Janssen Therapeutics Request for Applications (RFA):

”Improving Retention in Care and Access to Treatment for Blacks/African-Americans Living with HIV”

<table>
<thead>
<tr>
<th>Disease State:</th>
<th>HIV</th>
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<tr>
<td>Area of Interest:</td>
<td>Comprehensive community-based models that enhance the ability of Blacks/African-Americans living with HIV to access and sustain care and treatment</td>
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<td>Eligible Applicants:</td>
<td>501(c)(3) tax-exempt, community-based organizations in the US that work with people living with HIV</td>
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<td>Amount:</td>
<td>One year charitable contribution of up to $30,000</td>
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<td>Application deadline:</td>
<td>June 15, 2016</td>
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<td>Decision deadline:</td>
<td>July 31, 2016</td>
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<td>Application process:</td>
<td>Applications must be submitted online through Janssen’s charitable contribution application system <a href="#">HERE</a>. Specific application requirements are described below.</td>
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<td>Please visit <a href="http://www.janssentherapeutics-grants.com/contribution.html">www.janssentherapeutics-grants.com/contribution.html</a> for more information or send email to <a href="mailto:communityaffairs@its.jnj.com">communityaffairs@its.jnj.com</a>.</td>
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**Rationale**

In the US, Blacks/African-Americans and people living in the South experience a greater burden of HIV compared with other racial/ethnic groups and regions. Blacks/African-Americans represent 12% of the country’s population, but account for 44% of all HIV diagnoses.\(^1\) The South, despite representing only about one-third of the US population, accounts for 44% of all people living with HIV (PLWH).\(^2\) Across the country and in the South, Black/African-American men-who-have-sex-with-men (MSM) and women are disproportionately impacted. New infections among young (aged 13-24) Black/African-American MSM have begun to stabilize within the past 5 years, however, the infection rate remains significantly higher than the rate among young MSM of other races/ethnicities.\(^1\) Of all Black/African-American MSM diagnosed with HIV nationally in 2014, more than 60% were living in the South.\(^2\) Further, of all women diagnosed with HIV in the South, 69% were Black/African-American.\(^2\)

A combination of antiretroviral therapy (ART) and high impact prevention strategies are needed to end the HIV epidemic in the US. Today’s ARTs are highly effective and simpler to take than ever before. Newer biomedical prevention strategies such as pre-exposure prophylaxis (PreP) and treatment-as-prevention have proven effective in clinical trial settings. The success of these treatment and prevention strategies, however, is contingent on the ability of people living with (and at risk of) HIV to maintain
engagement with the healthcare system and to access treatment. As with disease burden, significant disparities persist related to rates of access to HIV care, treatment and retention. According to the Centers for Disease Control and Prevention (CDC), Blacks/African-Americans were less likely to be consistently retained in care during 2011–2013 compared with other racial and ethnic groups (Blacks/African-Americans, 38%; whites, 49%; Hispanics/Latinos, 50%). Data from 2010 show that Black/African-American MSM and young MSM (aged 13-24) had lower levels of care at all stages of the continuum compared with PLWH of other races/ethnicities and age groups, and that rates fell well below national targets.

Increasing the number of PLWH who are virologically suppressed on ART can improve health outcomes and reduce transmission risk, and retention in care is critical to the long-term success of ART. Improving retention may also have significant prevention benefits. A recent transmission model of HIV progression and engagement in care suggests that achieving the National HIV/AIDS Strategy (NHAS) progress indicator #5 (increasing the proportion of diagnosed individuals in care to 90%) can avert 52% of new infections. This represents a more significant impact on the trajectory of the epidemic than achievement of other indicators.

Racial/ethnic minorities, people who live in under-resourced and rural settings like the South, and other marginalized groups face personal, social, cultural and structural barriers to long-term engagement with the healthcare system. The continued existence of disparities across regions and among high-risk groups emphasizes the urgent need to improve access to care, treatment and retention within highly burdened communities.

Funding Opportunity

In response to this significant unmet need, Janssen Therapeutics is requesting proposals that establish or expand community-based models to improve access to HIV care and treatment, and consistent engagement with the healthcare system, for Blacks/African-Americans living with HIV. Preference will be given to programs based in the Southern US and other rural areas.

Southern U.S. as defined by U.S. Census Bureau:

- Alabama
- Arkansas
- Delaware
- District of Columbia
- Florida
- Georgia
- Kentucky
- Louisiana
- Maryland
- Mississippi
• North Carolina
• Oklahoma
• South Carolina
• Tennessee
• Texas
• Virginia
• West Virginia

Proposed programs should commence after signing a Letter of Agreement (LOA) with Janssen.

Awards will be one-year charitable contribution commitments up to $30,000.

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

**Personal and social/cultural barriers**

- Lack of knowledge around the long-term consequences of HIV infection
- Lack of understanding of the benefits of treatment; fear of side effects
- Mistrust of the healthcare system
- Stigma, isolation and fear of disclosure
- Lack of information, awareness of support/resources, and poor health literacy
- Lack of personal support structure(s) or psychosocial support services
- Competing basic needs such as substance use treatment, food, housing and employment

**Provider, system and structural barriers**

- Stigma, discrimination and/or lack of competent, compassionate care by medical providers
- Poor patient-provider interactions
- Limited availability of HIV or Infectious Disease specialists (medical providers)
- Lack of convenient transportation and childcare support
- Lack of a comprehensive, multi-disciplinary approach to HIV care (ie, mental health services, basic needs provision, case management, peer support)

**Funding Considerations**

Preference will be given to local community-based models with a clear focus on program outcomes and programs that incorporate peer support to improve engagement and retention of PLWH in care and treatment. Partnerships between AIDS service organizations, local health departments, community health centers, medical providers, faith-based organizations, civil service or social justice organizations, and other community-based organizations are encouraged.
Eligibility Requirements

- Only 501(c)(3) tax-exempt organizations are eligible to receive funding through this RFA.
- Funding from this RFA cannot be used for medical provider (ie, physician, nurse, NP/PA, or pharmacist) education. To apply for funding for any medical education components of the program, please visit www.janssentherapeutics-grants.com and submit a parallel request for an educational grant.

Application Requirements

Applicants are required to complete the online application along with an application supplement. All requests must be submitted online HERE by June 15, 2016. Funding decisions will be communicated by July 31, 2016.

Online Application

- Documentation of unmet need or health disparity
- Program design, objectives and description of activities
- Target population(s) and estimated reach or impact
- Outcomes and metrics to be measured
- Project budget
- Other sources of funding (sought and/or committed)

Supplement

- Organization’s experience working with target population
- List and description of collaborating partners and description of role(s)

Additional Attachments

- W-9 Form (must be signed and cannot have PO Box as only address)
- Non-discrimination statement or clause
- Annual operating budget
- List of Board of Directors, Trustees and Key Staff
- Project Budget
- IRS 501(c)3 Determination Letter
- Audited financial statements
- Signed cover letter (optional)
REFERENCES:


