

2015/16 Island Health STOP HIV/AIDS Community Grants Guide

1. Island Health STOP HIV/AIDS Program

1.1. Background and Objectives of STOP HIV/AIDS

Under the Seek and Treat to Optimally Prevent (STOP) HIV/AIDS Program, health authorities receive three-year targeted funding from the Ministry of Health to implement new and expand existing HIV programs and services. These programs and services fall under one of three priority areas:

1. Prevention and harm reduction
2. HIV testing
3. Engaging and retaining people in treatment and care

Specific goals for the STOP HIV/AIDS Program have been set in “From Hope to Health”, a strategic guidance document developed by the Ministry of Health. These goals are to:

1. Reduce the number of new HIV infections in BC
2. Improve the quality, effectiveness and reach of HIV prevention services
3. Diagnose those living with HIV as early as possible in the course of their infection
4. Improve quality and reach of HIV support services for those living with and vulnerable to HIV
5. Reduce the burden of advanced HIV infection on the health system

2. Island Health STOP HIV/AIDS Community Grants Program

2.1. Background and Objectives of Community Grants Program

The Island Health STOP HIV/AIDS Community Grants Program aims to build links with communities and organizations that are interested in working together to improve the health of the populations they serve and strengthen the capacity to address HIV prevention, testing and treatment. Special focus will be given to specific priority populations who experience a higher burden of disease or who may face additional barriers to accessing or engaging with HIV services. These include:

- Aboriginal people (First Nations, Inuit and Metis)
- LGBTQ individuals
- Women
- Youth

Community agencies or groups are invited to submit proposals for activities which fall under one or more of the STOP HIV/AIDS priority areas. The Island Health STOP HIV/AIDS Program will be awarding grants of up to \$10,000 each to community agencies or groups offering HIV services who are interested in working with Island Health and other community partners (as appropriate) to achieve the STOP HIV/AIDS goals.

2.2 Priority Populations

Island Health is excited to partner with community agencies or groups offering services to address the needs of the priority populations outlined below and other factors which may increase the risk of HIV infection, or of not receiving comprehensive HIV treatment and support when it is needed. Through this work, Island Health recognizes the tremendous strengths and assets of community partners and groups and hopes to build on these strong foundations.

2.2.1. *Aboriginal people*

Aboriginal people in Canada continue to be over-represented in the HIV/AIDS epidemic. Aboriginal people make up just over three percent of the total Canadian population; however, Aboriginal people represent almost 8% of the total number of people living with HIV/AIDS. There are several factors that may explain this trend including inadequate access to testing, diagnosis, care and treatment; stigma surrounding HIV/AIDS and associated risk behaviours; as well as the effects of the social determinants of health.

2.2.2. *LGBTQ individuals*

The health of LGBTQ individuals is affected by a range of societal, structural, community and behavioural factors resulting in unique health needs that may not be met by existing health care services. These unmet needs, along with barriers to accessing healthcare services, can leave one vulnerable to HIV transmission or prevent individuals from receiving comprehensive treatment and support for their HIV infection. Men who have sex with men (MSM) in British Columbia continue to experience a disproportionate burden of the HIV epidemic. This trend is also seen in Island Health as MSM account for 44% of new infections within the last five years.

2.2.3. *Women*

Many women experience inequalities related to determinants of health that have been shown to increase the risk of HIV infection and limit the ability for women to access prevention services, testing and treatment and care. HIV positive women are also more likely to be challenged by issues of adherence and treatment interruption and experience more adverse drug reactions. In Island Health, 36% of women who are living with HIV are not virally suppressed. This could be attributed to treatment barriers; such as, income, education, competing family responsibilities and stigma related to gender and HIV. Co-existing health conditions; such as, mental health and substance use issues may also disadvantage women in engaging in care and treatment.

2.2.4. *Youth*

Youth struggle with access to, and retention in, HIV-care due to multiple barriers they face. In British Columbia, youth represent 5% of the total HIV population, yet only 3.3% of those are virally suppressed. 30% of youth are lost to follow-up before receiving care; of all the age groups this is the highest. Youth also encounter barriers to HIV testing as the rate among this younger population is increasing at a much slower rate compared to the rest of the BC population.

3. How to Apply

The Island Health STOP HIV/AIDS Program will be accepting proposals from community agencies or groups offering for activities that align with the STOP HIV/AIDS goals and fit the criteria described below.

3.1. Criteria

- Activities should address health issues relevant to one or more of the priority populations, including a focus on HIV prevention along with testing and treatment services, where appropriate.
- Activities should focus on building community capacity to address HIV issues.
- Activities may take a variety of formats, depending on the needs of the particular priority population or community. Examples of possible activities include:
 - Workshops on health issues, including sexual health, HIV prevention, women's health, men's health, youth's health, health services orientation, healthy relationship skills;
 - Community events that include a component on HIV awareness and/or prevention and/or testing;
 - Development of culturally appropriate health resources for one or more of the priority populations which address HIV awareness and/or prevention and/or testing and/or treatment (e.g., creation of a print or online resource).
- Funding may be used to expand or enhance existing activities, provided these activities continue to align with the STOP HIV/AIDS goals.
- Applicants are encouraged to submit innovative and creative activities in proposals.
- Collaboration with other local community partners is encouraged, particularly when specific content expertise is needed. The Island Health STOP HIV/AIDS Program can assist communities or groups with identifying potential community partners.
- Proposals must clearly show how community agencies or group members were involved in the planning, implementation and evaluation of the activities.

3.2. Funding Amount

Grants of up to \$10,000 each will be awarded.

3.3. Proposal Format

Proposals should include the following information:

- Description of the goals and objectives of the activities
- Target audience and recruitment strategy
- Description of the resources required, including a basic budget
- Detailed description of the activities and outputs, including evidence base for the effectiveness of proposed activities if it is available
- Description of the project evaluation approach
- Timeline for implementing the activities, including a projected completion date

Proposals must be no longer than 3 pages. **Please use the template, attached, to develop your proposal.**

4. Application Deadline

Proposals are due to the Island Health STOP HIV/AIDS Program by **2:00 pm PST on November 27, 2015**.

Please email proposals to Angela Reid, Communicable Disease Surveillance Officer angela.reid@viha.ca

Community agencies or groups will be notified whether or not their proposal is approved by December 4, 2015. Community agencies or groups must complete their activities between January 1 and September 30, 2016.

5. Reporting and Evaluation

Informal reports may be requested by the STOP HIV/AIDS Program. A formal report, including a brief evaluation of the activities, should be submitted to the Communicable Disease Surveillance Officer no later than two months following completion of the activities.