

**Janssen Therapeutics Request for Applications (RFA):  
"Improving Linkage to Care and Retention among Transgender Women and Gender  
Nonconforming People Living with HIV"**

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

<b>Disease State:</b>	HIV/AIDS
<b>Area of Interest:</b>	Comprehensive community-based models that enhance rates of linkage to medical care and retention among transgender women and gender nonconforming people living with HIV
<b>Eligible Applicants:</b>	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
<b>Amount:</b>	One year charitable contribution up to \$30,000
<b>Grant application deadline:</b>	<b>October 31, 2015</b> (Funding decisions communicated by December.)
<b>Grant application process:</b>	Applications must be submitted online through Janssen's charitable contribution application system ( <a href="https://www.grantrequest.com/SID_897/Default.asp?SA=SNA&amp;FID=35066&amp;SESID=36642&amp;RL=">https://www.grantrequest.com/SID_897/Default.asp?SA=SNA&amp;FID=35066&amp;SESID=36642&amp;RL=</a> ). Specific application requirements are described below.  Please visit <a href="http://www.janssentherapeutics-grants.com">http://www.janssentherapeutics-grants.com</a> for more information or email questions to <a href="mailto:JT-RFGA@its.jnj.com">JT-RFGA@its.jnj.com</a> .

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

**GOAL 2: INCREASING ACCESS TO CARE AND IMPROVING HEALTH OUTCOMES FOR PLWH**

- 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.
  - Recommendation: Models should provide culturally and developmentally appropriate services for populations such as gay and bisexual men, youth, older people living with HIV, racial and ethnic minorities, and transgender people.
- 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.
  - Recommendation: Trauma and violence experienced by young gay and bisexual men and transgender women also should be addressed by research studies and programmatic activities.

**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**

As a community, transgender women and gender nonconforming individuals are disproportionately vulnerable to HIV. The National HIV/AIDS Strategy cites rates of HIV as high as 30 percent among transgender women, and notes that efforts focused on this population have been limited, especially with respect to transgender women of color.<sup>1,2</sup> Among transgender people in 2010, the highest percentages of new HIV infections were among Black and Hispanic/Latino individuals.<sup>3</sup>

Social determinants of health and other factors contribute to the increased risk of HIV infection within this population, including: homelessness, joblessness and economic hardship, lack of education, poor mental health and self-esteem, incarceration, commercial sex work, sexual abuse and hormone replacement therapy practices. Additionally, these individuals face significant and well documented barriers to medical care including stigma, discrimination and a history of poor interactions with the healthcare system.

Recent clinical trials have provided strong scientific evidence in support of early treatment with antiretrovirals (ARVs) for all PLWH. The START study showed that early treatment initiation significantly reduced the risk of developing AIDS or other serious illnesses.<sup>4</sup> Further, results from HPTN 052 demonstrated that viral suppression from ARV treatment significantly reduced the risk of transmitting the virus to uninfected partners.<sup>5</sup> 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.<sup>6</sup>

In order to improve treatment rates and health outcomes for transgender women and gender nonconforming individuals 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 well-documented barriers to care, 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 or a history of poor interactions with the system
- Poor mental health and self-esteem
- 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 trans-inclusive support and resources

#### **Provider and system barriers**

- Stigma, homophobia, and discrimination within the healthcare system
- Poor patient-provider interactions
- Lack of competent and compassionate care, and trans-inclusive medical environments
- Providers' general lack of understanding about transgender needs and issues (ie, concerns over drug interactions between ARVs and hormone replacement therapy)
- Lack of a comprehensive, multi-disciplinary approach to HIV care (ie, mental health services, basic needs provision, case management, trauma-informed care, substance use treatment/counseling)

Preference will be given to community-based, outcomes-driven models that incorporate peer support, mentorship and/or novel partnerships to improve access to and engagement of the target population. 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 the target population.

#### **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=](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. National HIV/AIDS Strategy. July 2015. Available at <https://www.aids.gov/federal-resources/national-hiv-aids-strategy/nhas-update.pdf>. Accessed September 25, 2015.
2. Herbst JH, Jacobs ED, Finlayson TJ, McKleroy VS, Neumann MS, Crepaz N. Estimating HIV prevalence and risk behaviors of transgender persons in the United States: a systematic review. *AIDS Behav.* 2008;12:1–17.
3. Centers for Disease Control and Prevention (CDC). HIV Among Transgender People in the United States. Fact Sheet. Nov 2013. [http://www.cdc.gov/hiv/pdf/risk\\_transgender.pdf](http://www.cdc.gov/hiv/pdf/risk_transgender.pdf). Accessed September 25, 2015.
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 25, 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.