

**Janssen Therapeutics Request for Applications (RFA):
"Improving Linkage to Care and Retention among Young MSM of Color Living with HIV"**

NOTE: Organizations may only submit one application in total. Organizations that apply to both RFAs will have their applications denied.

Disease State:	HIV/AIDS
Area of Interest:	Comprehensive community-based models that enhance rates of linkage to medical care and retention among young MSM of color (ages 13-24) living with HIV
Eligible Applicants:	501(c)(3) tax-exempt, community-based organizations in the US that work with people living with HIV (PLWH) or those at risk of HIV/AIDS
Amount:	One year charitable contribution up to \$30,000
Grant application deadline:	October 31, 2015 (Funding decisions communicated in December.)
Grant application process:	Applications must be submitted online through Janssen's charitable contribution application system (https://www.grantrequest.com/SID_897/Default.asp?SA=SNA&FID=35066&SESID=36642&RL=). Specific application requirements are described below. Please visit http://www.janssentherapeutics-grants.com for more information or email questions to JT-RFGA@its.jnj.com .

The goals of this funding initiative are aligned with the following goals included in the revised **National HIV/AIDS Strategy** (July 2015):

- **GOAL 2: INCREASING ACCESS TO CARE AND IMPROVING HEALTH OUTCOMES FOR PEOPLE LIVING WITH HIV**
 - **Step 2.A:** Establish seamless systems to link people to care immediately after diagnosis, and support retention in care to achieve viral suppression that can maximize the benefits of early treatment and reduce transmission risk.
 - **Step 2.C:** Support comprehensive, coordinated patient-centered care for people living with HIV, including addressing HIV-related co-occurring conditions and challenges in meeting basic needs, such as housing.
 - **GOAL 3: REDUCING HIV-RELATED DISPARITIES AND HEALTH INEQUITIES**
 - **Step 3.A:** Reduce HIV-related disparities in communities at high risk for HIV infection.
 - **Step 3.A.1:** Expand services to reduce HIV-related disparities experienced by gay and bisexual men (especially young Black gay and bisexual men), Black women, and persons living in the Southern United States.
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Background

Young men-who-have-sex-with-men (MSM) of color are disproportionately affected by HIV in the US. In 2013, an estimated 58% of young MSM aged 13-24 living with HIV were Black and 21% were Hispanic/Latino.¹ Among all MSM, young Black MSM experienced the largest increase in new infections of all racial and ethnic groups between 2009 and 2013.¹ Further, rates of antiretroviral (ARV) treatment and viral suppression are lower among Black MSM (20% and 16%, respectively) than white MSM (39% and 34%, respectively).² This marginalized population faces significant barriers to medical care including stigma, homophobia, and their own mistrust of the healthcare system. Social determinants of health such as economic hardship, poor mental health, and lack of housing, employment and education also contribute to disparities in healthcare access and health outcomes for young MSM of color.³

Recent clinical trials have provided strong scientific evidence in support of early treatment with ARVs for all PLWH. The START study showed that early treatment initiation significantly reduced the risk of developing AIDS or other serious illnesses.⁵ Further, results from HPTN 052 demonstrated that viral suppression from ARV treatment significantly reduced the risk of transmitting the virus to uninfected partners.⁴ Collectively, this research has led to a recommendation in the current DHHS treatment guidelines to initiate antiretroviral therapy for all PLWH in order to reduce the risk of disease progression and prevent transmission of HIV to others.⁶

In order to improve treatment rates and health outcomes for young MSM of color living with HIV, these individuals must be able to access competent and compassionate healthcare in the face of persistent barriers. Service providers must collaborate with medical providers to create integrated, multidisciplinary models of care that go beyond supportive services to increase access to early ARV treatment.

Funding Opportunity

Awards will be one-year charitable contribution commitments up to \$30,000. Proposed programs should commence after signing a Letter of Agreement with Janssen.

Service models should be comprehensive (ie, multi-disciplinary) and should create or improve systems that help to overcome multiple barriers, such as:

Patient barriers

- Stigma and fear of disclosure
- Feelings of rejection and isolation, and lack of personal support systems
- Mistrust of the healthcare system
- Drug and alcohol use
- Poor mental health
- Economic hardship
- Lack of housing, employment and education
- Lack of knowledge about the long-term consequences of HIV infection
- Lack of understanding of the benefits of treatment
- Lack of self-advocacy in a healthcare setting

- Lack of information and awareness of support/resources

Provider and system barriers

- Stigma, homophobia, discrimination and/or lack of competent, compassionate care
- Poor patient-provider interactions
- Lack of provider experience assessing young men's and adolescents' willingness to be treated, ability to comply with treatment, and level of social support
- Poor transitions between pediatric HIV care system and adult care system
- Lack of a comprehensive, multi-disciplinary approach to HIV care

Preference will be given to community-based, outcomes-driven models that incorporate peer support, mentorship, social media, technology or other novel methods to reach and engage the target population in medical care and treatment. Programs targeting young MSM of color in non-metropolitan areas will be given preference. Collaborations between AIDS service organizations, LGBT organizations, the House/Ball community, local health departments, community health centers, medical providers, and other community-based organizations are encouraged.

IMPORTANT NOTES:

- Only 501(c)(3) tax-exempt organizations are eligible to receive funding through this RFA.
- Education and training of medical providers (ie, physicians, nurses, pharmacists) is not permitted through this RFA.
- Programs that focus solely on pre-exposure prophylaxis (PreP) are not eligible for funding. Programs must include a significant component related to access to care and treatment for young MSM of color living with HIV.

Application Requirements

In addition to the required online application, applicants must complete an [application supplement](#) describing the program and their organization's credentials in more detail.

All requests must be submitted online at

https://www.grantrequest.com/SID_897/Default.asp?SA=SNA&FID=35066&SESID=36642&RL= by

October 31, 2015. Funding decisions will be communicated in December 2015.

REFERENCES:

1. Centers for Disease Control and Prevention (CDC). HIV surveillance in men who have sex with men (MSM). 2014. Available at http://www.cdc.gov/hiv/pdf/statistics_surveillance_msm.pdf. Accessed September 25, 2015.
2. Rosenberg ES, Millett GA, Sullivan PS *et al.* Understanding the HIV disparities between black and white men who have sex with men in the USA using the HIV care continuum: a modelling study. *Lancet HIV*. 2014;1:112–18.
3. Abbott LS, Williams CL. Influences of Social Determinants of Health on African Americans Living With HIV in the Rural Southeast: A Qualitative Meta-synthesis. *J Assoc Nurses AIDS Care*. 2015;26(4):340-356.
4. Cohen MS, Chen YQ, McCauley M, *et al.* Prevention of HIV-1 infection with early antiretroviral therapy. *N Engl J Med*. 2011; 365(6):493-505.
5. Starting Antiretroviral Treatment Early Improves Outcomes for HIV-Infected Individuals [news release]. NIH News. Bethesda, MD: NIH News; May 27, 2015. <http://www.niaid.nih.gov/news/newsreleases/2015/Pages/START.aspx#> Accessed September 24, 2015.
6. Panel on Antiretroviral Guidelines for Adults and Adolescents. Guidelines for the use of antiretroviral agents in HIV-1-infected adults and adolescents. Department of Health and Human Services. Available at <http://aidsinfo.nih.gov/contentfiles/lvguidelines/AdultandAdolescentGL.pdf>. Accessed September 24, 2015.