

Notice of Funding Opportunity (NOFO)
PS24-0026: Implementation of Community Health Worker-
Mediated Services for Re-Engagement to Care and Outreach
for Persons with HIV in Rural Communities
(REACH: Rural Re-Engagement and Care using CHWs for
Persons with HIV)

HIV Research Branch
Division of HIV Prevention
National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention



November 15, 2023

Purpose of Today's Call

- Provide an overview of our new NOFO – PS24-0026: REACH
- Q&A
- Recorded and posted

Logistics

- Please put your name and organization in the chat
- The session will be recorded.
- Note that our call is limited to 60 minutes.
- Feel free to unmute, or use “raise your hand”, if you would like to speak.
- Feedback can also be shared in the chat.
- Additional comments and feedback can be sent to HRBNOFO@cdc.gov



Overview

Background

- In rural areas (less than 50,000 population), PWH face challenges in accessing consistent HIV care services.
 - These rural areas may experience health care provider shortages and have fewer providers with expertise in treating HIV.
- Community-based or home-based delivery of care is an effective approach to re-engage PWH back into HIV clinical care.
 - This strategy used primarily internationally shows community-based delivery of ART significantly increased viral suppression*.
- CHWs have a close understanding of the community and can serve as liaison between health/social service needs.
 - CHW approach was assessed as part of the EHE pilot jumpstart initiative and were successful in facilitating access to HIV treatment for priority populations*.

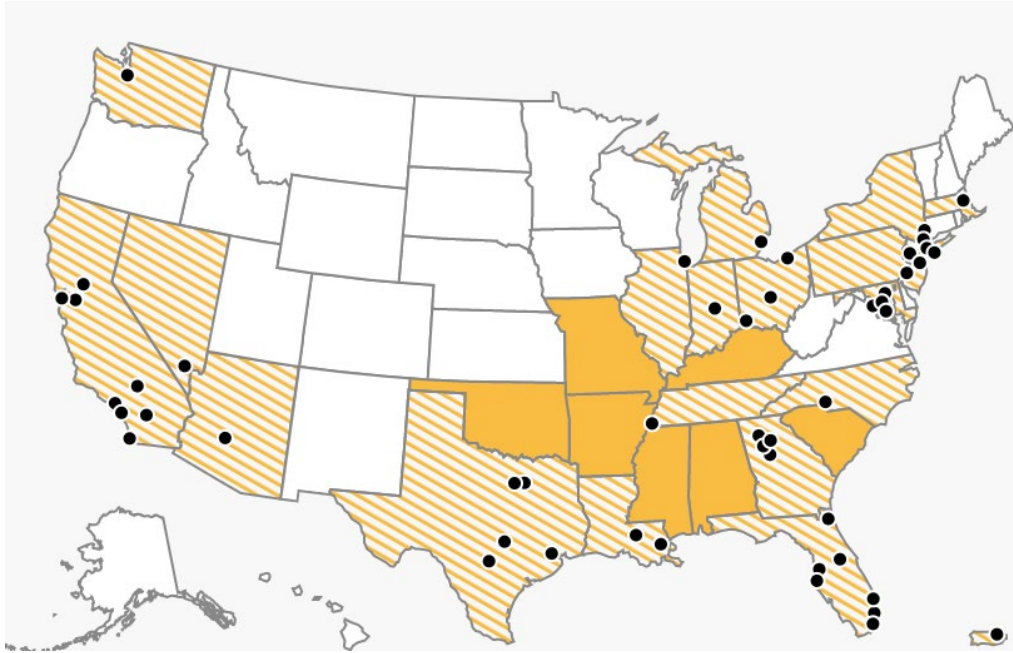
* Barnabas et al. DOI:[https://doi.org/10.1016/S2214-109X\(20\)30313-2](https://doi.org/10.1016/S2214-109X(20)30313-2)

Purpose

- Fund health departments to work with HIV care providers to develop a CHW-mediated home delivery of ART and Telehealth Services to PWH in Rural Settings who are out of care and/or not virally suppressed.
- CHWs will provide services that include ART delivery, sample collection for standard HIV laboratory testing, transfer of self-collected specimens, arranging and scheduling telehealth visits with the HIV medical providers and other providers (mental health, primary care) and providing evidence-based medication adherence support.
- Project will increase use of HIV care and treatment services and other health care services for PWH living in rural areas to decrease HIV transmission and improve overall health and wellbeing.

Priority Population

- Focus activities among persons disproportionately affected by HIV in rural areas.



(<https://ahead.hiv.gov/>)

Award Information

Type of Award	Cooperative Agreement
Fiscal Year Funds	2024
Approximate Annual Funding	\$3,500,000
Approximate Number of Awards	7
Average Annual Award	\$500,000
Budget Period/Length	12 months
Project Period	3 years: April 2024 – April 2027

*Subject to the availability of funds



Strategies and Activities

Logic Model

Strategies and Activities	Short-term Outcomes	Intermediate Outcomes	Long-Term Outcomes
<p><u>Provide comprehensive HIV testing, care & treatment services to PWH not in care or not virally suppressed in rural communities using Health Department-assigned Community Health Worker (CHW)</u></p> <ul style="list-style-type: none"> • Develop partnerships with HIV clinics • Identify patients out of care or not virally suppressed • Assign CHW to re-engage patient with HIV care provider and implement home-based delivery <p><u>Provide services that are culturally and linguistically responsive for PWH in rural communities</u></p> <p><u>Support use of mental health, substance use disorder, & other essential support services by re-engaged PWH</u></p>	<ul style="list-style-type: none"> • Increased re-engagement to HIV care and treatment services by CHWs for PWH not in care in rural communities • Increased outreach to HIV care and treatment services by CHWs for PWH in care but not virally suppressed in rural communities • Increased ART (re)-initiation by PWH in rural communities • Increased linkage to mental health, substance use disorder, and other essential support services for PWH in rural communities • Increased cultural awareness among CHWs and clinical staff • Increased understanding 	<ul style="list-style-type: none"> • Increased persistence with ART by PWH in rural communities • Increased retention in HIV care among PWH in rural communities • Increased viral suppression among PWH in rural communities • Increased sustained viral suppression among PWH in rural communities • Increased receipt of mental health, substance use disorder, and other essential support services for PWH with need for services in rural communities • Decreased enacted, anticipated, 	<ul style="list-style-type: none"> • Collaborative, sustainable CHW-mediated service model for PWH in rural communities • Decreased HIV incidence among persons living in rural communities • Decreased HIV-related morbidity and mortality among persons living in rural communities • Decreased cost of providing HIV testing, care & treatment services among PWH living in rural communities • Decreased experienced stigma and medical mistrust among persons living in rural communities • Improved health equity

Strategy 1

- **Provide comprehensive HIV care and treatment services, testing services to PWH who are out of care and/or not virally suppressed in rural communities by using an HD assigned CHW.**
 - Develop partnerships between HIV clinics and HD.
 - Identify HIV patients no longer engaged in care or virally suppressed.
 - Assign CHW to locate, contact and re-engage the patient with the HIV care provider.
 - CHW will implement home-based delivery of HIV care and treatment & testing services.

Strategy 2

- **Support use of mental health and substance use disorder services & other essential support services by re-engaged PWH in rural communities.**
 - Identify needs and support linkage to services

Strategy 3

- **Assess cost-effectiveness of CHW-mediated re-engagement and outreach to HIV care and treatment services for PWH living in rural communities.**

Strategy 4

- **Provide services that are culturally and linguistically responsive for persons, especially for Black and Hispanic/Latino persons living in rural communities**
 - Reducing stigma, medical mistrust/distrust

Collaboration

- HD recipients will develop collaborations with HIV clinics, CBOs, and with local health departments in their jurisdiction.
- Recipients may provide up to 50% of their award to the collaborating HIV clinic.
- Recipients are required to obtain MOUs/MOAs from HIV clinic, CBOs and local health departments as evidence for the collaboration.



Applicant Eligibility, Evaluation, and Other Info

Eligibility

- Statutory authority: Section 318(b-c) of the Public Health Service Act (42 USC § 247c(b-c)), as amended, and the Consolidated Appropriation Act of 2016 (Pub. L. 114-113).
- Open competition
 - State, local and territorial HDs or their Bona Fide Agents currently funded under PS18-1802 or its subsequent iteration. This includes the 50 states, the District of Columbia, Puerto Rico, and the Virgin Islands.
- Additional information on eligibility
 - Applicants should have a history of working with an organization that provides clinical services

Applicants should demonstrate:

- Capacity for program and evaluation, performance monitoring, financial reporting, budget management, and personnel management.
 - Demonstrate need
 - Ability to collect person-level longitudinal clinical data using EHR and data collection systems.
- Relevant experience and capacity to implement the activities and achieve the project outcomes for PWH living in rural areas.

Application Review and Selection Process

- **Phase I: Eligibility Review**

- CDC Office of Grants Services reviews all application for eligibility and completeness

- **Phase II: Objective Review Panels**

- Applications will be reviewed and scored by an independent review panel assigned by CDC and evaluated based on the scoring criteria outlined in the NOFO including applicant's approach, evaluation and performance measurement, and organizational capacity

- **Phase III: Final funding determinations will be based on application scores from the Objective Review and CDC's funding preferences**

Important Dates

- Letter of Intent (LOI): 11/13/2023 (optional)
- Due date for applications: 1/5/2024 at 11:59 pm EST

Website & Contact Information for PS24-0026

- **Website**

- <https://www.cdc.gov/hiv/funding/announcements/ps24-0026/index.html>
- FAQs coming soon to the website

- **Program staff:** Kashif Iqbal, Nikki Blye

- Email: HRBNOFO@cdc.gov

- **Office of Grants Services:** Arthur Lusby

- Email: cmx3@cdc.gov

THANK YOU!

Q&A

National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
Division of HIV/AIDS Prevention

