

HOW THE AIDS COMMUNITY ACTION PROGRAM (ACAP) CONTRIBUTES TO HIV/AIDS KNOWLEDGE & BEHAVIOUR CHANGE AND IMPROVED ACCESS

RESULTS OF AN OUTCOME ASSESSMENT

BACKGROUND

ACAP is a funding stream of the Federal Initiative to Address HIV/AIDS (FI) in Canada, which supports community-based organizations to reach people at risk and those living with HIV/AIDS. These organizations work closely with provincial and local public health departments and social service agencies. In some provinces, ACAP funding is delivered jointly with provincial funding. In 2010/11, ACAP funded 133 projects, totalling \$12.2M.

The outcome assessment examined the extent to which ACAP-funded programs were achieving three outcomes:

1. Increased knowledge and awareness of HIV/AIDS and how to target key populations;
2. Decreased practice of high risk behaviours for HIV transmission;
3. Improved access to prevention, care, treatment and support.

WHO PARTICIPATED IN THE ACAP OUTCOME ASSESSMENT?

Four hundred and ninety-five individuals participated in the assessment from a sample of 18 ACAP-funded programs. Individuals represented all key populations under the FI, including people living with HIV/AIDS, gay men, Aboriginal people, people from countries where HIV is endemic, people who use drugs, women, youth at-risk, and people who had been previously incarcerated. There was also representation from urban, rural and remote and official language minority communities. Information was collected from participants using interviews, questionnaires and photo voice.

WHAT DID WE LEARN?

ABOUT KNOWLEDGE CHANGE:

- Participants reported gaining knowledge about HIV/AIDS from ACAP activities. They reported being better informed about HIV transmission, legal issues, disease progression, and they learned that those living with HIV/AIDS can have fulfilling lives. This outcome was very noticeable among youth at risk and people from countries where HIV is endemic.
- Participants were better able to cope with the psychological, emotional and spiritual issues that are associated with the infection because of their involvement with ACAP activities. They reported increased knowledge and awareness about managing their illness including taking their medication consistently and learning to handle side effects. Participants said that up-to-date information about treatment developments and options, provided through ACAP activities, helped them to make informed choices about their care.

ABOUT BEHAVIOUR CHANGE:

- Participants identified protective behaviours they engaged in such as: using condoms, dental dams and gloves; not having sex or having less sex; being selective about when to use protection; and disclosing HIV status to sex partners. Participants also reported using safer drug use practices. Some of these protective behaviours can be attributed to ACAP activities, which promotes positive behavioural change through a non-judgemental approach.



- ACAP-funded programs dispel myths and misinformation about HIV/AIDS transmission and consequences. According to participants, getting accurate information about HIV transmission, including who are at risk for contracting HIV, resulted in decreased risk behaviours and increased protective behaviours.
- The influence of ACAP activities on behaviour change extends beyond the immediate program participants. For example, some participants noted that they had taken on roles as peer helpers and observed that the at-risk youth they had given advice to had shared it with others.
- ACAP-funded programs which are co-located with harm-reduction programs funded by provincial or territorial governments ensure the HIV/AIDS prevention needs of people who use drugs are addressed.

ABOUT ACCESS:

- Participants reported getting help in locating, applying for and retaining suitable housing, ranging from shelters, rooming houses and apartments for tenants with special needs. Participants also said they were able to access better quality food, which improved their nutrition and food security. Addressing underlying social determinants of HIV improved access to prevention, care, treatment and support.
- Participants reported that ACAP-funded program staff helped them to navigate various social and health care systems and advocated for them in situations where they faced stigma or discrimination.
- Through ACAP-funded programs, participants from countries where HIV is endemic accessed a broad range of support services related to immigration, settlement, housing, advocacy, support in dealing with trauma, as well as HIV prevention, treatment and support.

WHAT WORKED WELL?

- Peer outreach and programs targeting at-risk youth. Youth are open to a peer worker because peers speak in realistic, down to earth ways based on their own experiences.

- When ACAP activities were aligned with prevention programs funded by other levels of government, there was a decrease in risky drug and sexual activity among target populations.
- Aboriginal-specific approaches to addressing HIV are highly valued by ACAP participants who use them.
- Building trusting relationships with participants, maintaining a high level of confidentiality, and supporting participants as they moved in and out of crises fostered positive behavioural change.

WHAT DOES ACAP NEED TO KEEP WORKING ON?

- ACAP-funded programs are not reaching all sub-groups of men who have sex with men (MSM) well. There is a need for the program as a whole to reassess its strategies for reaching MSM under 50 years of age.
- The assessment found positive outcomes among older women living with HIV, Aboriginal women and women from countries where HIV is endemic. However, targeted programming could address infection and transmission risks among women involved in sex work and transwomen.
- The evidence shows that continued partnerships and complementary activities strengthen ACAP-funded programs and help address underlying social problems, such as poor housing, mental illness and addictions, which can be barriers to prevention efforts.
- Stigma is an important driver of the HIV epidemic that ACAP activities do not directly address.

IN CONCLUSION

Interventions led by community-based organizations are reaching and positively influencing vulnerable and marginalized populations. Building trusting relationships is key to enabling behaviour change and improving access to prevention, treatment and support. ACAP is most likely to achieve results when working in partnership with other health, social service and community agencies, and when basic needs are met such as housing and food.