remain engaged in comprehensive care, including support for treatment adherence; (3) universal viral suppression among PLWH; and (4) full access to comprehensive PrEP services for those whom it is appropriate and desired, with support for medication adherence for PrEP. The interventions and service delivery models implemented through the Southern Initiative will focus on these four critical areas and be guided by the "test and link" model, where individuals move directly and almost immediately from their HIV test result to specific treatment or prevention interventions in a community or healthcare setting.

The specific interventions and service delivery models to be implemented will be determined by each awarded organization, with guidance and support from NACCHO and CAI, as well as input from HRSA/HAB, the local Ryan White Program, and the local health department. TA will be provided to start-up, implement, and sustain selected interventions and service delivery models; tailor approaches to the minority population(s) of focus, as well as the implementation setting and local context; evaluate the impact of the interventions and service delivery models on HIV outcomes among the minority populations of focus; and document successes and lessons learned.

The root causes of stigma, health disparities, and the social determinants of health impacting healthcare access and health outcomes of minority populations will be a central focus of the

Southern Initiative. Organizations participating in the Southern Initiative will explore and assess the root causes of health disparities that impact HIV-related outcomes. Project participants will participate in NACCHO's *Roots of Health Inequity* course, a web-based, self-paced multi-media course which aims to increase capacity to address health inequity and disparities rooted in systemic injustices and stigma. The course will be facilitated as part of project TA, and new knowledge, insights, and awareness attained through participation will be directly applied to intervention implementation.

## **BACKGROUND**

The South bears a disproportionate burden – over 50% – of newly diagnosed cases of HIV, and outcomes along the HIV care continuum are among the lowest in the country.<sup>1</sup> Disparities in HIV-related health outcomes are especially evident among minority populations living in the South, including MSM, youth, cisgender and transgender women, and PWID. Furthermore, while the South has only one-third of the U.S. population, it accounts for 44% of all PLWH in the U.S. PLWH in the South have lower rates of viral suppression and experience HIV death rates which are among the highest in the country, accounting for 47% of PLWH who died in 2013.<sup>2</sup>

In the Memphis RWHAP Part A TGA, significant HIV-related health disparities exist among minority populations. In 2015, 86% of new HIV diagnoses were among black/African American persons, compared with 10% for white (non-Hispanic) persons, and 59% of new HIV diagnoses were among black/African American MSM.<sup>3</sup>

Significant disparities in viral suppression are also seen. In 2015, 53% of diagnosed PLWH were retained in care, and 54% of diagnosed PLWH reached viral suppression. Among PLWH who did not achieve viral suppression, 83% were black/African American, and MSM made up 40% of those not virally suppressed. Only 45% of Black/African American MSM ages 13-24 were retained in care, with 49% reaching viral suppression – 5% lower than the overall TGA. Even among those enrolled in RWHAP services, black/African American PLWH were the least likely to be virally suppressed.<sup>4</sup>

To address these disparities in HIV outcomes and to achieve substantial improvements in viral suppression among minority populations (reducing the likelihood of transmission at the individual level and reducing rates of new diagnoses at the population level) it is necessary to implement innovative and effective (evidence-based/informed) interventions and service delivery models that recognize barriers to care faced by minority populations and increase the likelihood of achieving and maintaining viral suppression.

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<sup>1</sup> CDC. (2014) HIV Surveillance Report: Diagnoses of HIV Infection in the United States and Dependent Areas, 2014.

<sup>2</sup> CDC. (2016). HIV in the Southern United States.

<sup>3</sup> Fiscal Year 2017 Ryan White HIV/AIDS Program Part A Application, Memphis TGA.

<sup>4</sup> Ibid.

## **AWARDEE RESPONSIBILITIES**

The recipient of this funding opportunity announcement will be responsible for implementing innovative and effective (evidence-based/informed) interventions and service delivery models to improve HIV outcomes among minority populations, with a focus on MSM, youth, cisgender and transgender women, and PWID. Key domains for the use of the service delivery funding available include: (1) increasing HIV testing and linkage to care (either for treatment or prevention, based on HIV test result); (2) increasing testing and linkage to care for HIV/HCV co-infection; (3) increasing HIV treatment coverage; (4) increasing retention in care and HIV treatment adherence, as well as adherence to HCV curative treatment for those co-infected; (5) increasing viral suppression; and (6) tailoring approaches to the minority populations of focus.

Over the course of the 2.5-year project period, the awardee will plan, start-up, implement, evaluate, and create sustainability plans for project activities. Year 1 (February 15, 2017 – August 31, 2017) will focus on selecting interventions and service delivery models, developing implementation and evaluation plans, and starting-up implementation. Year 2 (September 1, 2017 – August 31, 2018) will focus on refining and expanding intervention implementation, and using the results of performance and evaluation monitoring to support continuous quality improvement (CQI) for implementation efforts. In Year 3 (September 1, 2018 – August 31, 2019), an increased focus will be placed on sustainability planning, evaluating the impact of project activities on outcomes across the HIV care continuum, and documenting successes.

With support from NACCHO and CAI, the awardee will be responsible for:

- Participating in a comprehensive needs assessments at the beginning of the project period. The needs assessment will be coordinated by NACCHO and CAI, and will include an in-person site visit, as well as assessment of need from the perspective of the minority populations of focus. The findings of the needs assessment will inform intervention selection and refinement, and the development of TA plans by NACCHO and CAI. Awardees will also participate in an in-person site visit in Year 2 and an in-person all-awardees meeting in Year 3. (See [Support and Technical Assistance](#) section.)
- Implementing the selected intervention(s) and service delivery models.
- Coordinating project activities, including communication with NACCHO and CAI, performance monitoring, reporting, and management of any partners/collaborators engaged in project activities.
- Participating in monthly project calls and other TA events provided by NACCHO and CAI. (See [Support and Technical Assistance](#) section.)
- Participating in group learning opportunities (e.g., NACCHO's *Roots of Health Inequity* course) with the other Southern Initiative awardees. Group learning opportunities will be facilitated approximately once every quarter. Additionally, NACCHO and CAI will establish an online collaborative workspace that will support communication and sharing among the Southern Initiative project partners.
- Collecting and reporting performance monitoring and evaluation data. (See [Evaluation](#) section.)

- Documenting and sharing successes, lessons learned, best practices, and resources and tools developed through project activities. In collaboration with NACCHO and CAI, awardees will develop case studies and conference and meeting presentations.

#### **SUPPORT AND TECHNICAL ASSISTANCE**

As the Coordination and Technical Assistance Center, NACCHO, in partnership with CAI, will provide service delivery funding and TA to the awardee over the 2.5-year project period. In Year 1, support and TA will focus on the selection and start-up of interventions and service delivery models. Throughout years 2 and 3, support and TA will be provided to support implementation, evaluate intervention success, make improvements through CQI, and plan for sustainability to ensure the ongoing implementation of successful interventions and models beyond the project period. In addition to the TA provided to the awardee, the four Southern Initiative awardees and their project partners will have access to a core curriculum (e.g., NACCHO's *Roots of Healthy Inequity* course, webinars on topics of interest across all four awardees), implementation and evaluation tools and resources, and opportunities to engage with and learn from peers in the other participating jurisdictions. Further, NACCHO and CAI will facilitate coordination and collaboration with the local Ryan White Program, the local health department, and HRSA/HAB, as appropriate.

TA will be tailored to meet the awardee's unique needs, the implementation setting, and the local context, and will utilize adult learning principles to develop staff competencies through interactive and skills-building activities. The majority of the TA will be delivered using distance-based methods (e.g., live webinars, pre-recorded webcasts, real-time online virtual classrooms, conference or video calls, email, and materials including guides, job aids, toolkits, and self-instructional applications); however, two in-person site visits and an all-awardees in-person meeting are planned to occur over the 2.5-year project period.

NACCHO and CAI will provide the following TA:

- Introductory TA related to project organization and coordination, subaward management and the reimbursement process, and performance monitoring and reporting expectations.
- Support for the selection, refinement, and tailoring of the interventions and service delivery models to be implemented.
- Ongoing coordination and TA to support successful implementation of project activities, including intervention and service delivery implementation, performance monitoring and evaluation, CQI, and documentation and dissemination of project outcomes and successes.
- Active learning and engagement around issues related to health equity, social justice, stigma reduction, and the social determinants of health. A primary means for this learning and engagement will be NACCHO's *Roots of Health Inequity* course. NACCHO and CAI will facilitate learning through this course, and the application of new insights to enhance the effectiveness of project activities for reducing health disparities among minority populations.
- A performance monitoring and TA-focused site visit in Year 2.

- An in-person meeting with all four Southern Initiative awardees in Year 3. The meeting will provide an opportunity to identify and discuss common and shared challenges and successes experienced during the start-up and ongoing implementation of new programming, and to collaboratively discuss sustainability strategies.

## **EVALUATION**

Performance monitoring and evaluation is critical to assessing progress towards achieving the project goal of improving health outcomes and reducing disparities along the HIV care continuum for minority populations, with a focus on MSM, youth, cisgender and transgender women, and PWID. NACCHO and CAI will work with the awardee to develop a comprehensive evaluation plan for the 2.5-year project period. Additionally, NACCHO and CAI will manage an overall evaluation plan for the Southern Initiative.

Evaluation plans will be structured around the following core indicators and performance measures (as appropriate: HIV positivity, knowledge of HIV-positive status, linkage to HIV medical care, retention in HIV medical care, antiretroviral therapy (ART) among persons in HIV medical care, and viral suppression among persons in HIV medical care). Other measures specific to the interventions and service delivery models implemented by the awardee will also be included in evaluation plans.

The awardee will be responsible for collecting and reporting data in accordance with the evaluation plan. Evaluation reporting is anticipated to occur quarterly. Data will be reviewed in collaboration with NACCHO and CAI, and utilized to assess progress towards the achievement of project goals to support CQI for intervention and service delivery model implementation. TA on data collection and project reporting instruments will be provided.

## **APPLICATION CONTENT AND FORMAT**

The application should use single-spaced Times New Roman 12-point font and not exceed **10 pages** in length, including charts, figures, and tables. All pages, charts, figures, and tables should be numbered. The cover page and attachments do not count against the total page limit.

If formal partnerships are proposed, roles and responsibilities must be clearly outlined in the application. The application should include the following sections, which will be assessed based on the corresponding point value indicated (out of 100 total points):

### **A. Cover Page (not included in page limit)**

Provide a cover page that includes the applicant's contact information.

### **B. Problem Statement (25 points)**

Demonstrate an understanding of the impact of HIV on the minority population(s) proposed to be the focus of the service delivery funding available through the Southern Initiative. Include key data points (e.g., HIV care continuum outcomes) specific to the geographical area and populations of focus.

Describe how the organization is well-positioned to address the impact of HIV on the populations of focus. Include a description of:

- Past or current engagement with the populations of focus.
- Organizational characteristics which improve the delivery of services to the populations of focus (e.g., location of facilities, staff and/or volunteers from the population or community of focus).
- Evidence of a history of working with local stakeholders, including the Ryan White Program and local health department, community-based organizations, and community members, to improve HIV outcomes among minority populations.

### **C. Organizational Capacity (35 points)**

Describe the capacity of the organization to implement evidence-based/informed interventions to improve the HIV-related health outcomes of the proposed minority population(s) of focus. Include information on:

- HIV prevention and/or care and treatment services and programs offered by the organization, including the ability to identify and direct populations to healthcare settings and to provide a wide range of HIV prevention and/or care services.
- Previous experience implementing interventions which serve minority populations, and past efforts demonstrating a commitment to addressing health inequities and disparities.
- Capacity for and experience collecting performance measures, creating evaluation plans, meeting reporting and other evaluation-related requirements, and conducting CQI.
- Experience reporting to external funders, and contracting with and providing funding to other organizations (if partnership proposed).
- Experience with or plans on how to manage requirements of cost-reimbursement contract.
- Organizational and leadership commitment to the project.

### **D. Methodology (40 points)**

Intervention selection will occur following the needs assessment, which will take place during the project start-up period. Applicants should have an awareness of evidence-based/informed interventions that would address the impact of HIV on the proposed minority population(s) of focus. To demonstrate this awareness, describe types of evidence-based/informed interventions which would improve HIV-related health outcomes of the populations of focus. Describe how these interventions would be implemented using the available service delivery funding of the Southern Initiative, and within the project period (February 2017 – August 2019). The Methodology should include:

- Rationale for selection of the types of interventions and service delivery models described, including specific stages of the HIV care continuum or specific HIV-related health outcomes they would address, and available evidence of effectiveness.

- Approaches or plans to leverage other resources and existing partnerships to maximize the impact and sustainability of the service delivery funding available through the project.
- Any implementation challenges which may be encountered, and potential resolutions to those challenges.
- A description of the use of service delivery funds available through the Southern Initiative to start up implementation of the proposed interventions, including augmenting existing or establishing new service delivery models, staffing for intervention coordination and implementation, implementing communications strategies that engage the populations of focus, working with partner organizations, and collecting and reporting performance evaluation data. (Note: Detailed line-item budgets will be developed following awardee selection.)

**E. Attachments (Required unless noted as Optional; not included in page limit)**

- a. Biographies/descriptions of roles of each staff responsible for carrying out project implementation.
- b. Letters of commitment/memoranda of agreement from proposed partner organizations.
- c. Optional: Letters of support.

**SUBMISSION INSTRUCTIONS**

The deadline to submit applications is **January 16, 2017 at 11:59 PM EST**. Applications should be submitted as a single PDF in an email to [nparr@naccho.org](mailto:nparr@naccho.org). Use as a Subject Line: “Southern Initiative FOA – Memphis.”