

Completed - Apr 29 2022

2022 APLU Community Engagement Scholarship Application

Single Page Application Form

Copy and paste your prepared responses into their respective fields. A copy of your full application will be made available before the final submission button.

What is the full name of your University?

Michigan State University

What is the name of the project?

Advocacy and Other Community Tactics to Challenge Barriers to HIV Care for Gay and Bisexual Men and Transgender Women (Project ACT)

Which region are you from?

Applications will be grouped by the following ESC geographic regions. The review panel reserves the right to combine regions in the absence of a critical mass of applicants.

Northeast

Connecticut, Delaware, District of Columbia, Maine, Maryland, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, Vermont, Virginia, and West Virginia

North Central

Canada, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, and Wisconsin

South

Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, Puerto Rico, South Carolina, Tennessee, and Virgin Islands

West

Alaska, American Samoa, Arizona, California, Colorado, Guam, Hawaii, Idaho, Mexico, Micronesia, Montana, Nevada, New Mexico, Northern Mariana Islands, Oklahoma, Oregon, Texas, Utah, Washington, and Wyoming.

When an institution from outside the U.S. states or territories listed above applies, it will be included in the region that is geographically the closest.

North Central

Contact Details

First Name	Robin Lin
Last Name	Miller
Title	Professor of Psychology
Institution	Michigan State University

Country

United States

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Secondary Staffer/Administrator's Contact Details

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Section 1: Significance of the Engagement Partnership

Abstract 300-word limit

Summarize the community-university partnership and the scholarship embedded in the partnership. Describe how the partnership intentionally studies community issues, jointly derives solutions and then “publicizes” what was discovered. It should be a concise description that can be used on the ESC website, the ESC Annual Conference program, the APLU website, and the program for the APLU Annual Meeting.

Stigma and discrimination drive the disproportionate global burden of HIV on gay and bisexual men and transgender women. Global estimates suggest the burden of HIV infection on these populations is increasing, despite broad international commitment to end the HIV epidemic and address the stigma and discrimination that fuels it. In 2016, MPact Global Action for Gay Men’s Health and Rights (MPact), a transnational civil-society organization (CSO) based in California, joined in partnership with Dr. Robin Lin Miller (MSU) to dismantle structural barriers to HIV care for gay and bisexual men and transgender women. Their signature project is Project ACT. For Project ACT, the partnership also included LGBT-led CSOs in Burundi, Cameroon, Côte d’Ivoire, the Dominican Republic, Ghana, Jamaica, and Zimbabwe. In Project ACT, the partnership developed and implemented country-specific intervention strategies to address structural barriers to accessing HIV care. Project ACT supported assessment of innovative community-led systems for monitoring stigma and discrimination in the provision of HIV healthcare, routine healthcare worker sensitization efforts, and healthcare-community partnerships to improve access to HIV services in a first-of-its-kind demonstration project. Ongoing empirical inquiry rooted in the transformative paradigm guided the partnership in documenting the challenges and successes of eliminating barriers to care driven by stigma and discrimination. Signature achievements included Jamaica’s first ever submission on the state of transgender access to healthcare to the United Nations Human Rights Council Universal Periodic Review, the establishment of national sensitivity training in the Dominican Republic, and expanded access to affirming HIV care in Ghana, Cameroon, and Zimbabwe. To date, the partnership has developed a public-facing case study on community-led monitoring of stigma and discrimination in healthcare, an evaluation toolkit for LGBT global advocates, conference presentations, and publications. The partnership is under contract with Oxford University Press to author a book on Project ACT.

Section 2: Relationship and Reciprocity Between the Community and University

500-word limit

Describe the issue, its significance, the relationship between the university and community, and how reciprocity is a part of the relationship: Who are the university and community partners? How does an engaged partnership fit into the mission, values and organizational structure of the university? Who are the key community and university partners? How did the university and community work together: what was the role of each partner and what was accomplished? Provide evidence of shared decision-making and partnership empowerment.

New HIV infections among “key populations” – gay, bisexual, and other men who have sex with men; transgender women; sex workers; prisoners; injecting drug users – comprise the largest and an increasing share of new HIV infections worldwide, equaling 62% of new infections in 2019 and 65% in 2020. The partnership between MPact Global Action for Gay Men’s Health and Rights (MPact) and MSU Professor of Psychology Robin Lin Miller aims to fill gaps in knowledge on effective community-led strategies to address the stigma, discrimination, and violence that impede gay and bisexual men’s access to HIV prevention and care and contribute to unchecked infection rates in middle- and low-income countries. Miller is a community psychologist who has devoted 35 years to collaborative investigation of LGBT-led HIV-focused interventions. MPact is a community-led civil society organization (CSO) founded to address global inequities in access to HIV prevention and care among gay and bisexual men. MPact leads a global network of organizations in 62 countries and represents gay and bisexual men to the United Nation’s AIDS program’s (UNAIDS) key-populations council. MPact prepares LGBT-led CSOs throughout the world to advocate to international policy, funding, and human rights bodies (e.g., UNAIDS, The Global Fund to Fight HIV, Tuberculosis, and Malaria).

The partnership between Miller and MPact rests on partnership principles codified through an engaged process facilitated by Miller. The principles are essential to non-colonizing collaborations between universities and community-led organizations and Global North-South partnerships. They include orientation to strengths, mutual capacity development and nurturance, transparent engagement, commitment to evidence, and respect for local knowledge, expertise, and dignity. These principles assist the partnership in maintaining accountability to its vision for collaboration.

The signature project of the partnership, Project ACT, was a transnational effort funded by the Elton John AIDS Foundation to challenge barriers to access to HIV care in Africa and the Caribbean. Project ACT included LGBT-led CSO co-collaborators in Burundi, Cameroon, Côte d’Ivoire, the Dominican Republic, Ghana, Jamaica, and Zimbabwe. Project ACT pursued three strategies to increase access to HIV care: challenging policy and legal impediments; reducing stigma and discrimination in healthcare settings; and eliminating violence and threats to safety and security. Within these broad strategies, the co-

collaborators determined tactics and targets best suited to address obstacles to HIV care in their country, with guidance from the partnership. The partnership provided mentorship, support, resources, problem-solving assistance, capacity building in evaluative thinking and inquiry, and empirical support to guide progress in each country. The partnership fostered ongoing learning informed by contemporary thinking on transformative and human rights advocacy evaluation, creating processes that enabled all Project ACT staff from every country to contribute to project decisions and ensure the information collected was useful, relevant, timely, and obtained with respect for the safety, security, and dignity of co-collaborators and their constituents. The partnership invested in routine opportunities to promote reflection and learning, including an all-team three-day advocacy capacity building workshop and a three-day learning exchange workshop incorporating storytelling and other culturally appropriate methods to share emerging best practices.

3.1 Impact on Community Partner or Partners

500-word limit

What were the anticipated benefits for community partners? What changes have occurred in the community? Change indicators should include, but not be limited to knowledge generation and sharing, economic, social and educational outcomes within the community, as well as additional dollars generated through grants, contributions, fees, etc. Identify initial funding that supported development of this engagement scholarship initiative and describe how you are addressing sustainability.

The partnership's achievements are significant within their country contexts. Five of the seven countries are among those with the highest HIV prevalence in the world. Across the seven countries, HIV prevalence among adults in the general population ranges from 0.9%-12.7%. By contrast, estimated prevalence among gay and bisexual men ranges from 4%-31%. All possess hostile geopolitical climates on LGBT human rights, with four in Africa in the bottom quartile of 174 countries ranked on LGBT societal acceptance. Nearly all are routinely cited by major human rights groups for their failure to protect LGBT people's human rights. Homicide and extreme violence targeting LGBT people are commonplace.

The partnership succeeded in changing systems of access to healthcare in these fraught settings. By the time COVID-19 interrupted their work, the partnership had verified 94 outcomes reflecting meaningful progress toward improved access to HIV care using outcome harvesting methods. These included growth in commitment to equality in access, improvements in access, strengthened capacity to advocate for equitable access, raised awareness and action-driven agenda setting to improve access, changed norms

and practices, and formal policy shifts. Select achievements include:

In Cameroon, the partnership fostered the development of a city-level partnership between its Cameroonian co-collaborator, nine other LGBT-led CSOs, a healthcare systems watchdog, leadership of three healthcare districts, and the largest providers of HIV testing and outpatient care within them. Two facilities, including the largest government hospital in the country, devised stigma-redress plans.

In the Dominican Republic, the partnership established a formal agreement with the Ministry of Health to ensure that sensitization of healthcare workers occurs nationwide on an annual calendar.

In Ghana, the partnership certified 15 clinics in the greater Accra region as community-safe spaces and stigma-free zones, using mystery patient methods. The partnership developed and implemented a system of reporting violations of patients' rights, resulting in corrective actions.

In Zimbabwe, the partnership created a quality improvement initiative in which representatives of the largest government hospital in Bulawayo, a private clinic, and the citywide clinics meet with LGBT community members quarterly to review documented instances of stigma and discrimination and develop corrective action plans. The system of quality improvement and community-led monitoring is buttressed by a team of young gay and bisexual male patient advocates.

In Burundi, the partnership developed a cell phone-based system to document human rights violations in the provision of healthcare.

In Côte d'Ivoire, the partnership trained radio journalists on human rights and LGBT health, leading to pre-recorded and live radio productions on multiple radio stations.

In Jamaica, the partnership developed a national call to action for the Ministry of Health to collect data on transgender people as a routine part of public health surveillance. The call to action was highlighted in the Jamaica Observer, a national newspaper.

The partnership influenced MPact to revise its partnership and evaluation strategies and invest in hiring an internal evaluation officer. MPact gained a toolkit for partners on evaluation and other products conveying the challenges and benefits of human rights advocacy.

3.2 Impact on University Partner or Partners

500-word limit

What were the anticipated benefits for university? What has been the effect on the university? How has the university-community partnership affected the missions of the university and what has changed?

Outcomes must include scholarship (as defined on page 2 of this document), and may also include (but are not necessarily limited to) student success and development of human capital.

The partnership benefits MSU in multiple ways. Through it, Miller built direct relationships with CSOs in African countries for future work on these issues. Establishing these relationships is consistent with the University's strategic and historic emphasis on African research partnerships and its focus on public health concerns.

As a result of the partnership, Miller cemented a relationship with MSU's Alliance for African Partnerships, a consortium of 10 African universities and MSU. The Alliance for African Partnerships has been eager to increase its efforts on public health issues and encourage the development of evaluation expertise throughout its consortium. In response to what we learned through Project ACT about the tremendous need to build evaluation capacity in Africa at the post-graduate level and in consideration of the Alliance for African Partnership's desire to increase evaluation expertise within its consortium, Miller established a partnership with the University of Dar es Salaam's College of Education to encourage evaluation training opportunities in Tanzania. Miller is currently leading MSU's effort to support faculty professional development in Tanzania's first post-graduate master's degree in development evaluation. As COVID restrictions have eased, Miller has begun to work with MPact staff and co-collaborators in Zimbabwe on research proposals to scale the approach the partnership developed there on a regional basis.

Four graduate students and 12 undergraduates contributed to Project ACT; for many, this was their first exposure to international and LGBT-focused HIV evaluation research. Students learned about global trends in HIV disease, international criminalization of HIV status and same-sex sexual relationships, and human rights frameworks. Through their engagement with the project, students also learned about evaluative inquiry, translation-back translation procedures for research instruments, research ethics, transcription, and cleaning of qualitative data, and qualitative coding and analysis, among other skills.

The project has highlighted the importance of engaging with LGBT concerns in the Global South, in addition to research on these issues in the Global North, where most similar work at MSU is focused. Miller was selected as a College of Social Science Diversity Champion for this and her prior work,

spotlighting the importance of transnational LGBT research. The partnership collaboratively produced public-facing and academic publications and continue to do so, modeling parity in publication and dissemination efforts between communities and academicians. In addition to invitations to speak at the International AIDS Society and other international conferences and publication of articles and lay products, Miller and MPact collaborator George Ayala were awarded a book contract from Oxford University Press on LGBT community-led responses to HIV in Africa and the Caribbean. The book centers on the story of Project ACT and is due out in late 2024.

Section 4: Lessons Learned and Best Practices

500-word limit

What were the challenges for the community and university partners and how were those challenges met? What conclusions and best practices can be drawn from the partnership? These could include but are not limited to: the processes of being partners and sustaining a partnership, innovative solutions to community issues, changes in the partnership or changes within one of the partners.

Applicants must include information about how these conclusions and best practices have been documented and shared publicly.

This partnership reinforces emerging lessons on decolonizing inquiry. Supporting learning and honoring local expertise are essential to countering the negative legacy of externally imposed problem-analyses, solutions, and indicators. Celebration of local expertise and collaboration in all aspects of the work permitted the partnership to develop locally relevant interventions that achieved verified results. The work of the partnership has implications for international and domestic inquiry with highly vulnerable groups.

Advancing human rights may not result in immediate evidence of tangible gains (Miller and Tohme, 2021; Miller, 2021; Miller and Ayala, forthcoming). Community-engaged scholars must investigate similar initiatives in ways appropriate to the challenges of human rights advocacy. Inquiry must be informed by local history, context, and aspirations. This history includes the role of European colonizers in fostering the homophobic repression that drives stigma, discrimination, and violence in many countries. A commitment to elevating the wisdom, leadership, and experience of local advocates is central to ensuring that systematic inquiry efforts are not similarly damaging.

The partnership highlights the benefits of formally and explicitly articulating partnership principles. The

partnership's principles provided guides to action, the utility of which could be evaluated, and served as a rubric against which the success of the partnership could be judged. The principles created a basis for dialogue and a means to hold everyone in the partnership accountable for responsibly and caringly engaging with one another.

LGBT advocacy requires direct regular confrontation with personal rejection and narratives of worthlessness, wickedness, and pathology. The partnership's co-collaborators are routinely exposed to traumatic experiences suffered by their constituents including brutal acts of violence, degrading and humiliating treatment in healthcare, denial of access to and loss of housing, employment, and educational opportunities, and family rejection. The partnership highlights the importance of selecting methods and procedures that foster caring and empathetic interactions and support the discovery of strength and resilience. Relatedly, the co-collaborators face immense risks to their personal security. Outsiders must always have uppermost in their minds that they have potential to destabilize local efforts, compromise the safety of LGBT staff, and do irreparable harm. Safety planning must be prioritized.

Evidence collected by the partnership points to the vital role community-led advocacy plays in addressing stigma and discrimination as barriers to HIV care. Resources to support interventions often favor individually focused, ameliorative interventions over those that have the potential to produce structural change. Structural interventions are chronically under-funded and, with few exceptions, seldom supported for sufficiently long time periods to realize their benefits. Additionally, failure to prioritize program evaluation and implementation science studies of structural interventions has contributed to a dearth of information on these interventions in low- and middle-income contexts, despite the critical role these interventions might play in improving access to services and promoting accountability to human rights imperatives. The partnership's data provide a rich picture of this work and point to critical areas for future investigation of community-led interventions to break down the barriers that prevent gay and bisexual men and transgender women from accessing HIV care.

Section 5: Future

500-word limit

What are the future plans for this partnership? How will the partners continue to work together or how will they determine when the partnership is concluded? The awards and cash prizes will be presented to institutions to use appropriately. Please describe how the awards would contribute to the advancement of

engagement activities. For example, the recognition and/or award dollars may be used to:

- Sustain and/or enhance this or other partnerships and scholarship;
- Incubate new engagement projects;
- Support university/community partners;
- Recognize individual engagement contributions.

The ongoing work of the MSU-MPact partnership has been significantly impacted by COVID-19 travel restrictions and COVID-19's dramatic impact on HIV funding and services globally. Current estimates are that the COVID-19 pandemic has set work on HIV back roughly 10 years. The pandemic directly led to increased HIV incidence and mortality and exacerbated the very inequities this partnership aims to combat. Human rights violations have skyrocketed under the pretense of COVID-19 precautions. The disruptions of funding and health care system functioning has taken a toll on the partners and their constituents. Lockdowns severely disrupted their work. MPact, too, has been dramatically impacted by the diversion of effort and resources from HIV to COVID-19. Simultaneously, a strong movement to stiffen same-sex criminalization laws has taken hold in several of the Project ACT partner countries, increasing the urgency of the partnership's global efforts. Cyber security concerns remain a challenge and limit what the partnership can safely do online. The co-collaborators must maintain a minimal digital presence because of ongoing surveillance and cyber-attacks, each of which are commonly directed at LGBT CSOs in hostile contexts. Similarly, LGBT individuals are targeted for their online activities in these contexts, where the use of apps from Facebook to Twitter to Grindr can dramatically increase vulnerability to violence and arrest. The partnership is appropriately cautious of what it does virtually. To that end, a major benefit to the partnership of this award is the support it provides to travel for the purpose of planning future projects. After two years of the pandemic and its public health lockdowns, the need to restore safe gathering spaces for LGBT communities and to support their ability to organize around their human right to health care is urgent. Endorsements and recognition of the value and promise of this partnership is vital to its ongoing commitment to engaged scholarship and to its endurance.

Despite the challenges of operating within the restrictions of the pandemic, the partnership has continued to develop tools and other materials that can contribute to knowledge on community-led efforts to support the sexual health of LGBT people and their access to HIV care. As noted, during lockdown, the partnership developed a toolkit on simple evaluation strategies for LGBT global advocates and a case study on community-led strategies of monitoring stigma and discrimination. Miller and Ayala, MPact's founding executive director, are under contract to author a book documenting the project, sharing its lessons for addressing stigma and discrimination, and providing readers a behind-the-scenes

view of community-engaged university-CSO collaborations. Most recently, Miller represented MPact at an invitational planning meeting on gay and bisexual men's issues and future direction hosted in conjunction with the International Conference on AIDS and STDs in Africa. The partnership is currently developing a new collaborative proposal to fund a study that builds on the scalable advocacy model developed in Zimbabwe. If successful, this project would expand the partnership in Zimbabwe to include local scholars and extend beyond Bulawayo to nearby cities.

Section 6: Appendix

8-page limit, submitted as one file

Applications must include two letters as part of the appendix.

One letter must be an endorsement from the president/chancellor of the institution. The letter should provide evidence of the institutional commitment to engagement, such as citing mission, engagement plan, or organizational structure.

The second letter must be from a community partner or consortium of partners. This letter must provide evidence of collaboration, reciprocity, mutual benefit, and the roles of community partners.

Applicants are required to include documents that describe the impact of the partnership. This could include summaries of evaluations, letters of support, news releases, scholarly products, etc.

Note: URLs are not accepted.

Magrath Award - Section 6 - Appendix-04292022.pdf

Filename: *Magrath Award - Section 6 - Appendix-04292022.pdf* **Size:** 619.2 kB

MICHIGAN STATE UNIVERSITY

April 22, 2022

Selection Committee
C. Peter Magrath/W.K. Kellogg Foundation Engagement Award
Association of Public and Land-grant Universities
1307 New York Avenue, NW, Suite 400
Washington, D.C., 20005

Dear Committee Members:

For more than 160 years, the faculty, staff, and students of Michigan State University (MSU) have acted with an uncommon will to collaborate directly with communities to better understand society's most pressing challenges and work toward their solutions. Through community-engaged research, teaching, and service, MSU scholars have worked alongside local and global partners to develop and apply innovative solutions, resulting in remarkable advancements.

The work achieved by these scholars aligns with MSU's mission to foster university-community partnerships that are research-driven and lead to a higher quality of life for those affected. At MSU, we are dedicated to reaching across social, cultural, and economic boundaries, and to seeking partnerships that are built on trust and understanding while being cognizant of our privilege and responsibility to be part of the solution.

Recognizing the spirit of the C. Peter Magrath/W.K. Kellogg Foundation Engagement Award, it is an honor to provide a letter of endorsement to the Selection Committee for the nomination representing MSU. The **Advocacy and Other Community Tactics to Challenge Barriers to HIV Care for Gay and Bisexual Men and Transgender Women (Project ACT)**, is led by Dr. Robin Lin Miller, professor in the Department of Psychology, College of Social Science.

Miller's project began in 2016 when she partnered with MPact Global Action for Gay Men's Health and Rights (MPact) to dismantle barriers to HIV care for gay and bisexual men and transgender women in the Caribbean and in countries throughout Africa. Despite broad international commitment to end the HIV epidemic and address the stigma and discrimination that fuels it, the burden of HIV infection on these populations is estimated to be rising. Acting as a project-lead, Miller and her team worked to fill gaps in knowledge about effective community-led strategies to address the stigma, discrimination, and violence that impede access to HIV prevention and care and contribute to unchecked infection rates in middle-and low-income countries.



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Miller supported the development and implementation of country-specific intervention strategies to address barriers, including challenging policy and legal impediments; reducing stigma and discrimination in healthcare settings; and eliminating violence and threats to safety and security. Within these broad strategies, community partners determined the tactics and targets best suited to address obstacles to HIV care in their country.

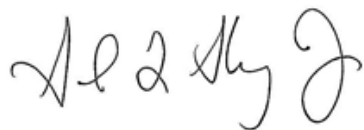
From the beginning of this work, Miller and her team have made notable achievements, including the establishment of national sensitivity training standards in the Dominican Republic and expanded access to affirming HIV care in Ghana, Cameroon, and Zimbabwe.

Miller has also fostered direct relationships with civil-society organizations in African countries to further work on these issues for years to come. Establishing these relationships is consistent with the University's strategic emphasis on African research partnerships and its focus on public health concerns. As a result of her work, Miller cemented a relationship with MSU's Alliance for African Partnerships – a consortium of MSU, 10 preeminent African universities, and a distinguished network for African research institutes – which has been eager to increase its emphases on public health issues and encourage the development of evaluation expertise throughout its consortium.

By connecting university knowledge with partner/community knowledge, Project ACT has actively demonstrated MSU's unwavering commitment to collaborative, participatory, empowering, systemic, and transformative work anchored in scholarship.

I invite you to consider the international impacts made through Dr. Miller's work and am honored to support and endorse the enclosed application for the 2022 C. Peter Magrath/W.K. Kellogg Foundation Engagement Award. Thank you for your consideration.

Sincerely,

A handwritten signature in black ink, appearing to read "S. L. Stanley Jr.", written in a cursive style.

Samuel L. Stanley Jr., M.D.
President



13 April 2022

Dear Colleagues:

It is with great enthusiasm that we write in support of Dr. Robin L. Miller's candidacy for the WK Kellogg Foundation Community Engagement Scholarship award. Dr. Miller has dedicated her professional career to championing community engaged and decolonizing scholarship - in all her endeavors.

Dr. Ayala and Dr. Miller have known each other for over 30 years. Dr. Miller's seminal work at Gay Men's Health Crisis (GMHC) as founding Director of its Department of Evaluation captured the curious imagination of advocates and service providers working at the forefront of the HIV response in the late eighties and early nineties. As a result of Dr. Miller's work, other AIDS service organizations began to realize the power in developing, implementing, AND evaluating homegrown interventions. Her work certainly caught our eyes as she modeled with unapologetic tenacity and discipline what it means to work as a community-embedded scholar.

In the early years of the HIV response, prior to the advent of antiretroviral treatment, Drs. Miller and Ayala crossed paths frequently as the community representatives at scientific meetings. We argued the need for a national research agenda that centered communities most impacted by HIV and for funding support directed to evaluation research focused on community-authored and -led initiatives. From our perspective, community-led interventions needed to be taken more seriously, for we understood firsthand their power and potential. We share Dr. Miller's views on human rights, human sexuality, and research practice that meaningfully engages communities from start to finish.

In 2016, Miller and Ayala found each other at the International AIDS Conference in Durban, South Africa. At that time, Dr. Ayala had been at the helm of MPact Global Action for Gay Men's Health and Rights, an international human rights advocacy organization that mobilizes and supports activists and grassroots organizations across 62 countries. MPact promotes gay men's health and human rights to multilateral actors in the HIV and the international development spaces. It was in Durban that a newly established funding mechanism called the LGBT Fund, administered by the Elton John AIDS Foundation (EJAF) in partnership with UNAIDS and the US President's Emergency Plan for AIDS Relief (PEPFAR) was unveiled. The \$10 million fund would support work with sexual and gender minority communities in Africa and the Caribbean, beginning with 2 inaugural grants - 1 of which went to MPact. With funding from EJAF, MPact led an 18-month advocacy initiative to reduce stigma, discrimination, and violence impeding access to HIV care across 7 countries.

It took 2 years before funding for the initiative finally reached MPact. Serendipitously, Dr. Miller planned a sabbatical working with MPact on building evaluation capacity just as the funding arrived to begin what would be known as Project ACT (Advocacy and other Community Tactics). Ayala proposed that we evaluate advocacy interventions being supported by Project ACT at the portfolio level. At the time, there was an urgent need to convince international HIV funders about the importance of advocacy interventions. It was an ambitious undertaking Miller and Ayala were more than willing to embrace. We understood, after years of community engaged scholarship, the implications and challenges of what we were attempting to do.



The enormous significance of Dr. Miller's contributions to both MPact and to Project ACT cannot be overstated. They include: deepened relationships between MPact and partnering organizations across 2 continents; demonstrated proof-of-concept that community engaged evaluation of advocacy interventions are not only feasible, they are incredibly productive; strengthened staff capacities at MPact and its sister organizations; nearly 100 systematically documented beneficial outcomes as a result of advocacy interventions implemented by activists in countries that criminalize or are violently hostile towards gay men and transgender women; ability to leverage the work for new funding opportunities for Project ACT's partner organizations as well as for MPact; renewed respect for the role and power of community engaged evaluation; and genuine interest in ongoing support for advocacy initiatives expressed by transnational funders like the Global Fund to Fight AIDS, Malaria, and Tuberculosis.

Dr. Miller's work continues to reverberate nearly 2 years after Project ACT ended. For example, advocacy and evaluation practice changed at MPact. The organization has brought a Monitoring & Evaluation Specialist on staff and collected data in several projects, including one for the World Health Organization (WHO) to identify gay and bisexual men's values and preferences for forthcoming Prevention Guidelines. MPact has led manuscript articles in peer-reviewed journals with other global networks of marginalized groups, demonstrating how community knowledge and lived experience has value and must be part of the body of health research. Dr. Miller has active dissemination projects with MPact and Project ACT collaborators including an accepted poster abstract at the upcoming International Conference on AIDS and STIs in Africa (ICASA), several papers published and in development, a book chapter, and a book that centers Project ACT and community engaged evaluation to lift-up the experiences of gay men and transgender women living in Africa and the Caribbean, while interrogating nee-colonial international development frameworks dominating the global AIDS response.

Although, Dr. Miller's nomination focuses on her time with MPact, her life's work has been in the service of community engaged scholarship and the human rights of sexual and gender minority communities worldwide. The award would shine a spotlight on a career that is years in the making and on communities that are often overlooked or left behind. The field desperately needs more engaged scholars like Dr. Miller. We need more community engaged scholarship. And we need more attention given to the plight of gay men and transgender women living away from the privileged comforts of the global north.

Sincerely,

A handwritten signature in black ink, appearing to read "Andrew Spieldenner".

Andrew Spieldenner, Ph.D.
Executive Director

A handwritten signature in blue ink, appearing to read "George Ayala".

George Ayala, PsyD
Former and Founding Executive Director
Deputy Director, Alameda County Public Health Department

We highlight publications, presentations, and additional products resulting from this partnership below. We first identify the co-authors named. Dr. George Ayala served as founding Executive Director of MPact from 2009-2020, developed the basic concept for Project ACT, and secured its funding from the Elton John AIDS Foundation's LGBT-Fund; he presently serves as Deputy Director of the Alameda County Public Health Department. Ms. Jaleah Rutledge is a graduate student in the MSU Department of Psychology. Mr. Johnny Tohme is the Community Mobilizations Manager at MPact, a staff representative to the Project ACT evaluation planning group, and was a country lead for Project ACT. Ms. Nadia Rafif is the former Director of Policy at MPact and current Community Data and Advocacy Lead for the International Treatment Preparedness Coalition's Global Team; she served as project director for Project ACT and as a country lead.

Academic Publications in Print:

Miller, R. L., Rutledge, J., & Ayala, G. (2021). Breaking Down Barriers to HIV Care for Gay and Bisexual Men and Transgender Women: The Advocacy and other Community Tactics (ACT) Project. *AIDS and Behavior*, 25, 2551-2567.

Miller, R. L. (2021). Global challenges in securing equity and human rights: Re-envisioning the role for evaluation in the contemporary HIV/AIDS epidemic. *Evaluation Matters - He Take T? Te Aromatawai*, 7, 30-56.

Academic Publications in Press:

Miller, R. L. & Tohme, J. (2022). LGBTQ+ human rights evaluation in the global south: Lessons from evaluating Project ACT. *New Directions for Evaluation*, in press.

Community-Facing Publications in Print:

Miller, R. L. (2021). Simple methods of monitoring and evaluation for LGBTQI advocates everywhere. Oakland, CA: MPact Global Action for Gay Men's Health and Rights. (Concept: J. Tohme).

Miller, R. L. (2020). Reducing stigma and discrimination in access to HIV health care for gay and bisexual men and transgender women using mystery patients in Cameroon and Zimbabwe. Oakland, CA: MPact Global Action for Gay Men's Health and Rights. (Concept: N. Rafif).

Forthcoming Books:

Miller, R. L. & Ayala, G. (Forthcoming). *LGBT-led HIV Advocacy in Africa and the Caribbean: In the Face of Resistance*. New York, NY: Oxford University Press.

Technical Reports:

Miller, R. L. (2020). *Advocacy and Other Community Tactics to Challenge Barriers to HIV Services among Gay Men in African and the Caribbean (Project ACT): How advocacy works, Final Report*. East Lansing, MI: Michigan State University.

Miller, R. L. (2019). Evaluation of Project ACT: How advocacy works, preliminary outcomes and challenges. East Lansing, MI: Michigan State University.

Miller, R. L. (2019). Evaluation of Project ACT: How advocacy works, project period one. East Lansing, MI: Michigan State University.

Presentations and Invited Talks:

Miller, R. L., Ayala, G., & The Project ACT Team. (2021, December 6-11). Community-led monitoring reduces barriers to HIV care for gay and bisexual men and transgender women. International Conference on AIDS and STIs in Africa, Durban, South Africa.

Miller, R. L. & Rutledge, J. (2021, September 29-October 1). Managing the complexity of undoing a Western approach to evaluation: Easier said than done. Sixth International Center for Culturally Responsive Evaluation and Assessment (CREA) Conference, virtual.

Miller, R. L. (2021, May 11). Evaluating advocacy for access to HIV care for gay and bisexual men: Lessons from Project ACT. Evaluation Center Speaker Series, Western Michigan University, virtual.

Miller, R. L. (2021, March 23-25). Global challenges in securing LGBTQ human rights: Envisioning a role for evaluation. Keynote Address. Aotearoa New Zealand Evaluation Association (ANZEA) 2020/21 Annual Conference, virtual.

Ayala, G. (2020, July 6-10). Key population-led community monitoring strategies: Opportunities and challenges. XXIII International AIDS Society Conference, July 2020, virtual.

Miller, R. L. (2020, January 16). Evaluating advocacy tactics to challenge barriers to HIV services among gay and bisexual men and transgender women in Africa and the Caribbean. Michigan State University Brown Bag Speaker Series on Diversity, Inclusion, and Equity. Michigan State University, East Lansing, MI.

Miller, R.L., Tohme, J., Rafif, N., Ayala, G., and the Project ACT Team (2019, December 2-7). Evaluating advocacy for access to HIV care for gay and bisexual men: Early outcomes from Project ACT. International Conference on AIDS and STIs in Africa. Kigali, Rwanda.

Miller, R. L. (2019, November 13-16). Applying principles-based evaluation to an international human rights campaign to promote access to HIV and sexual health care for gay and bisexual men and transgender women. American Evaluation Association Annual Meeting, Minneapolis, MN.

Miller, R. L. (2019, October 25). Evaluating advocacy tactics to challenge barriers to HIV services among gay and bisexual men and transgender women in Africa and the Caribbean. Claremont Graduate University, Claremont, CA.

Miller, R. L. (2018, July 22). Thinking like an evaluator. Thinking like an evaluator: Why evaluative thinking strengthens homegrown solutions to the HIV epidemic. Out With It: Community Solutions for the Sexual Health and Rights of Young Gay and Bisexual Men Preconference, Amsterdam, Netherlands.

Videos:

MPact Global Action for Gay Men's Health and Rights. (2019, December 9-11). How can we engage communities in advocacy? [This video documents our end-of-project 3-day learning workshop.]

MPact Global Action for Gay Men's Health and Rights. (2019, August 26-30). Behind the scenes: Alternative Côte d'Ivoire. [This video documents some of the work we did to build the local capacity to create small media.]

MPact Global Action for Gay Men's Health and Rights. (2018, June 6-8). Advocacy and Other Community Tactics. [This video documents our 3-day workshop to lay out strategic directions for Project ACT.]

Student Engagement: Students have and continue to contribute to the partnership, learning about translation-back translation procedures, interviewing, transcription and data preparation, qualitative coding and data analyses, literature search strategies, use of NVivo software, and manuscript development through their contributions. They have gained substantive understanding of the global HIV epidemic, human rights frameworks, criminalization and its societal impact, theories of community empowerment and structural stigma, LGBT human rights considerations, among other topics.

MSU undergraduates involved in Project ACT: Sarah Alabdali, Maeve Denshaw, David Figueroamartin, Gabrielle M. Grace, Brynn Meulenberg, Alexandra Pawalaczyk, Zoe Pride, Sarah Raider, Zach Seebe, Rachel Weber, Jack Weyhrich, Zoe Xu.

MSU graduate students involved in Project ACT: Tatiana Bustos, Rosaura Dominguez, Jaleah Rutledge, Camren Wilson.

Project ACT Team by Country: Listing every person who collaborated on Project ACT in partner countries is not possible because of the sheer number of people involved in roles such as monitoring and reporting stigma and discrimination and because of the partnership's promise to protect the names of individuals involved in consideration of their security. Only those who served as official project leaders at the country level and who provided written consent to MPact for their legal names to appear in documents publicly distributed only within the United States are identified here. Executive leaders of the CSOs are listed first, followed by the other members of the country team in alphabetical order.

Burundi – Star Rugori, Irwin Iradukunda, Christian Nduwayo; Cameroon – Serge Douomong Yotta, Joseph Messinga Nkonga, Jacques Ombilitek; Cote d'Ivoire – Phillipe Njabouei, Boti Elise Ba-Bi; Dominican Republic – Leonardo Sanchez, Daniel Enrique Benitez Polanco, Tania Vanessa Valdez Vicorino; Ghana – Mac-Darling Cobbinah, Jemima Ami Awuye, Joseph Kingham Ochill; Jamaica – Jaevion Nelson, Suelle Anglin, Renae Greene, Glenroy Murray; United States – George Ayala, Omar Baños, Stephen Leonelli, Robin Lin Miller, Nadia Rafif, Mohan Sundararaj, Johnny Tohme, Greg Tartaglione; Zimbabwe – Musa Sibindi, Nqobile Ndhlovu, Mojalifa Mokoale Ndlovu.