

2023-2024 Island Health STOP HIV/AIDS Community Grants Application Guide

1. Island Health STOP HIV/AIDS Program

1.1. Background and Objectives of STOP HIV/AIDS

Under the Seek and Treat for Optimal Prevention (STOP) of HIV/AIDS Program, health authorities receive 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 started in 2013 and 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 and sexual health more broadly. 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:

- Indigenous peoples (First Nations, Inuit and Metis)
- Two-Spirit, gay, bisexual, transgender, and queer people (2SGBTQ)
- Youth
- Women

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 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 service 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. Two-Spirit, Gay, bisexual, transgender, and queer people

The health of Two-Spirit, gay, bisexual, transgender, and queer people (2SGBTQ) 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. 2SGBTQ people (referred to as men who have sex with men in the referenced reports) in British Columbia continue to experience a disproportionate burden of the HIV epidemic, with 42% of all new diagnoses in 2020 being among this group.¹ This is similar for Vancouver Island as 2SGBTQ people accounted for 65% of new HIV diagnoses for that same year.²

2.2.2. Indigenous peoples

Indigenous peoples in Canada continue to be over-represented in the HIV epidemic. Individuals who identify as Indigenous represent approximately 5.0% of the total Canadian population according to the 2021 Census;³ however, they represent an estimated 10.3% of the total number of people living with HIV (PLHIV) in Canada.⁴ There are several factors that may explain this trend including inadequate access to HIV prevention, testing, care and treatment services; stigma surrounding HIV and associated risk behaviours; and disparities related to social determinants of health.

¹BC Centre for Excellence in HIV/AIDS. *HIV Monitoring Semi-Annual Report for British Columbia: Second Quarter 2021*. 2020. <https://stophiv aids.ca/qmr/2020-Q4/#/bc>

² BC Centre for Excellence in HIV/AIDS. *HIV Monitoring Semi-Annual Report for Vancouver Island Health: Second Quarter 2021*. 2020. <https://stophiv aids.ca/qmr/2021-Q2/#/viha>

³ Statistics Canada. *Indigenous population continues to grow and is much younger than the non-Indigenous population, although the pace of growth has slowed*. 2022. <https://www150.statcan.gc.ca/n1/daily-quotidien/220921/dq220921a-eng.htm?indid=32990-1&indgeo=0>

⁴ Public Health Agency of Canada. *Estimates of HIV incidence, prevalence and Canada's progress on meeting the 90-90-90 HIV targets, 2020*. July 2022. <https://www.canada.ca/content/dam/phac-aspc/documents/services/publications/diseases-conditions/estimates-hiv-incidence-prevalence-canada-meeting-90-90-90-targets-2020/estimates-hiv-incidence-prevalence-canada-meeting-90-90-90-targets-2020.pdf>

2.2.3. Youth

Youth face multiple barriers in terms of access to, and retention in, HIV care. In British Columbia, individuals aged 29 years old or younger represent 4.6% of the total number of people living with HIV; among them, only 35% are considered virally suppressed.⁵ As well, 31% of youth are lost to follow-up before being linked to care; of all the age groups, this is the highest drop-off experienced.⁶

2.2.4. Women

Many women experience inequalities related to determinants of health that have been shown to increase the risk of HIV transmission 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. We estimate that 57% of women living with HIV on Vancouver Island are not virally suppressed.⁷ 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 may also disadvantage women in engaging in care and treatment.

3. How to Apply

The Island Health STOP HIV/AIDS Program will be accepting proposals from community agencies or groups offering 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 one or several of the following: HIV prevention, testing and treatment services.
- Activities should focus on building community capacity to address HIV issues.
- Activities must be delivered within an Island Health community and accessible to the residents of Vancouver Island.
- 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
 - Public awareness campaigns
 - Community events that include a component on HIV awareness
 - Development of culturally appropriate health resources (e.g. creation of a print or online resource)
- Activities that address the following topics are encouraged:
 - Stigma and discrimination
 - Sexualized drug use

⁵ See note 1 above

⁶ Ibid

⁷ See note 2 above

- HIV pre-exposure prophylaxis (PrEP)
- Mental health
- HIV-related services that reflect the lived experiences, cultural contexts and unique health needs of ethnocultural communities, including recent immigrants
- In addition to developing new activities, funding may also 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 members or group members will be 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 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 5 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 **4:00 pm PST on January 19th, 2023.**

Please email proposals and questions to Amy Prangnell, Analyst, STOP HIV/AIDS:

amy.prangnell@islandhealth.ca.

Community agencies or groups will be notified whether or not their proposal is approved within 4 weeks of proposal submission. Community agencies or groups must complete their activities between March 1, 2023 and March 31, 2024.

5. Reporting and Evaluation

A formal report, including a brief evaluation of the activities, should be submitted to the STOP HIV Analyst no later than two months following completion of the activities. A template will be provided. Informal reports may also be requested by the STOP HIV/AIDS Program.