



ViiV Healthcare

2019 *Positive Action Southern Initiative*

Request for Proposals

Grants for Direct Linkage & Adherence Services in:
Arkansas | Florida | Kentucky | North Carolina
South Carolina | Tennessee | Texas | Virginia

Round 11: 2019 – 2021

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About ViiV Healthcare

ViiV Healthcare was established to take an innovative approach to the challenge of HIV – and we do. It's who we are. An innovative approach means we go beyond developing new medicines – we know it takes more to end the epidemic.

- It takes people – addressing stigma, tackling discrimination, breaking down barriers and taking charge of their care.
- It takes community – working together to drive solutions that bring the standard of care to all people living with HIV.
- It takes innovation – advancing research, improving access and driving community programs – that puts people most affected by HIV at the center of design.

Community Giving activities are at the core of our innovative approach, fueled by four key strategies:

- Listen: We seek insights and understanding to foster collaboration and action.
- Activate: We connect individuals and organizations through grants and resources to strengthen networks and services.
- Amplify: We share insights and lessons learned to drive community solutions.
- Sustain: We strengthen leaders, organizations and communities to build on the momentum of effective projects and expand to additional funding streams.

We are proud to think differently, act differently and connect differently with the HIV community. As the only company solely focused on HIV, ViiV Healthcare remains steadfast in our commitment to closing the gaps in HIV care by reaching people and communities where the need is the greatest – among youth, women of color, gay and bisexual men of color and people living in the South – to help realize the standard of care for all.



About Positive Action Southern Initiative

Since our beginning, ViiV Healthcare's *Positive Action* programs have worked to reduce stigma and improve access to care for communities disproportionately impacted by HIV around the world.¹

Launched in 2010 as one of ViiV Healthcare's inaugural programs, the *Positive Action Southern Initiative* reacted to the HIV epidemic concentration in the South. Today, in our 10th year, the *Positive Action Southern Initiative* stands strong in our commitment to close gaps in care for people disproportionately affected by HIV across the South. We support organizations to expand and enhance linkage to care and adherence to treatment projects that serve those most impacted by HIV in 13 states across the South - Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas, West Virginia and Virginia.

ViiV Healthcare's *Positive Action Southern Initiative* has grown to support over 40 organizations across the South, providing community-based solutions and a platform to share best practices for linking and retaining people living with HIV in care. Grants and resources help organizations expand and enhance navigation and case management services, critical collaborations, behavioral support services and patient empowerment projects – efforts that link and support ongoing engagement in care for those individuals and communities that are often left behind. To date, *Positive Action Southern Initiative* has provided \$5.4 million in grants to support 78 projects, helping more than 14,500 people living with HIV link, re-link and engage in HIV care.

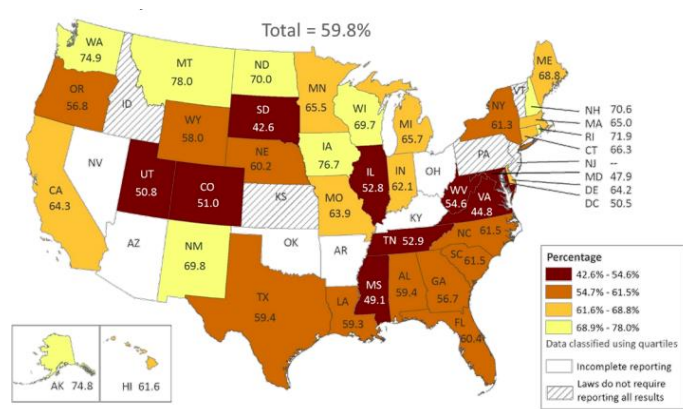
¹ To learn more about ViiV Healthcare's Positive Action programs, visit: <https://us.viivhealthcare.com/making-a-difference.aspx.difference.aspx>.

Background

The South

Geographically, the South carries the greatest burden of the HIV epidemic in the United States. In 2017, there were more HIV diagnoses in the South than all other regions combined, with 19,968 people (52% of Americans) diagnosed in the South that year.² One in two people living with HIV who are unaware of their status (51%) live in the South,² and rates of viral suppression are lowest in the region.² The lack of public health funding, transportation, support services and medical infrastructure all set the stage for, and present serious obstacles to, addressing the epidemic in the South.³ While reducing disparities in the South has been a priority in the National HIV/AIDS Strategy since 2010, the most recent 2019 Prevention Progress Report finds that we are not on track to reach this goal.⁴

Viral Suppression Among Persons ≥13 Living in the United States and DC (2015).



Centers for Disease Control and Prevention. [Monitoring Selected National HIV Prevention and Care Objectives by Using HIV Surveillance Data – United States and 6 Dependent Areas](#), 2016. Accessed April 15, 2019.

Impacted Communities

ViiV Healthcare's *Positive Action Southern Initiative* prioritizes directing resources to issues and communities that have the greatest need, including youth, women of color, gay and bisexual men of color, transgender people, people (recently) incarcerated and people who use drugs. Particularly in the South, these groups experience more stigma and discrimination, more income inequality and less access to the standard of care.³

More than 43% of all HIV diagnoses in the South affect Black people² and almost half (44%) of Latino people diagnosed with HIV in the United States live in the region.^{5,2} Black and Latino gay and bisexual men are particularly impacted – Latino men who have sex

² Centers for Disease Control and Prevention. HIV Surveillance Report 2017; vol. 29. Published November 2018. Accessed March 28, 2019.

³ Center for Disease Control and Prevention. [HIV in the Southern United States](#). *Center for Disease Control Issue Brief (2016)*. Published May 2016. Accessed February 13, 2018.

⁴ Centers for Disease Control and Prevention. [HIV Prevention Progress Report 2019](#). Centers for Disease Control and Prevention. Published March 2019. Accessed April 9, 2019.

⁵ South Region: Alabama, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas

with men (MSM) are experiencing rising rates of HIV diagnosis nationwide, but especially in the South,⁴ and 60% of all Black MSM diagnosed with HIV living in Southern states.⁶

The majority (56%) of all women living with HIV are in the South,² and Black women experience rates more than 10 times that of White women in the region.⁴ Trans women of color are also heavily impacted by HIV in the United States—nearly 90% of new diagnoses were among trans women of color,⁷ and researchers estimate that more than 44% of Black trans women are living with HIV.⁸

Youth across the United States are at higher risk for HIV diagnosis as compared to other communities, in part due to the fact only that an estimated 56% know their status.⁹ Youth living with HIV in the Deep South experience a magnified epidemic due to stigma, minimized or abstinence-only sex education¹⁰ and other social pressures, yielding the lowest rates of viral suppression – 8% – out of any community living with HIV across the United States.¹²

The Rural South

HIV especially impacts rural communities in the South – 23% of people living with HIV/AIDS in the South live in suburban or rural communities (the highest proportion nationally),¹¹ and in the Deep South 29% of people living with HIV live in rural areas and smaller cities.¹² What's more is of the seven states identified by HHS as carrying a substantial rural HIV burden, six are in the South.^{13,14} While the majority of new HIV diagnoses occur in urban centers, people living in rural Southern communities are often at equal risk as people in the urban South.¹⁵

⁶ Treatment Action Group. [TAG Expands Its End the Epidemic Campaign to Include Southern States Heavily Impacted by HIV](#). Treatment Action Group. Published January 30, 2017. Accessed April 9, 2017.

⁷ Clark, H., Babu, A., Wiewel, E., Opoku, J., & Crepaz, N. Diagnosed HIV infection in transgender adults and adolescents: results from the National HIV Surveillance System, 2009-2014. *AIDS Behav.* 2016.

⁸ Becasen, et al. Estimating the prevalence of HIV and sexual behaviors among the US transgender population: A systematic review and meta-analysis, 2006-2017. *American Journal of Public Health*, 2019; 109(1).

⁹ Centers for Disease Control and Prevention. [HIV and Youth](#). Centers for Disease Control and Prevention. Published April 2019. Accessed April 15, 2019.

¹⁰ Guttmacher Institute. [Sex and HIV Education](#). Guttmacher Institute. Published April 1, 2019. Accessed April 15, 2019.

¹¹ Centers for Disease Control and Prevention. [HIV In the United States by Region](#). Centers for Disease Control and Prevention. Published November 27, 2018. Accessed April 9, 2019.

¹² McCallaster, C., Goodrow, G. [In the Deep South, Significant Percentages of People Most Impacted by HIV Live Outside Large Urban Areas Demonstrating a Need for Increased Federal Resources](#). Center for Health Policy and Inequalities Research at Duke University. Published December 2018. Accessed April 15, 2019.

¹³ Department of Health and Human Services. [Ending the HIV Epidemic: A Plan for America](#). Department of Health and Human Services. Published February 7, 2019. Accessed April 9, 2019.

¹⁴ In Alabama and Mississippi, over 60% of PLWH live outside large urban areas.¹²

¹⁵ Forti, Ester, et al. ["HIV/AIDS in Rural America: Disproportionate Impact on Minority and Multicultural Populations."](#) *National Rural Health Association*, Rural Health Congress. Published April 2014. Accessed February 13, 2018.

Southern rural communities are also challenged by poorer health outcomes overall, including high rates of chronic illness alongside a shortage of, and lack of access to, medical and social services, transportation and insurance coverage.^{3,16} These challenges are compounded by a healthcare system in which providers may have limited experience with HIV, are less likely to provide testing or prevention information and are less equipped to provide quality HIV care overall.³

In addition to disparities in the healthcare system, Southern rural communities face a myriad of social challenges, including pervasive stigma, soaring poverty rates,³ staggering incarceration rates (incarceration rates in the rural South are 30% higher than anywhere else in the United States¹⁷) and an escalating opioid crisis¹⁸ (68% of the CDC's most vulnerable counties to a Hepatitis C or HIV outbreak due to injection drug use are the in South¹⁹).

In combination, these factors go up against people's ability to fully engage in prevention, and ultimately contribute to lower retention in HIV care and treatment, less viral suppression and higher HIV-related mortality for people living in the rural South.^{20,21} For all of these reasons, ViiV Healthcare recognizes rural communities as a priority in our efforts to see better healthcare for all people across the South.

¹⁶ Barry-Gester, Anna Maria. "[The Health Care System Is Leaving The Southern Black Belt Behind.](#)" Fivethirtyeight, fivethirtyeight. Published June 28, 2017. Accessed February 13, 2018.

¹⁷ Vera Institute of Justice. [Incarceration Trends.](#) Vera Institute of Justice. Accessed February 13, 2018.

¹⁸ Dawson, L., Kates, J. [HIV and the Opioid Epidemic: 5 Key Points.](#) Henry J. Kaiser Family Foundation. Published March 27, 2018. Accessed April 15, 2019.

¹⁹ Centers for Disease Control and Prevention. [Vulnerable Counties and Jurisdictions Experiencing or At-Risk of Outbreaks.](#) Centers for Disease Control and Prevention. Published July 19, 2018. Accessed April 15, 2019.

²⁰ Reif, S., et al. [State of HIV in the Deep South.](#) Center for Health Policy and Inequalities Research at Duke University. Published February 28, 2017. Accessed April 15, 2019.

²¹ According to [one report](#), in some Southern states, people living with diagnosed HIV are 3 times as likely to die as those living with HIV in some other states.¹²

Funding Overview

The Positive Action Southern Initiative is currently requesting proposals to expand and enhance linkage to care and adherence to treatment services for the most vulnerable populations in the South.

Budget

In 2019, the *Positive Action Southern Initiative* will fund non-profit organizations in Arkansas, Florida, Kentucky, North Carolina, South Carolina, Tennessee, Texas and Virginia.

Eligible organizations may apply for a 2-year project grant, up to \$50,000 per year, pending annual review and approval. Funding will be awarded to up to 15 organizations.

Project Criteria

We understand people move in and out of HIV care over time. That means that in order to close gaps in care for people disproportionately impacted by HIV in the South, we must support everyone living with HIV along their journey from newly diagnosed and needing new linkage, to people who have fallen out of care and needing re-linkage, to those struggling with adherence for a myriad of reasons. Thus, *Positive Action Southern Initiative* will support organizations to expand and enhance linkage, re-linkage and adherence to care projects.

Projects should focus on one or more of the following:

- **Linkage and Navigation:** Expand/enhance efforts to link, and re-link, individuals to high quality services and ensuring ongoing access and engagement in care.
- **Mental Health and Substance Use Services:** Expand/enhance mental health, behavioral health and/or substance use and harm reduction services that support ongoing engagement in care and wellness.
- **Expanding Networks and Collaboration:** Build or enhance local collaborations with the larger social service and medical systems that impact linkages, availability and usage of high-quality services available to people living with HIV/AIDS.
- **Empowerment:** Expand/enhance services and safe spaces that break down stigma and empower individuals with prevention tools, self-advocacy and adherence skills.

Projects should address critical gaps in services and stigma through project expansion to reach more people or enhancements to improve the project's impact.

Expanding or enhancing promising linkage and adherence services might include:

- Expanding or enhancing peer led interventions that help link, re-link and navigate people through care. This might look like outreach, case management or peer navigation, and may include interventions like CLEAR and/or ARTAS.
- Incorporating harm reduction strategies into your organization's work.
- Enhancing outreach and linkage services in key zip codes.
- Building connections and collaborations that are critical to successful linkage and adherence (e.g. housing organizations, churches, healthcare providers, social service organizations, workforce development agencies, etc.).
- Collaborating to build affirming spaces in provider settings, such as developing cultural competency in clinical settings, breaking down medical mistrust and addressing stigma among healthcare providers.
- Improving project and staff capacity to provide culturally appropriate resources for vulnerable populations in your community while linking and navigating individuals into care. This may include hiring bilingual staff.
- Enhancing stigma reduction strategies, including the development of safe spaces, in your project, including efforts to foster leadership and self-advocacy among people living with HIV.
- Collaborating and building programming to boost participation of people living with HIV/AIDS in local and the epidemic planning efforts.

Intended Project Outcomes

Projects must include an evaluation plan with specific outcomes, and at a minimum, should be able to demonstrate success by showing:

- Increased linkage, re-linkage and adherence services that effectively reach disproportionately affected communities
- Increased capacity to serve people disproportionately affected by HIV/AIDS
- Increased meaningful involvement of people living with HIV/AIDS in decision-making and leadership roles
- Increased knowledge and understanding of HIV/AIDS treatment and care among those reached and served by the project
- Increased feelings of self-worth, value of adherence and competence in care among those reached and served by the project
- Increased trust among community and organizations because of collaboration and increased cultural competency

Selection Criteria

Proposals will be assessed against the following criteria:

<p>Core Concept (50%)</p>	<ul style="list-style-type: none"> • Addresses a critical gap in care and demonstrates how it will address missing linkage and adherence needs for the most vulnerable populations. • The proposed project is based on a successful, existing project, and there is a clear need for the expansion/enhancement. • The project uses innovative and/or effective, culturally competent approaches within one of the four funding areas to increase linkage and/or adherence to care: <ul style="list-style-type: none"> ○ Linkage and Navigation ○ Expanding Networks and Collaboration ○ Mental Health and Substance Use Services ○ Empowerment • Stigma reduction is considered in development and implementation of project.
<p>Impact Potential & Results (30%)</p>	<ul style="list-style-type: none"> • The proposed project has the potential to further the community's/region's HIV/AIDS efforts within two years. • The evaluation plan is strong, objectives are clear and seem feasible to achieve within two years. • The objectives are aligned with <i>Positive Action Southern Initiative</i> objectives and measurement, and evaluation aligns with the intended outcomes.
<p>Organizational Capacity (10%)</p>	<ul style="list-style-type: none"> • The organization demonstrates cultural competence and capacity to engage target communities. • The organization holds meaningful partnerships with other culturally competent, high-impact organizations. • The organization demonstrates <u>experience</u> in delivering HIV/AIDS linkage and/or adherence services. • The organization demonstrates the <u>capacity</u> to deliver the proposed HIV/AIDS linkage and/or adherence services.
<p>Budget (10%)</p>	<ul style="list-style-type: none"> • The proposed budget is adequate and realistic to meet objectives.

Grant Requirements

Eligibility

At minimum, eligible nonprofit organizations must meet all of the following **criteria, and/or engage a fiscal sponsor that meets all of the following criteria:**

- Be a 501(c)(3) Internal Revenue Service (IRS)-designated nonprofit organization;
- Be located in the U.S. or Puerto Rico;
- Provide programs and support primarily to those persons or communities impacted by or affected by HIV in the U.S.;
- Received no more than 25 percent of your total operating budget (total annual revenue) in 2018 from ViiV Healthcare and anticipate the same for 2019;
- Organizations applying for the grant must be the same organization receiving the funds and must be responsible for the implementation and management of the project.

Funding Restrictions

ViiV Healthcare funding cannot support:

- Organizations owned, in whole or in part, by a Healthcare Professional or Customer of ViiV Healthcare. Examples of Healthcare Professionals or Customers include, but are not necessarily limited to, physicians, physicians' assistants, nurses, pharmacists, residents and medical students, phlebotomists, medical case managers, adherence counselors, pharmacy and medical directors within managed care organizations, other personnel within managed care organizations, and policy advocates;
- Direct building expenses, endowments, or other capital expenditures;
- Support for advertising for local athletics and/or other extracurricular activities (including trips, tours, etc.);
- Support for brand advertising;
- Religious groups or other societies that do not serve the general public on a non-denominational basis;
- Patient education materials for a program/activity that will include ViiV Healthcare staff input on the content (if for a publication, no more than 5 percent of ViiV Healthcare funds to be used to support the publication costs);
- Product donations;
- Matching gifts;
- Patient assistance programs;
- Certified medical education;
- Purchasing of any medications;

In addition, as a charitable contribution, ViiV Healthcare cannot support projects that will provide a benefit to ViiV Healthcare. Specifically, the ViiV Healthcare *Positive Action Southern Initiative* program cannot consider requests that:

- Promote a specific ViiV Healthcare product or line of business;
- Provide more than an “incidental or tenuous” benefit to ViiV Healthcare (generally defined as goodwill and publicity);
- Involve lobbying or political activity;
- Create an appearance of impropriety.

Reporting Requirements

ViiV Healthcare is committed to ongoing learning and evaluation, and to sharing insights about what works. Organizations who receive funding will be expected to participate in *Positive Action Southern Initiative* evaluation conducted by an external evaluator. This includes possible site visits and/or interviews, and supplemental evaluation data collection training and support. In addition, organizations are encouraged to participate in an annual in person meeting, as well as grantee calls.

In addition, grantees will submit two project reports over the course of the two-year grant period as a requirement of the grant.

Finally, grantees are invited to be a part of the Positive Action Southern Initiative Learning Community, including annual meeting, quarterly skills shares, and other capacity building opportunities.

Proposal Process and Timeline

Organizations interested in applying for funding should register the applicant organization in our [Online Grantee Portal](#) (Fluxx) and submit a proposal by **June 21, 2019**.

ViiV Healthcare will also offer informational sessions about the funding opportunity for interested applicants. To register, please click [here](#).

Proposals will be reviewed by the *Positive Action Southern Initiative* Review Committee to confirm eligibility, ensure that the proposed project has the potential to address the *Positive Action Southern Initiative* program objectives, and select the strongest proposed projects.

Requests for Proposals	May 20
Info Session	May 30
Full Proposals Due	June 21
Grant Awards	August
Project Start	October 1

Questions

All questions and inquiries about *Positive Action Southern Initiative* should be directed to Amelia Korangy at amelia.x.korangy@viihealthcare.com

We thank you for your interest, and for all you do on behalf of people living with HIV/AIDS.