

Office of Minority Health Resource Center

Health Information Campaign Award Application

Funding Title

Office of Minority Health Resource Center (OMHRC)
Health Information Campaign Award

Funding Source

Minority AIDS Initiative

Award Amount

Up to \$25,000 for each award, with a total of 3 awards

Eligible Applicants

Health departments, health ministries, and community based organizations (CBOs) in the U.S. Associated Pacific Islands (USAPIs) are eligible to apply. This includes American Samoa, Commonwealth of the Northern Mariana Islands, Federated States of Micronesia, Guam, Republic of Marshall Islands and the Republic of Palau. Partnerships between local CBOs and their health departments/health ministries are highly encouraged for this application.

Application Deadline

Tuesday, July 31, 2012, 5 pm PST

Project Period

September 1, 2012 – August 31, 2013

Funds may be utilized within any given month during the project period, or the project may be implemented over the entire project period. Upon completion, a final report must be submitted to the Office of Minority Health Resource Center. The format for the final report will be forwarded shortly after receipt of the award letter.

Background

The Pacific Project is a capacity building, training, and technical assistance project of the OMHRC, funded by the Minority AIDS Initiative. The Pacific Project aims to improve coordination between health providers, increase the number of community partnerships in addressing HIV/AIDS/TB/STDs, increase health materials available in the Pacific and increase the collaboration efforts and information sharing between agencies and organizations within the U.S. Associated Pacific Island Jurisdictions.

OMHRC was established by the U.S. Department of Health and Human Services, Office of Minority Health in 1987. OMHRC serves as a national resource and referral service on minority health issues. The center collects and distributes information on a wide variety of health topics, including substance abuse, cancer, heart disease, violence, diabetes, HIV/AIDS and infant mortality. OMHRC also facilitates the exchange of information on minority health issues.

Summary and Purpose

The project goal is to implement an HIV/AIDS/TB/STD health information campaign that involves infected and affected community members in the creation of culturally and linguistically appropriate materials within the U.S. Pacific Island Jurisdictions. The area for this particular announcement is limited to the U.S. Associated Pacific Island Jurisdictions (American Samoa, Commonwealth of Northern Mariana Islands, Federated States of Micronesia, Guam, Republic of Marshall Islands and the Republic of Palau).

According the Health Resources and Services Administration, HIV/AIDS Bureau, HIV-related stigma refers to all unfavorable attitudes, beliefs, and policies directed toward people perceived to have HIV/AIDS as well as toward their significant others and loved ones, close associates, social groups, and communities.¹ Patterns of prejudice, which include devaluing, discounting, discrediting, and discriminating against these groups of people, play into and strengthen existing social inequalities—especially those of gender, sexuality, and race—that are at the root of HIV-related stigma.

HIV infection is a condition that carries a high level of stigmatization.² First, people infected with HIV are often blamed for their condition and many people believe HIV could be avoided if individuals made better moral decisions. Second, although HIV is treatable, it is nevertheless a progressive, incurable disease.^{2 3} Third, HIV transmission is poorly understood by some people

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in the general population, causing them to feel threatened by the mere presence of the disease. Finally, although asymptomatic HIV infection can often be concealed, the symptoms of HIV-related illness cannot. HIV-related symptoms may be considered repulsive, ugly, and disruptive to social interaction.[2](#)

According to the University of California, San Francisco, Center for AIDS Prevention Studies, stigma has been expressed in a variety of ways, including: 1) ostracism, rejection and avoidance of people living with AIDS; 2) discrimination against people living with AIDS by their families, health care professionals, communities and governments; 3) mandatory HIV testing of individuals without prior informed consent or confidentiality protections; 4) quarantine of persons who are HIV infected; and 5) violence against persons who are perceived to have AIDS, be infected with HIV or belong to "high risk groups."[3](#)

Stigma can affect prevention in the following ways:

- *HIV testing.* Fear of negative social consequences of a positive HIV test result can deter some persons from getting tested. A study of men and women in seven cities in the US found that stigma was associated with a decreased likelihood of being tested for HIV.[4](#) People who are HIV+ but haven't tested and don't know they are HIV+ are less likely to try to prevent transmitting HIV to others.[5](#)
- *Safer behaviors.* Some HIV+ persons may fear that disclosing their HIV status or using condoms may bring partner rejection, limit sexual opportunities or increase risk for physical and sexual violence. A study of rural men who have sex with men (MSM), found that men who thought health care providers in their community were intolerant of HIV+ persons, also reported more high-risk sexual behaviors.[6](#)
- *Prevention programs.* Stigma surrounding HIV, homosexuality, commercial sex work and drug use make it difficult for HIV prevention services to be offered in a variety of settings. While it is widely accepted that HIV prevention should be integrated into a broader health and community

context, many community venues such as churches, businesses, jails, prisons and schools have resisted incorporating frank discussions of HIV.[7](#)

HIV/AIDS stigma can also negatively affect the health and well being of HIV+ persons in the following ways:

- *Treatment.* HIV+ persons may not seek treatment or delay going to doctors due to real or perceived discrimination against them. A national study of HIV+ adults found that 36% reported experiencing discrimination by a health care provider, including 8% who had been refused medical service.[8](#)
- *Support.* Some HIV+ persons don't have an adequate support network because they fear that friends or family will abandon them or suffer the same stigma they do. One study of Asian and Pacific Islanders (API) living with HIV found high levels of internalized stigma. APIs avoided seeking support because they were afraid of disclosure and saw themselves as unworthy of getting support.[9](#)
- *Adherence.* Experiences of social rejection, disapproval and discrimination related to HIV may decrease the motivation of HIV+ persons to stay healthy. A study of HIV+ men and women found that those who had experienced stigma were also more likely to miss HIV clinic appointments and lapse in adherence to their medication.[10](#)

An HIV/AIDS health information campaign may include but is not limited to, printed materials development, newspaper advertisements, posters, multi-media presentations, Internet and radio campaigns that would help improve and/or increase HIV/AIDS/TB/STDs services provided to communities in the Pacific. Project goals may include but not limited to increasing the number of people talking about HIV/AIDS, increase number of media outlets covering HIV/AIDS related issues, reduce silence and shame associated with HIV/AIDS, increase number of people accessing HIV/AIDS care, services, and testing.

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All materials developed through this award will go through review process by the Office of Minority Health Resource Center and Region IX representatives before printing and distribution. Developed materials will be given up to a 30 day period for review.

Funding Availability

Three awards will be made during this fiscal year. Funds are provided to be of assistance to develop and implement a HIV/AIDS anti-stigma campaign within the U.S. Associated Pacific Island Jurisdictions.

Application Review

1. Criteria

The technical review of the Pacific Regional Resource & Training Center applications will consider the following four generic factors listed, in descending order of weight:

- A. Factor 1: Background and Need (20%)
 - Demonstrated knowledge of the problem at the local and regional level.
 - Significance and prevalence of HIV/STD/TB in the Pacific region
 - Extent to which the applicant demonstrates access to the target community(ies), and whether it is well positioned and accepted within the community(ies) to be served.
 - Extent and documented outcome of past efforts and activities with the target population.
- B. Factor 2: Program Proposal (35%)
 - Appropriateness and merit of proposed approach and specific activities for each objective.
 - The degree to which the project design, proposed activities and products to be developed are culturally appropriate.
 - Logic and sequencing of the planned approaches as they relate to the statement of need and to the objectives.
 - Soundness of the established partnership and roles of partnership members in the program.

- Degree to which the objectives are stated in measurable terms.
- Attainability of the objectives in the stated time frames.
- C. Factor 3: Evaluation (25%)
 - The degree to which expected results are appropriate for objectives and activities.
 - Appropriateness of the proposed data collection plan (including demographic data to be collected on project participants), analysis and reporting procedures.
 - Suitability of process, outcome, and impact measures.
 - Potential for the proposed project to impact the HIV/STD/TB health status of the Pacific Jurisdiction populations.
 - Soundness of the plan to disseminate project results.
- D. Factor 4: Capacity Building and Sustainability (20%)
 - Extent to which the applicant demonstrates ability to build capacity for the Pacific Region
 - Degree to which agency has plans to sustain operation after the one time Regional Resource and Training Center Award has been awarded

2. Review and Selection Process

Accepted applications will be reviewed for technical merit. Applications will be evaluated by an external Review Committee. Committee members are chosen for their expertise in minority health and their understanding of HIV/STD/TB.

Application and Submission Information

1. List Contact Information

Provide name of health department/health ministry, name of project director, department's address, phone number, fax number, e-mail address and Web site. If the contact person is different than the project director, list that person's name and contact information.

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2. Background (3 pages maximum)

Outline your HIV/AIDS/TB/STDs Department services.

3. Need (3 pages maximum)

Explain the justification for the proposed HIV/AIDS/TB/STDs project in your community and identify the target ethnic or racial minority population to benefit from your proposed project. Please note that, funds may NOT be used for the following purposes: grant writing or needle exchange programs.

4. Proposal (6 pages maximum)

Describe the proposed program or project. Describe the project goals and objectives. Describe how the health information campaign will reach the targeted audience.

5. Capacity Building (1 page maximum)

Discuss how your HIV/AIDS/TB/STDs project will help to build capacity for your agency to provide HIV/AIDS/TB/STDs services to your target populations.

6. Sustainability (1 page maximum)

Discuss how your agency plans to sustain operation after the one time HIV/AIDS/TB/STDs capacity building award has been completed.

7. Monitoring and Evaluations (2 pages maximum)

Describe how this HIV/AIDS/TB/STDs capacity building award will be monitored and evaluated—your measurable goals as stated in the “proposal” section will be the basis for the evaluation.

8. Timeline (1 ½ pages maximum)

Submit a timeline for your proposed HIV/AIDS/TB/STDs project. Your agency has up to August 31, 2013, to complete the project. State all activities associated with your HIV/AIDS/TB/STDs project on a **quarterly** basis. If the duration of your HIV/AIDS/TB/STDs project is shorter than one year submit a timeline for that particular time period.

9. Budget

Submit a line item budget attachment for your proposed HIV/AIDS/TB/STDs project. Federal funds cannot be used for food or refreshments.

Application Instructions

- Completely fill out health department/health ministry contact
- Sign Certification
- Attach a copy of your department’s annual HIV/AIDS/TB/STDs operating budget
- E-mail completed application to hocampo@minorityhealth.hhs.gov by **July 31, 2012, 5 pm PST**

Contact Information:

Henry Ocampo
Senior Program Analyst
Office of Minority Health Resource Center
35111 F Newark Blvd., #256
Newark, CA 94560
510-797-7682
301-251-2160 Fax
E-mail: hocampo@minorityhealth.hhs.gov

Schedule of Deliverables and Payments

In accepting a Health Information Campaign Award, applicant organization agrees to provide a Progress Report and a Final Report to OMHRC. Report forms and due dates will be provided with award letter.

References

1. Stigma & HIV/AIDS: A Review of the Literature. Health Resources and Services Administration, HIV/AIDS Bureau. 2003. http://hab.hrsa.gov/publications/stigma/stigma_defined.htm
2. Herek GM. AIDS and stigma. *American Behavioral Scientist*. 1999;42:1102-1112.
3. Stoddard T. Don’t call it AIDS: HIV disease is more appropriate. *The New York Times*. 1994 Aug 17; Sect. A: 15.

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4. How Does Stigma Affect HIV Prevention and Treatment? A publication of the Center for AIDS Prevention Studies (CAPS) and the AIDS Research Institute, University of California, San Francisco. 2006.
<http://www.caps.ucsf.edu/pubs/FS/stigma.php>
5. Fortenberry JD, McFarlane M, Bleakley A, et al. Relationships of stigma and shame to gonorrhea and HIV screening. *American Journal of Public Health*. 2002;92:378-381.
6. Valdiserri RO. HIV/AIDS stigma: an impediment to public health. *American Journal of Public Health*. 2002;92:341-342.
7. Preston DB, D'Augelli AR, Kassab CD, et al. The influence of stigma on the sexual risk behavior of rural men who have sex with men. *AIDS Education and Prevention*. 2004;16:291-303.
8. Brooks RA, Etzel MA, Hinojos E, et al. Preventing HIV among Latino and African American gay and bisexual men in a context of HIV related stigma, discrimination and homophobia: perspectives of providers. *AIDS Patient Care and STDs*. 2005;19:737-744.
9. Schuster MA, Collins R, Cunningham WE, et al. Perceived discrimination in clinical care in a nationally representative sample of HIV-infected adults receiving health care. *Journal of General Internal Medicine*. 2005;20:807-813.
10. Kang E, Rapkin BD, Remien RH, et al. Multiple dimensions of HIV stigma and psychological distress among Asians and Pacific Islanders living with HIV illness. *AIDS and Behavior*. 2005;9:145-154.
11. Vanable PA, Carey MP, Blair DC, et al. Impact of HIV related stigma on health behaviors and psychological adjustment among HIV-positive men and women. *AIDS and Behavior*. 2006;10

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Health Department/Ministry Contact Information

Date:	
Pacific Island Jurisdiction	
Contact Name:	
Job Title:	
Health Department/Ministry Name:	
Mailing Address:	
Work phone:	
Fax:	
E-mail Address:	
Web site:	

Would you like to receive information via email? Yes No

Health Department/Ministry Director:	
Financial Officer Name:	

What is the agency's current HIV/ AIDS budget?	
What is the agency's current annual operating budget?	
Does the agency currently receive funding from Office of Minority Health?	Yes <input type="checkbox"/> No <input type="checkbox"/>

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Community Organization Contact Information

Date:	
Pacific Island Jurisdiction	
Contact Name:	
Job Title:	
Agency Name:	
Mailing Address:	
Work phone:	
Fax:	
E-mail Address:	
Web site:	

Would you like to receive information via email? Yes ____ No ____

Board President Name:	
Executive Director Name:	
Financial Officer Name:	

When was the organization founded? (please enter month and year)	
Does the agency have a 501(c) 3 status?	
Does the agency have a Letter of Incorporation?	
What is the agency's current HIV/ AIDS budget?	
What is the agency's current annual operating budget?	
Does the agency currently receive funding from Office of Minority Health?	

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CERTIFICATION

The information contained in this application, including all attachments and support materials, is true and accurate to the best of my knowledge. I understand that if I am awarded and accept a HIV/AIDS/TB/STDs Health Information Campaign Award that my acceptance of the award requires a commitment to complete the project as stated in the application and to abide by the administrative requirements set by the Office of Minority Health Resource Center.

Print Name of Official: _____

Signature of Official: _____

Date: _____

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BACKGROUND (3 pages maximum)

Agency or Department's Mission:

Agency or Department's Mission:	
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Organizational History:

Organizational History:	
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Agency's capacity to implement the program:

Agency's capacity to implement the program:	
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Outline of current services delivered:

Outline of current services delivered:	
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NEED: Explain the justification for the proposed HIV/AIDS/TB/STDs project in your community, and identify the target ethnic or racial minority population to benefit from your proposed project. Please note that, funds may **NOT** be used for the following purposes: support grant writing or support needle exchange programs. **(3 pages maximum)**

Need	
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PROPOSAL: Describe the proposed HIV/AIDS/TB/STD Information Campaign. State each goal and objective in measurable terms. Provide a description of duties for each proposed consultant and identify which objectives they will address. A description of how to write SMART objectives can be found on the following website: <http://www.cdc.gov/healthyyouth/evaluation/pdf/brief3b.pdf>

(6 pages maximum)

Proposal:	
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CAPACITY BUILDING: Discuss how your HIV/AIDS/TB/STDs project will help to build capacity for your agency to provide HIV/AIDS/TB/STDs services to your target populations. **(1 page maximum)**

Capacity Building:	
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SUSTAINABILITY: Discuss how your agency plans to sustain operation after the one time HIV/AIDS Information Campaign Award has been awarded. **(1 page maximum)**

Sustainability:	
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MONITORING and EVALUATIONS: Describe how this HIV/AIDS Information Campaign Award will be monitored and evaluated. Please refer to the measurable objectives as stated in the proposal section to be the basis of the evaluation. **(2 pages maximum)**

Monitoring and Evaluations:	
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TIMELINE: Submit a timeline for your proposed HIV/AIDS/TB/STDs project. Your agency has up to August 31, 2013, to complete the project. State all activities associated with your HIV/AIDS/TB/STDs project on a **monthly** basis. If the duration of your HIV/AIDS/TB/STDs project is shorter than one year submit a timeline for that particular time period. **(1 ½ pages maximum)**

Timeline	
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BUDGET: Submit a line item budget attachment for your *proposed* HIV/AIDS/TB/STDs project.

Sample Budget	Proposed Budget
<p>Personnel</p> <p>Graphics Designer \$3,000 Translation Services \$2,000</p> <p>Supplies</p> <p>Printing Costs \$6,000 Radio/TV/Newspaper ads \$3,000</p> <p>Community Incentives \$1,500</p> <p>Incentives for community members to participate in focus group</p> <p>\$30 per person x 10 people \$300</p> <p>Incentives for models to be campaign</p> <p>\$50 per person x 5 people \$ 250</p> <p style="text-align: right;">TOTAL \$14,550</p>	This area is intentionally left blank for the user to input their proposed budget

BUDGET NARRATIVE: Provide a narrative budget justification, which describes how the categorical costs are derived. Discuss the necessity, reasonableness, and allocation of the proposed costs. Only the direct costs requested in this application need to be justified. Describe the specific functions of the personnel, consultants, and collaborators (if relevant)

Budget Narrative	
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BUDGET: Submit an overall agency budget describing your most recent fiscal year.

Budget	
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