

Rapid Start Mini-Grants Bidders' Conference

Infectious Disease Bureau
Boston Public Health Commission

Education & Community Engagement (ECE)

Program Overview

- ECE works to advance Boston resident access to infectious disease prevention and care by:
 - Providing education and outreach efforts on community and organizational levels
 - Supporting HIV-related service providers and patient care coordination
 - Funding agencies who provide services within the scope of BPHC's programming

Group Introductions

- Type in the chat or unmute yourself, share:
 - Your name and pronouns
 - Your agency

RFP Process

Sandra Vasquez

EHE Project Manager

EHE Program Overview

Goal: Significantly reduce new HIV infections and improve health outcomes in Suffolk County

Approach:

- Community engagement and partnerships
- Rapid access to HIV testing, prevention, and care
- Stigma reduction across communities and systems
- Workforce development and training

Impact: Enhance health equity and create sustainable, system-wide improvements in HIV treatment and response services

What is Rapid Start

- Rapid START or early initiation of ART is the administration of antiretroviral therapy as early as possible after an HIV diagnosis and, ideally, at the same clinic visit as the HIV diagnosis, or re-engagement in care of clients lost to treatment, but in all cases within 7 days^[1].
- Rapid ART is the standard of HIV treatment.
- Clinic processes to adopt rapid ART include development of protocols, staff training, development of teams that can facilitate delivery of rapid ART, and client education.

• ^[1] [Compendium of Best Practices in Provision of Rapid Start Services for People with HIV.](#)

Rapid Start Efforts

Intended outcomes:

- Stop HIV Infections
- Help people with HIV live long healthy lives.

Rapid Start Mini Grants

Goal

- Increase knowledge and awareness about HIV.
- Build stronger, stigma-free communities.
- Ensure that more people know their HIV status and can get care right away.

EHE Mini Grants

- **Total Award: \$450,000**
- **Anticipated Awards: 4- 6 mini-grants**
- **Award Size: \$75,000 each**
- **Duration: 4 months**

Eligible Activities

- **Health Education:** Teaching people about HIV, treatment, and prevention in clear and culturally relevant ways.
- **Stigma Reduction:** Helping communities reduce fear, shame, or discrimination around HIV so that people feel safe getting tested and seeking care.
- **HIV Testing & Linkage:** Offering HIV testing in community settings and making sure that anyone who tests positive is connected to medical care quickly. Organizations who do not already have a clinical partner for linkage are still encouraged to apply. BPHC will provide support to help establish these partnerships.

Focus Area I - Health Education

- Provide clear, accurate information about HIV prevention, testing, and treatment.
- Share U=U messaging (Undetectable = Untransmittable).
- Create and share flyers, videos, workshops, or other materials that fit the culture and language of the community.
- Use peer educators or trusted community members to deliver information.
- Hold workshops, discussion groups, or peer-led sessions to build HIV knowledge.

Focus Area 2 - Stigma Reduction

- Host events, workshops, or campaigns that reduce shame, fear, or discrimination about HIV.
- Train faith leaders, youth leaders, or community champions to speak out against stigma.
- Use storytelling, art, theater, or social media to create open conversations about HIV.
- Provide safe spaces, support groups, or dialogue circles where people can share and learn.

Health Education vs. Stigma Reduction

Health Education:



Focus: Sharing knowledge and building understanding.

Goal: Increase knowledge, correct misinformation, and prepare individuals and communities to make informed choices.

Success is measured by:

- Did participants understand what U=U means?
- Do people know where to get tested?"

Stigma Reduction:



Focus: Shifting attitudes and building supportive environments.

Goal: The goal is to create communities where people feel safe seeking testing, care, and treatment.

Success is measured by:

- Do participants report feeling less fearful of people living with HIV?
- Do they express more willingness to support a family member or friend with HIV?

Health Education vs. Stigma Reduction

Health Education = Knowledge

- **Do I know where to go for testing?**
- **Do I know where to get information?**

Stigma Reduction = Perception

- **Would I share a mug with someone living with HIV?**
- **Would I feel comfortable shaking their hand?**

HIV Testing & Linkage

- Conduct community-based or mobile HIV testing events in trusted locations (churches, barber shops, community fairs).
- Partner with local clinics or health departments to provide rapid linkage pathways for anyone testing positive.
- Use peer navigators or faith-based volunteers to accompany individuals from testing to their first appointment (“warm handoffs”).
- Provide incentives or supportive services (transportation, food vouchers) to encourage testing and follow-up.
- Implement confidential referral systems to connect clients with confirmatory testing and Rapid Start providers.

Outcome Measures & Data Requirement

Focus Area I: Health Education

What we want to measure:

- Did people learn something new about HIV and Rapid Start?
- Do they know where to go for testing or questions?

Possible Data Points (quantitative):

- of education sessions/events held
- of people reached (attendees, materials distributed, social media impressions)
- #/% of participants who, after the activity, can identify where to go for HIV testing or support

Qualitative/Narrative:

- Short description of what was shared (topics covered, examples of questions asked by participants)

Focus Area 2: Stigma Reduction

What we want to measure:

- Did people's attitudes about HIV change?
- Are they less fearful, more supportive?

Possible Data Points (quantitative):

- of stigma reduction activities (dialogues, trainings, storytelling events, etc.)
- of participants engaged
- #/% of participants who show a change in perception (example: pre/post survey Qs like "I would feel comfortable shaking hands with someone living with HIV")

Qualitative/Narrative:

- Observed shifts in conversation or attitudes (quotes, stories, examples from participants)

Focus Area 3: HIV Testing & Linkage

What we want to measure:

- Did people get tested?
- Were they connected to care if needed?

Possible Data Points (quantitative):

- of HIV tests offered
- of HIV tests completed
- of people who received a positive results
- #/% of people who tested positive
- #/% of people who were linked to care within 7 days (with support from clinic partner)

Qualitative/Narrative:

- Barriers encountered (e.g., people nervous about testing)
- Success stories (e.g., someone tested in a community setting and got linked to care quickly)

Capacity Building & Support

Jacqueline Huynh and Lina Abutalib

HIV Training

- Mandatory in-person orientation style
- November 5th and 6th
- Will be focusing on these main topics:
 - HIV Basics & Rapid Start 101
 - Health Education & Community Engagement
 - Stigma reduction & Community Dialogue
 - HIV Testing, Linkage, and Partnerships
 - Data Collection & Reporting made Sample
 - Program Management & Sustainability

Learning Collaborative

- Participants share best practices, tools, and strategies for carrying out Health Education, Stigma Reduction, and/or HIV Testing & Linkage.
- Sessions provide space to **discuss challenges, opportunities, and lessons learned** from the field.
- This group will serve as a learning space and advisory body, helping to shape future Rapid Start programming in the coming grant years.
- The **goal** is to build a strong community of practice where organizations learn from each other, strengthen their programs, and contribute directly to the future direction of Rapid Start in Boston.

Learning Collaborative

- Anticipated dates:
 - Week of November 17th
 - Week of December 1st
 - Week of December 15th
 - Week of January 5th
 - Week of January 19th
 - Week of February 2nd
 - Week of February 16th
 - Week of February 23rd

Application

Application Instructions

I. Organization Overview

- Tell us about your organization, who you serve, and why your community trusts you.
- Share any experience you have with health education, stigma reduction, or testing (does not need to be HIV-specific).

Application Instructions

2. Focus Area(s) and Activities

- Clearly state which focus area(s) you are applying for (you may choose, one, two, or all three):
 - Health Education
 - Stigma Reduction
 - HIV Testing & Linkage
- Describe the activities you will carry out under each focus area you select.
- Explain your timeline and how you will make sure activities reach your community.

Application Instructions

3. Community and Cultural Responsiveness

- Explain how your activities will fit the culture and language of the people you serve.
- Tell us which priority communities you will reach (e.g., youth, LGBTQ+, immigrants, people of color, people who use drugs, etc.).

Application Instructions

4. Partnerships and Linkage

- If you are applying for the Testing & Linkage category, list your clinical partner and describe how you will connect people who test positive to HIV care.
- If you do not currently have a clinical partner, please note this. BPHC will help connect you with a clinical partner.

Application Instructions

5. Capacity and Staff

- List who will work on the project (staff, volunteers, peer educators) and provide resumes and/or short bios of key staff/volunteers.
- Describe their experience and roles. (Resumes are not required, but you may include them if helpful.)

Application Instructions

6. Budget and Use of Funds

- Submit an estimated 4-month project budget using the BPHC budget template.
- Submit a budget narrative explaining how funds will support your activities.
- **Note:** Priority will be given to organizations that clearly demonstrate the capacity to implement and carry out proposed activities within the 4-month project period.

Keep it Realistic!

Allowable vs. Non Allowable Costs

Allowable Costs (things you can budget for)

- Staff time – salaries, stipends, or hourly wages for people working on the grant
- Fringe benefits tied to staff working on the project
- Outreach costs – flyers, posters, printing, social media ads, radio spots
- Supplies & materials – condoms, safer sex kits, rapid HIV test kits, event supplies
- Participant supports – light refreshments for community events, bus passes/gift cards (if used as engagement tools, not incentives)
- Training costs – if you need training for your staff to deliver education, stigma reduction, or testing
- Venue costs – renting community spaces for events or meetings
- Technology needs – Zoom accounts, tablets, or other low-cost tools to run education/outreach activities
- Translation/interpretation – costs to make materials available in different languages

Non-Allowable Costs (things you cannot budget for)

- Major equipment (e.g., cars, computers over \$5,000, lab machines)
- Construction, renovations, or capital projects
- General operating expenses not tied to this project (e.g., rent for your office, unrelated utilities)
- Large food budgets (meals, catering — except light refreshments for community events)
- Incentives that are too high or unrelated (cash payments, electronics, etc.)
- Fundraising, lobbying, or political activities
- Entertainment or cultural events not tied to HIV education/stigma reduction/testing

Application Instructions

7. Commitments

- Confirm that your organization will:
 - Participate in the biweekly learning collaborative (2 hours/week)
 - Submit required reports and data.
 - Work with BPHC and other partners to share learning and improve services.

Deadlines

- October 10th
 - Deadline to submit written questions
- October 15th
 - Responses to questions posted
- October 17th
 - Request for Proposal Due via email
- October 27th
 - Notification of Decision

Q&A