

From Preaching to Practice: Dissemination and transfer of research-based knowledge about non self-identifying men who have sex with men (NIMSM) and their partners into sound organizational policy and practice in the Okanagan.

Statement of Objectives

The project proposes to reduce the incidence of HIV among non self-identifying MSM (NIMSM) and their partners (both male and female) by summarizing, analyzing and synthesizing current knowledge, and providing for its uptake and transference to the target audience (MSM, their male and female sexual partners, health care professionals, social service agencies and service providers, formal and informal care and support providers, and health and social policy makers). Project goals include identifying and eliminating knowledge gaps related to MSM issues, and enhancing the relevance and efficacy of existing policies and programs. Additional goals include establishing a collegial network to support future MSM initiatives, formulating a project report and designing a dissemination strategy (e.g. community forum) to transfer the project findings to the public at large.

In its 2002 Annual HIV/AIDS Update, the BC Centre for Disease Control revealed that the percentage of positive results from HIV tests administered to MSM has more than doubled over the past four years. In 2000 alone, BC reported a 35% increase in new positive tests for HIV in MSM, reversing the downward trend that had existed since the late 1980s and echoing similar developments in Ontario (Calzavara, Burchell, Major, et al. 2000). The number of positive results among MSM increased from 95 in 1999 to 149 in 2002, even though the number of tests administered to MSM over the same period declined by more than half; this suggests that the true incidence of new infection might be higher still.

Numerous studies have concluded that the sexual behaviour of non self-identifying MSM (NIMSM) differs significantly from that of MSM who have a strong gay identity, with the former being more likely to engage in high-risk activities (Aggleton, Davies & Hart, 1992, Centre for AIDS Prevention, 1995, Graydon, 1998). Fear of the stigma of homosexuality is a key behavioural determinant for NIMSM, particularly those in rural areas (Preston, D'Augelli, Cain & Schulze, 2002); as a result, NIMSM practice a level of anonymous behaviour that masks them from the larger community, and puts them beyond the reach of most existing prevention programs. Effective prevention strategies for NIMSM must take these behavioural differences into account.

Regional health data suggests that prevention strategies must also include provisions for reaching heterosexual partners of NIMSM. In 2001, the Thompson Okanagan health region had the highest overall rate of persons testing newly positive for HIV outside of Vancouver Island and the Lower Mainland, with a marked increase in the incidence of females contracting HIV through heterosexual contact. Professional practice information provided by area health care workers points to the existence of a large NIMSM population, many of whom regularly engage in heterosexual contact, and suggests an epidemiological link between HIV positive NIMSM and HIV positive heterosexual females.

This project seeks to address the above-described scenario through the involvement of service providers and health care professionals who have forged links to members of the NIMSM population, and have demonstrated an ability to safeguard client anonymity. This

project will draw together key stakeholders, who are the source of much of what is known about NIMSM in the Okanagan. This knowledge, however, has been gathered piecemeal, and is currently fragmented among a number of organizations, groups and individuals. A key goal of this project will be to bring these disparate groups (and their knowledge) together to a) create a research-based picture of the Okanagan NIMSM population in the context of HIV prevention; b) make recommendations for improved policy, programming and practice; and, c) to establish the foundation for lasting cooperation in future NIMSM related activities.

Three, day-long research workshops will be delivered over a four-month period, involving people living with HIV, MSM, their partners of both sexes, frontline workers, health care professionals and university-based researchers. Workshop one will summarize current knowledge from numerous sources, including: scholarly research; data from previously funded CBR projects, including “Out of the bushes... and into the beds” (Health Canada Project # 6964-15-2001/4130019); information gained through professional practice; and lived experience (as related by MSM). Workshop two will analyze issues facing MSM and their partners, and identify gaps in existing policies and programs. Workshop three will synthesize the results of the previous workshops and make recommendations for improving existing policies and programs. Each workshop will evaluate the process to date, and identify necessary next steps.

The Project Coordinator will, over the following two months, compile the proceedings of the three workshops and circulate them for evaluation by participants. A final report will be published and circulated. A public forum will be held within two months, involving community members, health care professionals, service providers, civic and spiritual leaders, and policy makers; the main goals of the forum will be to expand the larger community’s understanding of MSM-related issues, and increase public acceptance of MSM.

Literature Review

While general research on homosexuality has been conducted for decades, in recent years researchers have become more interested in examining the culture of MSM, and in understanding how that culture relates to, and is affected by its relationship with, society writ large. Many of the resulting publications are relevant to this project, particularly those addressing predictors and/or determinants of sexual behaviour by MSM, the effect of the stigma of HIV/AIDS on prevention and education programs, and the rural epidemiology of HIV/AIDS. Noteworthy articles include:

- Alonzo, A. A., & Reynolds, N. R. (1995). Stigma, HIV and AIDS: An exploration and elaboration of a stigma trajectory. *Social Science and Medicine*, 41, 303–315.
- Anderson, D. A., & Lane-Shaw, S. (1994). Starting a support group for families and partners of people with HIV/AIDS in a rural setting. *Social Work*, 39(1), 135–138.
- Berry, D. E. (1993). The emerging epidemiology of rural AIDS. *Journal of Rural Health*, 9, 293–304.
- Berry, D. E., McKinney, M., & McClain, M. (1996). Rural HIV service networks: Patterns of care and policy issues. *AIDS & Public Policy Journal*, 11(1), 36–46.
- Cohn, S. E. (1997). AIDS in rural America. *The Journal of Rural Health*, 13, 237–239.
- D’Augelli, A. R., & Hart, M. M. (1987). Gay women, men, and families in rural settings: Toward the development of helping communities. *American Jnl of Community Psychology*, 15, 79–93.
- Devine, P. G., Plant, E. A., & Harrison, K. (1999). The problem of “us” versus “them” and AIDS stigma. *American Behavioral Scientist*, 42, 1212–1228.

- Foster, S. J. (1997). Rural lesbians and gays: Public perceptions, worker perceptions, and service delivery. In J. D. Smith & R. J. Mancoske (Eds.), *Rural gays and lesbians: Building on the strengths of communities* (pp. 23–35). New York: Haworth Press.
- Grossman, A.H. (1991). Gay men and HIV/AIDS: Understanding the double stigma. *Journal of the Association of Nurses and AIDS Care*, 2, 28–32.
- Heckman, T. G., Somlai, A. M., et al. (1998). Psychosocial differences between urban and rural people living with HIV/AIDS. *Journal of Rural Health*, 14, 138–145.
- Herek, G. M., & Capitanio, J. P. (1999). AIDS stigma and sexual prejudice. *American Behavioral Scientist*, 42, 1130–1147.
- Hospers, H. J., & Kok, G. (1995). Determinants of safe and risk-taking sexual behavior among gay men: A review. *AIDS Education and Prevention*, 7, 74–94.
- Martin, J. L., & Dean, L. (1993). Developing a community sample of gay men for an epidemiological study of AIDS. In C. M. Renzetti & R. M. Lee (Eds.), *Researching sensitive topics* (pp. 82–100). Newbury Park, CA: Sage.
- Moore, S. M., Rosenthal, D. A., & Boldero, J. (1993). Predicting AIDS-preventive behavior among adolescents. In D. J. Terry, C. Gallois, & M. McCamish (Eds.), *The theory of reasoned action* (pp. 65–80). New York: Pergamon Press.
- Preston, D.B., D'Augelli, A.R., Cain, R.E. & Schulze, F.W Issues in the Development of HIV Preventative Interventions for Men Who Have Sex With Men (MSM) in Rural Areas *The Journal of Primary Prevention*, Vol. 23, No. 2, Winter 2002 (C° 2002)
- Schwanberg, S. L. (1996). Health care professionals' attitudes toward lesbian women and gay men. *Journal of Homosexuality*, 31, 71–83.

With a few exceptions, however, a review of the research reveals three commonalities. First, the research is academic, rather than community based research. Second, it focuses on the United States of America, and does not address Canada's unique social, political and cultural fabric, or the effects of same on policy and practice. Third, it generally makes little or no distinction between those men who have sex with men and who self-identify as gay or bi-sexual; despite obvious differences in the behavioural characteristics of the two groups, most researchers lump them all under the general heading of MSM. This project, however, focuses specifically on those MSM who do not identify as gay or bisexual – therefore, to avoid confusion, this project refers to non self-identified men who have sex with men by the acronym NIMSM, rather than the more common acronym of MSM.

Nonetheless, the existing body of research literature can be used to help set the context for the workshops, and discussions of lessons learned from professional practice with NIMSM and their partners in the Okanagan region. The participant representatives from health authorities, physicians, and NIMSM (some living with HIV) will identify how global research findings relate to local situations and, in particular, how they might or might not help identify gaps in area policy, programming and practice. For example, it is expected that frontline workers and their clients will have an intuitive understanding of some of the main local challenges to providing prevention education and support to NIMSM (e.g. geographical isolation, conservative community attitudes, fear of discrimination and/or social isolation, etc). However, this understanding has not been translated into evidence-based policy and programming, and has thus far failed to raise awareness of these issues among key social groups that are perceived as legitimate and authoritative (e.g. religious leaders, health care professionals, civic leaders, policy makers, etc.).

Community relevance

Over the past several years, research conducted and services provided by the AIDS Resource Centre (ARC) has identified, within the Okanagan, a “hidden population” of men who have sex with men (MSM) but do not identify as gay or bisexual. These MSM represent themselves as heterosexuals, and are often involved in supposedly monogamous heterosexual relationships with partners who are unaware of the men’s clandestine sexual activities. Evidence from the professional practice of AIDS Service Organizations (ASO) and Community Based Organizations (CBO) frontline workers and health care workers indicates that one tragic consequence of this self-imposed invisibility is an increase in seroconversion among heterosexual women in the area. Unfortunately, the same veil of secrecy that endangers both MSM and their partners of both sexes is a formidable barrier to existing outreach, education and prevention programs.

This is a proposal that demonstrates its relevance to the target community by acknowledging the rationale behind the entrenched codes of silence and the social dynamic of self-imposed invisibility of NIMSM, without seeking to overturn them out of hand – the choices of MSM who are “closeted” must be assessed independently from well-intentioned assumptions of what *ought* to be done, and the choices made by NIMSM cannot be characterized *a priori* as noxious. Within a harm reduction framework, the choices of rural NIMSM must be accepted as valid; paradoxically, however, NIMSM also need to be made aware of the consequences of their actions, and encouraged to respect the needs and rights of their female and male partners. Professional policy and practice must be modified to support rural NIMSM from “the outside” in making the best choices. The relevance to the community lies in the long-term impact that the uptake of research-based evidence and professional practice in the region will have on the agents of social change (health care providers, spiritual and civic leaders, ASO and CBO frontline workers) involved in the lives of rural NIMSM.

ARC has demonstrated leadership in the area of harm reduction for hidden populations. For more than a decade, it has provided education, prevention and support programs to persons living with, or at risk of contracting, HIV/AIDS throughout the Okanagan. In May 2003, it brought the controversial movie “Fix – Portrait of an Addicted City” to Kelowna for a scheduled 5-day run; each showing ended with a forum, at which audience members asked questions of local experts on addictions, HIV/AIDS and homelessness. The event was a tremendous success, and the film was held over for 3 days.

Building on the public awareness generated by the “Fix” screenings, ARC successfully lobbied the City of Kelowna to hold a Mayor’s Forum on Harm Reduction. The November 26th forum, which was coordinated by ARC, brought together more than 250 participants (including politicians, business and spiritual leaders, policy makers, senior law enforcement personnel, health care professionals, CBOs, frontline workers, MSM and their partners, media, and members of the general public), and led to the establishment of a broad-based Harm Reduction Task Force, scheduled to meet for the first time on January 7th 2004. These and similar activities have increased public awareness of the work ARC does and the community it represents, and have shown ARC’s target population that it can be trusted to advocate on their behalf, while at the same time safeguarding their confidentiality; as such, ARC is uniquely suited to lead a research project into NIMSM in the Okanagan.

Ongoing consultations with health care providers, frontline workers and other key stakeholders have helped ARC identify a need to draw together existing knowledge about NIMSM, expand it, and translate it into sound organizational policy and practice. Accordingly, ARC proposes to re-convene the diverse advisory group from the CBR project “Out of the bushes... and into the beds”, and augment by inviting the participation of other stakeholders. A series of working meetings will be set up to allow participants to synthesize knowledge from various sources, and to make recommendations for policy and practice that are reasonable “next steps” for the region. The indications of support included with this proposal show both the level of commitment of these stakeholders, and the level of clinical, scientific, and organizational experience and expertise they will bring to the working meetings. This technical expertise, when synthesized with the “lived experience” brought to the meetings by former non-identifying MSM (some who are now living with HIV), will ensure the creation of sound organizational policy, programming and practice in this area that will respond to the “paradoxical” needs of a target population that fears being targeted.

In addition, the involvement of the B.C. Research Technical Assistant in the transference of research knowledge component of this project will build capacity amongst key stakeholders to understand and implement research results in their day-to-day professional practice.

CHSA Goals

The “From Preaching to Practice” project adheres to the CSHA goals. In particular, this project will:

- Ensure care and support for Canadians at risk of contracting HIV and living with HIV/AIDS, their families, friends and care givers by creating responsive and evidence-based organizational awareness, policy, programming and practice;
- Minimize the adverse impact of HIV/AIDS on individuals and communities;
- Prevent the spread of HIV infection in rural settings by creating an evidence-based awareness amongst health and social service providers of the complex sexual and lifestyle choices (e.g. living in heterosexual family setting) of individuals who do not/will not identify with existing “liberatory” understandings of sexual practice (gay, bisexual, queer, etc.); and,
- Minimize the impact of stigma and (organizational/professional) discrimination that increase the individual and collective risk for HIV amongst rural non-identifying men who have sex with men and their female and male partners.

Design and methodology

Three, day-long Community Based Research Workshops will be delivered over a four month period, involving people living with HIV, MSM, their partners, frontline workers, health care professionals and university-based researchers.

The workshops, while differing in focus, will have a common structure. Well in advance of each, the Project Co-ordinator will circulate background information and pertinent research and/or documents to all participants, in order to facilitate thoughtful and informed discussions. Each workshop will begin with a plenary session that will include a review of workshop goals, an open discussion of the issues at hand and, where applicable, a review of developments or actions taken since the last workshop. Where

feasible and desirable, participants will be divided into experience-blended working groups to focus on specific issues, the individual reports of which will be discussed in plenary session. Team-building exercises and networking opportunities will be provided throughout. Each workshop will conclude by assessing the process, reviewing the progress made, identifying necessary next steps and, where appropriate, assigning related follow-up tasks to specific workshop participants.

The general outlines of each of the workshops are as follows:

Workshop One will summarize current knowledge from numerous sources, including: scholarly research; data from previously-funded CBR projects; information gained through professional practice by Health care providers and ASO and CBO frontline workers; and lived experience by formerly non self-identifying MSM (including some who are now living with HIV). Key workshop goals include identifying existing knowledge gaps, and uptake of knowledge by other participants.

Workshop Two will analyze issues facing NIMSM and their partners, and identify policy and program gaps. Particular attention will be paid to health care, education and services; positive policies and programs will also be identified and analysed, so as to better understand the reason for their successfulness.

Workshop Three will synthesize the results of the previous workshops and make recommendations for improving existing policies and programs. The process is intended to be prescriptive rather than pejorative; in order that the workshop be as constructive a venture as possible, a review of positive policies and programs identified and analysed in Workshop Two will be carried out.

The Project Coordinator will, over the following two months, compile the proceedings of the three workshops and circulate them for evaluation by participants. A final report will be published and circulated. A public forum will be held involving community members, health care professionals, service providers, civic and spiritual leaders, and policy makers; the main goals of the forum will be to expand the larger community's understanding of MSM-related issues, and increase public acceptance of MSM.

Research personnel, research approach, roles and participation

As is common in community-based research, participants will be drawn from all sectors of the community. As such, there is no specific technical, community or research background that can be required of all those working on the study. That being said, however, close attention will be paid to the skills, qualifications and experience of individual participants, to ensure that they are relevant to the research focus. The roles and duties of individual participants will evolve based on their knowledge and experience.

In terms of support personnel, the Project Coordinator, Workshop Facilitator and Report Writer will each be selected based on experience, and their demonstrated ability to perform the tasks required of them.

The project is designed as a unique model of inter-sectoral collaboration amongst key community stakeholders, one that brings together professional expertise and the lived experience of people living with and/or at risk of contracting HIV and other STIs. Participants will be involved equally in all stages of this process, including:

- (a) summarizing and updating of knowledge on existing research on rural NIMSM,
- (b) synthesizing research knowledge for integration into feasible policy, programming & professional practice (capacity building—supported by BC RTA),
- (c) making recommendations for policy, programming (e.g. CBO/ASO educational programs), and practice (e.g. organizational and attitude change among health care workers to facilitate a non-judgmental, harm-reduction approach to service delivery).

Individuals who have formerly lived as non-identifying MSM (including some living with HIV) will be part of the working group. They will directly participate in the analysis and interpretation of research evidence, development of recommendations, and evaluation of this process. In accordance with principles of methodological soundness and ethical practice, their confidentiality, and that of all subjects, will be safeguarded. To that end, all participants will be required to sign a confidentiality agreement (see Appendix B) before the workshops begin. ARC will keep the signed documents in secure storage.

This collaborative approach to the dissemination, synthesis and transference of knowledge into action will promote equity between community members and researchers from both academic and non-academic settings. While individual roles and responsibilities may differ somewhat, all partners will have an equal voice in the proceedings.

The process will be documented and evaluated by the Project Coordinator, and the resulting report made available to other researchers and agencies. It is hoped that it will serve as a model for similar projects in rural areas across Canada.

Dissemination of Results

The actual workshops will, in and of themselves, disseminate knowledge to and raise awareness of the issues addressed among participants. In addition, the Project Coordinator will compile and circulate a final report on the three workshops to all participants.

In order to return the knowledge gained to the larger community, a public forum will be held following the completion of the project report. The forum will bring together community members, health care professionals, service providers, civic, business and spiritual leaders, policy makers and administrators in an open setting to discuss and pose questions about the project and the project report. The main goals of the forum will be to expand the larger community's understanding of NIMSM-related issues, increase public acceptance of MSM and identify areas for future research and/or activity.

A detailed budget for the dissemination stage is included in the main application.

Key Indicators of Success

Key indicators of success for the project include the following:

- increased public awareness and acceptance of NIMSM;
- increased awareness of the issues facing NIMSM in the Okanagan;
- establishment of a collegial network (formal or informal) for further research into NIMSM issues (e.g. continued contact between workshop participants after project completion);

- Increased awareness among NIMSM of the risks to them and their male and female partners;
- improved access to education and prevention programs for NIMSM and their male and female partners;
- a well-attended Community Forum;
- increased positive media attention to policy and programs for NIMSM;
- expressions of interest in, and support for, further NIMSM research; and,
- formal, collaborative review of policy and program recommendations by relevant authorities.

Evaluation:

The project will be internally evaluated on an ongoing basis during the life of the project. Participants at each workshop and at the community forum will be given an evaluation survey to be completed anonymously and handed in at the end of the session. The survey will ask participants to indicate, using a 5-point scale, whether the session:

- did what it was intended to do;
- met their personal expectations;
- contributed to their knowledge base;
- was effective in meeting its objectives;
- was properly organized and conducted; and,
- contributed to the community as a whole.

Workshop participants will also be asked, in addition to the above, to identify:

- which aspects of the project are most (or least) effective;
- which objectives are being met and how;
- how the project could be improved; and,
- how other communities might benefit from this project.

Community forum participants will be asked, in addition to the above, whether the forum:

- was credible;
- presented project findings in a balanced and accessible fashion; and,
- provided sufficient opportunity for, and was accepting of, community feedback.

At the end of the project, the Project Coordinator, in consultation with the Workshop Facilitator and the research partners, will conduct an evaluation of the entire process, its efficacy, and its feasibility and appropriateness as a research model for other areas. The evaluation will be conducted through telephone interviews and email questionnaires, and will include an analysis of the workshop evaluation forms mentioned above.

The evaluation of research findings in the context of the day-to-day organizational practice of health care professionals, frontline workers and service providers will be carried out within the workshop setting.

PI Surname Roberts	DEPARTMENTAL USE ONLY 66
-----------------------	------------------------------------

Project Title From Preaching to Practice	Page 2 of 9
---	-------------

14. Co-Investigators (List all unpaid personnel with a major role – include affiliation, role on project and percentage of time):

Check if page attached

15. Documentation

Enclosed	To Follow	Estimated Date	
<input type="checkbox"/>	<input type="checkbox"/>		Local Ethics Review Certification (0 number of certificates) Attached as Appendix "A"
<input type="checkbox"/>			Subject Consent Forms (0 number of forms) Attached as Appendix "B"
<input type="checkbox"/>			Access to Database(s) (0 number of letters) Attached as Appendix "C"

16. Participation / Cooperation by other Agencies, Organizations, etc.: Attached as Appendix "D"

Letter attached	Name of Collaborator / Agency	Role on Project
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		

Check if page attached

17. Project Summary: **READ INSTRUCTIONS BEFORE COMPLETION** (300 words or less)

The project proposes to reduce the incidence of HIV among non self-identifying MSM and their partners (male and female) by summarizing, analyzing and synthesizing current knowledge, and providing for its uptake and transference to the target audience (MSM, their partners, health care professionals, social services, support providers and policy makers). Project goals include eliminating knowledge gaps related to MSM issues, and enhancing the relevance and efficacy of existing policies and programs. Additional goals include establishing a collegial network to support future MSM initiatives, formulating a project report and designing a dissemination strategy (e.g. community forum).

Three, day-long research workshops will be delivered over a four month period, involving people living with HIV, MSM, their partners, frontline workers, health care professionals and university-based researchers. Workshop one will summarize current knowledge from numerous sources, including: scholarly research; data from previously-funded CBR projects; information gained through professional practice; and lived experience. Workshop two will analyze issues facing MSM and their partners, and identify policy and program gaps. Workshop three will synthesize the results of the previous workshops and make recommendations for improving existing policies and programs. Each workshop will evaluate the process to date, and identify necessary next steps.

The Project Coordinator will, over the following two months, compile the proceedings of the three workshops and circulate them for evaluation by participants. A final report will be published and circulated. A public forum will be held within two months involving community members, health care professionals, service providers, civic and spiritual leaders, and policy makers; the main goals of the forum will be to expand the larger community's understanding and acceptance of MSM-related issues.

PI Surname Roberts	DEPARTMENTAL USE ONLY 66
Project Title From Preaching to Practice	Page 3 of 9

18. Research Theme Addressed: (Refer to the latest Update or Request for Proposals)

Community Based HIV/AIDS Research Capacity Building

19. Rationale: **READ INSTRUCTIONS BEFORE COMPLETION** (500 words or less)

In its 2002 Annual HIV/AIDS Update, the BC Centre for Disease Control revealed that the percentage of positive results from HIV tests administered to MSM has more than doubled over the past four years. In 2000 alone, BC reported a 35% increase in new positive tests for HIV in MSM, reversing the downward trend that had existed since the late 1980s and echoing similar developments in Ontario (Calzavara, Burchell, Major, et al. 2000). The number of positive results among MSM increased from 95 in 1999 to 149 in 2002, even though the number of tests administered to MSM over the same period declined by more than half; this suggests that the true incidence of new infection might be higher still.

Numerous studies have concluded that the sexual behaviour of non self-identifying MSM (NIMSM) differs significantly from that of MSM who have a strong gay identity, with the former being more likely to engage in high-risk activities (Aggleton, Davies & Hart, 1992, Centre for AIDS Prevention, 1995, Graydon, 1998). Fear of the stigma of homosexuality is a key behavioural determinant for NIMSM, particularly those in rural areas (Preston, D'Augelli, Cain & Schulze, 2002); as a result, NIMSM practice a level of anonymous behaviour that masks them from the larger community, and puts them beyond the reach of most existing prevention programs. Effective prevention strategies for NIMSM must take these behavioural differences into account.

Regional health data suggests that prevention strategies must also include provisions for reaching heterosexual partners of NIMSM. In 2001, the Thompson Okanagan health region had the highest overall rate of persons testing newly positive for HIV outside of Vancouver Island and the Lower Mainland, with a marked increase in the incidence of females contracting HIV through heterosexual contact. Professional practice information provided by area health care workers points to the existence of a large NIMSM population, many of whom regularly engage in heterosexual contact, and suggests an epidemiological link between HIV positive NIMSM and HIV positive heterosexual females.

This project seeks to address the above-described scenario through the involvement of service providers and health care professionals who have forged links to members of the NIMSM population, and have demonstrated their ability to safeguard their anonymity. This project will draw together key stakeholders, who are the source of much of what is known about NIMSM in the Okanagan. This knowledge, however, has been gathered piecemeal, and is currently fragmented among a number of organizations, groups and individuals. A key goal of this project will be to bring these disparate groups (and their knowledge) together to a) create a research-based picture of the Okanagan NIMSM population in the context of HIV prevention; b) make recommendations for improved policy, programming and practice; and, c) to establish the foundation for lasting cooperation in future NIMSM related activities.

20. Determinants Addressed

<input type="checkbox"/> Income & Social Status	<input type="checkbox"/> Employment and Working Conditions	<input checked="" type="checkbox"/> Education	<input type="checkbox"/> Physical Environments
<input checked="" type="checkbox"/> Social Support Networks	<input checked="" type="checkbox"/> Personal Health Practices and Coping	<input checked="" type="checkbox"/> Gender	<input checked="" type="checkbox"/> Social Environments
<input type="checkbox"/> Healthy Child Development	<input type="checkbox"/> Biology and Genetic Endowment	<input checked="" type="checkbox"/> Culture	<input checked="" type="checkbox"/> Health Services

21. Primary Target Audience for Outcomes

<input checked="" type="checkbox"/> Health Policy Makers	<input type="checkbox"/> Regional Planners	<input checked="" type="checkbox"/> Administrators	<input checked="" type="checkbox"/> Informal Care
<input checked="" type="checkbox"/> Policy Makers – Other	<input checked="" type="checkbox"/> Public Health Authorities	<input checked="" type="checkbox"/> Community-based Organizations	<input checked="" type="checkbox"/> Formal Care Providers
<input checked="" type="checkbox"/> Other (Specify) Educators, general public, media, politicians			

PI Surname Roberts		DEPARTMENTAL USE ONLY 66			
Project Title From Preaching to Practice		Page 4 of 9			
22. Budget Information – one page is required for each 12 month period		<input checked="" type="checkbox"/> Budget Justification attached The information provided is to cover the following period <input checked="" type="checkbox"/> Year 1 <input type="checkbox"/> Year 2			
23. Paid Personnel Name – Position title	Time Allocated to Project Hours / Week Weeks / Year		Yearly Salary	Benefits %	Estimated Expenditures
Project Co-ordinator	30		\$39,150.00	13.50%	\$28,200.00
Meeting Facilitator				0.00%	\$6,000.00
Report Writer					\$2,000.00
Recorder					\$1,824.00
Paid Personnel Sub-Total					\$38,024.00
24. Travel					
Item	Purpose / Destination				Estimated Expenditures
Meeting One	Bring participants from Kamloops & Kootney region to Kelowna				750
Meeting Two	Bring participants from Kamloops & Kootney region to Kelowna				750
Meeting Three	Bring participants from Kamloops & Kootney region to Kelowna				750
Community Forum	Bring participants from Kamloops & Kootney region to Kelowna				750
					0
Travel Sub-total					\$3,000.00
25. Equipment					
Item	Purpose	Quantity	Cost / Unit		Estimated Expenditures
					\$ 0.00
					\$ 0.00
					\$ 0.00
					\$ 0.00
					\$ 0.00
Equipment Sub-total					\$ 0.00
26. Supplies and Services					
Item	Purpose	Quantity	Cost / Unit		Estimated Expenditures
Facility Rental	Workshops One - Three	3	\$500.00		\$1,500.00
Facility Rental	Community Forum	1	\$500.00		\$ 500.00
Stationery/Printing	Agendas, Documentation	1	\$3,000.00		\$3,000.00
Accomodations	Workshop Participants	24	\$75.00		\$1,800.00
Food/Refreshment Breaks	Workshops and Fourm	4	\$500.00		\$2,000.00
Supplies and Services Sub-total					\$8,800.00
27. Total Funds Requested for this 8 month period					\$49,824.00

PI Surname Roberts	DEPARTMENTAL USE ONLY 66
-----------------------	------------------------------------

Project Title From Preaching to Practice	Page 5 of 9
---	-------------

28. Timeline / Activity Chart Alternate Timeline Format Used – Page(s) Attached

Activity	Time Elapsed	Name or Position Responsible	% of Time	Funder #1: Agency	Funder #2: CBR	Funder #3:
Team Assembly	2 Weeks	Coordinator	10%		100%`	
Team Scheduling	2 Weeks	Coordinator	5%		100%`	
Documentation	3 Weeks	Coordinator	15%		100%`	
Travel & Accommodations	3 Weeks	Coordinator	5%		100%`	
Book Facilities	3 Weeks	Coordinator	2%		100%`	
Assemble Supplies	3 Weeks	Coordinator	3%		100%`	
Workshop 1	4 Weeks	Facilitator	25%		100%`	
Agenda & Updates	6 Weeks	Coordinator	15%		100%`	
Workshop 2	8 Weeks	Facilitator	25%		100%`	
Agenda & Updates	10 Weeks	Coordinator	15%		100%`	
Workshop 3	12 Weeks	Facilitator	25%		100%`	
Plan Forum	15 weeks	Coordinator	15%		100%`	
Circulate Report	20 Weeks	Report Writer	75%		100%`	
Community Forum	24 Weeks	Facilitator	25%		100%`	
Forum Report	28 Weeks	Report Writer	25%		100%`	
Conclude Project	32 Weeks	Coordinator	15%		100%`	

29. Other funding Received or Applied For:
No additional funding applied for:

PI Surname Roberts	DEPARTMENTAL USE ONLY 66
Project Title From Preaching to Practice	Page 7 of 9
38. Publications of _____ (DO NOT EXCEED SPACE PROVIDED) N/A (Community-Based Research, not Academic Research)	

PI Surname Roberts		DEPARTMENTAL USE ONLY 66	
Project Title From Preaching to Practice		Page 8 of 9	
39. Suggested External Appraisers (provide the names of three (3) reviewers who meet conflict of interest standards)			
1. N/A		Telephone No. Fax No. Email	
Keywords			
2. N/A		Telephone No. Fax No. Email	
Keywords			
3. N/A		Telephone No. Fax No. Email	
Keywords			

PI Surname Roberts	DEPARTMENTAL USE ONLY 66
Project Title From Preaching to Practice	Page 9 of 9
40. PROTOCOL – Read Instructions Attached as Appendix E	

22. Budget Information – Budget Justification

Item	Calculation	Rational
Paid Personnel		
Project Co-coordinator	\$25.00 per hour – 30 Hours per week – 33 weeks	To recruit and hire a qualified individual to coordinate the project.
Meeting Facilitator	4 Workshops and Community Forum @ \$1500.00 per session.	The current rate for facilitators in our area is \$1500.00 per day, including a report and notes of the session.
Report Writer	\$2000.00	To take all of the information and data collected, review, collate and prepare the report for dissemination
Recorder	\$ 1824.00	A recorder to take minutes at the workshops and to transcribe the minutes for the documentation of the project.
Travel		
Travel Costs	Kamloops – return: 326 kms Vernon – return: 92 kms Penticton – return: 136 kms Nelson – return: 676 kms Osoyoos – return: 256 kms Revelstoke – return: 384 kms Total: 7058 kms for the project @ .425 cents per km	As we cover a large area, and require participation from rural or Urban/Rural areas, we are required to cover the cost of travel at a rate of .425 cents per km
Supplies and Services		
Facility Rental	Workshops One – Three	To provided a safe and confidential environment for the workshops
Facility Rental	Community Forum	To provide a venue that is accessible for the dissemination of the information and that the community uses.
Stationery/Printing	Agendas, Documentation, Reports and the printing of the Final Report for Dissemination	To provide for paper and supplies for the project to operate within the offices of the AIDS Resource Centre.
Accommodations	Estimated 24 Room Nights required for the 4 Workshops and the Community Forum.	To provide accommodation for those who travel from more then one hours drive from the site of the workshops and forum
Food/Refreshments	Lunch and refreshment breaks for the workshops and a refreshment break for the Public Forum	To provide for the needs of the volunteers who are participating in the work of this project and to provide incentive for attendance at the Public Forum.

Appendix A – Local Ethics Review Certificate

Not applicable to this form of CBR project.

APPENDIX B

Note: The workshops are not primary research endeavours, and will not be conducting subject interviews per se. However, to safeguard the anonymity of workshop participants who might be NIMSM and that of their male and female partners, all participants will be required to sign the following confidentiality agreement form. ARC will keep the completed forms in secure storage.

CONFIDENTIALITY AGREEMENT FORM

I understand that, during the course of these workshops, information that could identify practicing NIMSM and/or their partners may be revealed.

I further understand that such information is of a highly confidential manner, and could inconvenience, injure or endanger the participant, directly or indirectly, if made public.

I acknowledge the right of any participant to insist that their identity, and any information that could reveal their identity, remain confidential.

Accordingly, I agree to respect any such request for confidentiality, and not to use information shared at the workshops in a manner that could identify NIMSM participants or their partners by name or in any other way.

I further agree to immediately report to the Project Coordinator any breach of project confidentiality by any workshop participant.

Name: _____

Signature: _____ Date: _____

Appendix C – Access to Databases

Not applicable to this form of CBR project.

Appendix D

16. Participation / Cooperation of other Agencies, Organizations, etc.:

Name of Collaborator/Agency	Role on Project	Status of Letter
Interior Health	Co-Investigator and workshop participants	Letter to follow
Okanagan Rainbow Coalition	Co-Investigator and workshop participants	Letter to follow
Okanagan University College – School of Social Work	Co-Investigators	Letter to follow
Okanagan Aboriginal AIDS Society	Co-Investigator and workshop participants	Letter to follow
West Kootenay/Boundary AIDS Network	Co-Investigator and workshop participants	Letter to follow
Central Okanagan Elizabeth Fry Society	Workshop Participants	Letter to follow
New Opportunities for Women Canada	Workshop Participants	Letter to follow

14. Co-Investigators (List all unpaid personnel with a major role – include affiliation, role on project and percentage of time:

Personnel	Affiliation	Role	Percentage
Dr. Frank Sigurdson	Physician in Private Practice – former NIMSM	Co-Investigator/Workshop Participant	N/A
Gayle Carriere	Public Health Nurse – Interior Health – Kamloops	Co-Investigator Co-Investigator/Workshop Participant	N/A
Debbie Gray	Public Health Nurse – Interior Health – Kelowna	Co-Investigator/Workshop Participant	N/A
Chris Lewis	Director – School of Social Work, Okanagan University College – Kelowna	Co-Investigator/Workshop Participant	N/A
Chris MacKenzie	MSM Community Member – AIDS Resource Centre	Co-Investigator/Workshop Participant	N/A
Brian Mairs	Educator – Okanagan Aboriginal AIDS Society	Co-Investigator/Workshop Participant	N/A
Brian McArthur	MSM Community Member – former NIMSM, Okanagan Rainbow Coalition	Co-Investigator/Workshop Participant	N/A
Karen Muirhead	West Kootenay/Boundary AIDS Network	Co-Investigator/Workshop Participant	N/A
Robert James	Central Okanagan Elizabeth Fry Society	Co-Investigator/Workshop Participant	N/A
John Langston	Clinical Counselor – former NIMSM	Co-Investigator/Workshop Participant	N/A