

HL24.3.10



TORONTO
HIV/AIDS
NETWORK

September 30, 2013

To: **Toronto Board of Health**

From: Shannon Ryan, Executive Director, Black CAP, Hazelle Palmer, Executive Director, AIDS Committee of Toronto - members of the Toronto HIV/AIDS Network (THN) Steering Committee and Keith Hambly, Fife House - THN Co-Chair for the **Toronto HIV/AIDS Network**

Re: **HL24.6 AIDS and Drug Prevention Community Investment Programs Redesign**

Dear Members of the Board of Health: Councillors Joe Mihevc (Chair), Raymond Cho, Sarah Doucette, John Fillion, Gord Perks and Kristyn Wong-Tam and Abdul Fattah, Pamela Gough, David Laws, Suman Roy, Jennifer Sarjeant and Rumina Velshi

The partnership between Toronto Public Health (TPH) and community organizations, on HIV/AIDS and related substance use challenges, dates back to 1987. The Board of Health, then chaired by Jack Layton, responded by breaking new ground with the creation of community grants programs to deliver needed public health services that became the AIDS and Drug Prevention Community Investment Programs (APCIP and DPCIP). This is a partnership that continues to be valued and effective. The Board of Health's role, as a champion of the essential involvement of community services to deliver services to communities bearing the greatest impact of these public health challenges, is as important as ever.

This past summer, TPH staff presented its initial proposal for the redesign of the AIDS and Drug Prevention Community Investment Programs in an information session for grant recipient/applying organizations. Some of the proposed changes, such as the move to include three-year grants, were seen as a key opportunity to strengthen the effectiveness of the program. However, other proposed changes were met with significant concern and uncertainty about how the consolidated program would work.

Toronto Public Health sought community feedback through a survey on the redesign. The Toronto HIV/AIDS Network (THN) helped promote the survey and

TPH reports a 74% response rate demonstrating how significant the proposed changes are to the frontline services. THN and individual agencies followed up with Toronto Public Health to clarify issues related to the redesign, identify potential problems, share ideas and make recommendations. We have found Toronto Public Health to be open and receptive to dialogue. The consultations have been genuine and, while not all community input was adopted, positive changes have been made.

There is more work for all of us to do. Among concerns identified was the high level of expectations for agencies that would receive three-year grants. For instance, changing requirements related to outcome evaluation are sure to be challenging and require more thought and input. We are pleased that TPH is open to feedback about performance measures so that groups can bring their frontline experience to the development of realistic and achievable expectations. There is also a longstanding issue about the lack of administrative monies available through these programs and increased evaluation requirements cannot be met without resources. We are seeking further clarifications about the three proposed streams (HIV Prevention, Harm Reduction and Youth Resiliency) and how the application process will work. For example, some priority populations are not named specifically under streams that will be important for them, such as gay youth who need to be served under the Youth Resiliency stream.

We trust the dialogue of the summer will continue through the preparation and implementation of the consolidated program and look forward to a renewed and even stronger partnership. We welcome the proposed evaluation of the consolidated program and report in three years. THN asks that a process review of the first year of the consolidated program also be conducted to identify issues and resolve problems. A process review would be doable and beneficial so that identifiable problems are not sustained into the second year.

Hovering over all discussion is the larger issue that there are no expectations from either the Province or the City for more funding (cost-shared at 75% Province and 25% City). Your efforts in the future, as in the past, to ensure sustained commitment to the communities requiring these programs, are needed and greatly appreciated.

Naming the new consolidated program, "Toronto Urban Health Fund (TUHF)", was not part of the summer consultation. Given the challenges of stigma associated with HIV and substance use, there is concern that the program's purpose is lost in the proposed name, and that a generic name without identifying the purpose is not in keeping with the program and its history. THN asks that the rationale for a generic name be provided and a final decision on the name be postponed to provide an opportunity for input.

There is a need for more dialogue to help refine the new program, and a process to monitor and respond to problems. TPH has been clear that it is open to further

feedback and acknowledges that community input “has been invaluable in helping us strengthen our program to more effectively address HIV and drug prevention in the City of Toronto” (TPH communiqué to recipient/applying groups September 23, 2013) and community has more to offer.

Thank you for this opportunity to contribute to your discussions and directions. Here is a summary of our recommendations to strengthen the proposed program redesign:

Toronto HIV/AIDS Network Recommendations

That the Medical Officer of Health

- Affirm Toronto Public Health’s commitment to continue its community engagement and dialogue on the refinement and implementation of the new consolidated program and its three streams of HIV Prevention, Harm Reduction and Youth Resiliency.
- Provide an opportunity for community feedback on the proposed name of the program, with a rationale for the proposed name, and for alternative proposals to be considered.
- Conduct a process review of the first year of the consolidated program to identify issues and resolve problems ahead of implementation of the program’s second year.

Thank you.

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