



Community. Diversity. Philanthropy.

Funding Priorities

The 2010 Challenge Grants Program will emphasize the following priorities:

- ***Highly impacted populations*** prioritized by NAF, specifically, gay and bisexual men/boys and other men who have sex with men, injection drug users, communities of color, women and girls, and individuals and families affected by incarceration.
- ***Highly impacted geographic areas*** including HIV/AIDS epicenters, the Southern U.S. and Puerto Rico.

Programmatically, NAF will be emphasizing programs that fall into one or more of the following categories: ***Evidence-based prevention***, ***community innovation***, and ***structural interventions***.

- ***Evidence-based HIV prevention interventions (EBIs)*** are either based on scientifically proven models, or are intentionally designed based on behavioral or social research and include at least basic process and outcomes evaluation to help improve the intervention and determine effectiveness. While evidence-based interventions in the CDC's Diffusion of Evidence-Based Interventions (DEBI) project are eligible, NAF's definition of EBIs also includes those which may NOT be included in the CDC's DEBI project, but for which agencies can articulate clear theory, a basic foundation of research (either through formative research, literature analysis, etc.), and thoughtful process and program evaluation which informs ongoing intervention refinement.

A Few Examples of Evidence-based Prevention:

- A drop-in center in a zip code with HIV/AIDS prevalence that is among the highest in their state is implementing Mpowerment, an evidence-based, community-level intervention for young men who have sex with men.
- Agency X uses a peer-facilitated discussion group model to educate young African-American women about HIV/AIDS and reproductive health, build communication skills, encourage HIV/STD testing, and develop prevention strategies. The agency developed a 5-session curriculum with 6-month booster by conducting formative research among the target population and then borrowing and adapting components from a number of related program models based on what the community suggested would interest them. After piloting and refining the curriculum, the agency is collecting process and outcomes data to measure and monitor program effectiveness.
- Let's Talk is an HIV/AIDS prevention program that utilizes the CDC evidence-based model, Popular Opinion Leader (POL) as its basis. The goal of POL is to identify, train, and enlist the help of key opinion leaders to change risky sexual norms and behaviors in the gay community. Facilitator- and peer-led support groups provide a space for developing positive peer support, discussing and reducing risk behaviors, and leadership skills development. Let's Talk is for high-risk young, gay and bisexual adults, 18 to 25. Meetings are three to four times per month in groups averaging eight people.

- ***Community innovations*** are creative efforts that have theoretical basis for effectiveness, yet they incorporate new or evolved strategies to address HIV/AIDS in an ever-changing context. These programs offer the promise of creating new models for the future of our work.

A Few Examples of Community Innovation:

- Pasa la Voz de Mujer a Mujer (Pass the Word from Woman to Woman) adapts an existing, evaluated Promotora model called Mujeres Saludables (Healthy Women) to a population of women at risk for HIV infection. Pasa la Voz reinterprets the role of Promotoras (community health workers) from a traditional outreach worker to a facilitator or train-the-trainer role, helping women at risk to in turn engage members of their social networks in leading HIV prevention activities. In this way, Promotoras may have a much broader reach to support many more women than the traditional model.
- Org X has been effective at storefront, mobile and street-based syringe exchange. Still, they have found it difficult to regularly engage younger injection drug users. To respond to this, they developed the nation's first syringe access program that incorporates automatic dispensing machines, which they are evaluating for effectiveness. The machines require tokens, are coupled with outreach, and dispense only a few prevention kits at a time.
- Agency X is continuing to implement and study "Healing Our Women" (HOW), an in-depth HIV prevention intervention for African American and Latina women, ages 25-50, at high risk of HIV/AIDS. HOW specifically addresses the affects of child sexual abuse or sexual trauma for women of color and helps them cope with the emotional triggers that lead to risk-taking behaviors. Participants are selected from the agency's clients and those of other community agencies whose risk factors typically include unprotected sexual activity, heterosexual sex with injection drug users who are HIV-positive or a history of trading sex for money, drugs, food, or shelter. The agency's activities will include the implementation of two additional HOW cycles, the evaluation and analysis of one of those cycles, curriculum adaptation, a new train-the-trainer component, training for local HIV/AIDS service organizations, and the dissemination of the findings locally and nationally.

- **Structural interventions** are meant to prevent HIV/AIDS and/or improve health and quality of life by changing community norms or community structures (social networks, service delivery systems, public policy, etc.) rather than changing individual behavior one person at a time. Some examples of structural interventions include campaigns to reduce stigma or homophobia, syringe exchange, state-level policy advocacy or the integration of HIV prevention into faith-based institutions.

A Few Examples of Structural Interventions:

- Agency X has identified six specific sexual networks that are at high risk for the spread of HIV and are implementing an array of strategies for each specific network, tailored from a "tactical toolbox," that includes individual interventions, public education, internet-based outreach, and community building and mobilization.
- A Community Partnership is supporting a joint planning process of the five major AIDS service organizations across its state to pursue collectively organizational restructuring that is expected to lead to merger(s), a management service organization or at a minimum, more formalized collaboration. The goals of the planning and negotiations are to sustain HIV/AIDS care services and prevention programs, standardize services and benchmarks for HIV/AIDS services; improve quantity and quality of services in the underserved areas; increase administrative capacity and effectiveness to support delivery of services and programs; improve consistency of messaging for HIV/AIDS awareness; increase political power (leverage) on key statewide HIV/AIDS issues; and increase and maximize financial resources.
- Agency X is leading an advocacy campaign to repeal an antiquated state law requiring the notification of school principals when a teen test positive for HIV.
- A grantee succeeded in advocating for a new state law that requires the state's Department of Health to monitor HIV and hepatitis C care in prisons and jails. This year, the agency is working to inform and guide the law's implementation while continuing to monitor healthcare in prisons and advocate for additional reforms.