

## OHTN CBR Capacity Building Fund Proposal Template

Note that the CBR Fund proposal has a 6-page maximum. For projects that comprise a detailed research protocol, this should be appended to the application, so that reviewers can assess the full-scale research proposal, as well as the CBR and capacity building specific components outlined in this 6-page proposal.

The following template is intended to guide applicants through the process of writing a proposal for the CBR Capacity Building Fund specifically. It is not intended as a guide to all proposal writing in general. The blue sections are samples from actual proposals to provide an authentic example of what may be included in the section described.

### PROJECT DESCRIPTION

#### BACKGROUND AND OBJECTIVES (1.5 to 2 pages)

Include a [literature review](#) of peer-reviewed and gray literature (e.g. research reports, annual reports) and summarize the current state of knowledge as it relates to your proposed topic. It is especially important to tie literature into local observations (using organization-level data, if available).

A recent report produced by the Ontario Provincial Strategy on HIV/AIDS found that many gay and bisexual men are “invisible” and difficult to reach, with no cohesive or central community organizations, resulting in a lack of social support and communication within the community.<sup>19</sup> The LGBT2SQ Health Forum identified a general lack of communication or of an information mechanism that profiles activities, resources, supports, contacts, programs, services and other information of relevance to the local community. While recent events such as a Community Building Forum and the Health Forum were identified as positive steps, there was much discussion regarding the challenges related to initiating meaningful dialogue, sharing resources, supporting healing from internalized and external homophobia, identifying and creating new resources, and coming together as a community<sup>3</sup>. **GB, TC, DP**

Toronto, the world's most ethnically-diverse city is home to more than 200 distinct ethnic groups, speaking over 140 languages<sup>27</sup>. As Toronto's population, and youth community, become more racially and culturally diverse, community-based organizations must adapt their approaches in order to provide culturally-effective health promotion and prevention services<sup>20</sup>. **RT, SF**

Personal and organizational observations are encouraged, to establish the context under which the current proposal will be carried out.

The Gay and Lesbian Medical Association states that access to health care services is hindered for lesbian, gay, bisexual, or transgender people due to financial, structural, personal, and cultural barriers.<sup>7</sup> On November 23, 2006, the AIDS Committee of London (ACOL) held the LGBT2SQ (Lesbian, Gay, Bisexual, Transgender, Two-Spirit, Questioning) Health Forum in London, Ontario. The purpose was to initiate dialogue, identify common and unique health concerns, and plan next steps in improving health services in London. The discussions resulted in three notable themes: 1) homophobia—external and internal; 2) isolation and social exclusion, and; 3) communication. Among community members, there was agreement that when LGBT2SQ persons interface with the health care system in the region,

frequent experiences of overt and covert homophobia occur, from a systemic and an individual perspective.<sup>3</sup> **GB, TC, DP**

Statistics and absolute population numbers (of target clients, for example) will help to establish the need for the proposed project.

Two recent Canadian Community Health Survey reports indicate that men account for approximately 20% to 30% of all full and partial syndrome eating disorder cases (Woodside et al., 2004) and that an estimated 5% to 10% of Canadian males will experience some form of eating disorder in their life time (Health Canada, 2002). According to Woodside et al. (2001; 2004), more precise information is required about prevalence rates of eating disorders, and especially binge eating disorders amongst Canadian men at both a clinical and sub-clinical level.

When sexual identity is accounted for, research indicates that GBM men score significantly higher than heterosexual identifying men on body dissatisfaction ratings and eating disturbance ratings (Beren, Hayden, Wilfley, & Grilo, 1996; Conner, Johnson, & Grogan, 2004; Kaminski et al., 2005; Siever, 1996; Strong, Williamson, Netemeyer, & Geer, 2000; Wichstrøm, 2006; Williamson & Hartley, 1998; Yelland & Tiggemann, 2003). Among GBM, research indicates that a propensity to over-fixate on muscularity and on attaining an ideal masculine physique is related to restrictive dieting and other eating pathologies, as well as body dissatisfaction (Kaminski et al., 2005; Kimmel & Mahalik, 2005; Picot, 2006; Yelland & Tiggemann, 2003). **DB**

Clearly explain the rationale for the proposed project. The purpose is to convince the reviewer that your project should be funded. Assume that your reader could be either unacquainted with, or an expert in, your topic area.

Although other research involving gay and bisexual men is underway in Toronto, our research is distinct in a number of ways. Our research project focuses specifically on how HIV-related is operating within communities of gay and bisexual men whereas other initiatives, such as the MaBwana Black Men's Study, are broader in scope. In addition, our research includes the experiences of men from various racialized communities. In the Kingston Area Men's Project, HIV-related stigma was addressed in addition to five other broad themes. Findings from this study indicate that the issue of HIV stigma should be explored in greater depth. A study focusing on stigma was recently conducted by the African and Caribbean Council on HIV/AIDS in Ontario, however, this work primarily identified how African and Caribbean MSM experienced stigma outside of their gay social networks (Lawson et. al, 2006).

An additional gap in the literature is the lack of Canadian research involving gay and bisexual men that adequately reflects the experiences of men from racialized communities. To date the majority of research on gay and bisexual men in Canada has focused primarily on the experiences of white men (George et al., 2007; Poon et al., 2005). However, in 2007 forty-three percent of Toronto residents identified as visible minorities (City of Toronto, 2007) and recent studies that do explore race and sexuality have identified the impact of racism on vulnerability to HIV infection (Poon et al., 2005; Lawson, E. et al., 2006, Myers et al. 2000). Our research project offers an opportunity to investigate these issues further by exploring the intersectionality of race, sexuality, and HIV-related stigma, an approach that is in keeping with Parker & Aggleton's (2003) conceptualization of stigma as a complex social process that often relies upon and reinforces other social inequalities. It should be noted that this study focuses on the experiences of men who identify as either 'gay or bisexual' and, therefore, does

not include the full range of identities and sexual behaviors that constitute the experiences of men from racialized communities (Myers et al., 2000). Due to this study's small sample size and limited timeline, the research will focus on gay and bisexual men and will not attempt to include the larger category of MSM (men who have sex with men). **MM & ML**

Explain and define any terms you plan on focusing your research on, such as "health", "healthy environment", "homeless",

Commonly accepted definition of "homeless family" involves one or two adults caring for one or more children under the age of 18. These families may live on the streets, in cars or abandoned buildings, in temporary or emergency shelter, in shelters from those fleeing domestic violence, in temporary or transitional housing, with family or friends or in motel rooms rented on a monthly basis. **SG**

State the objective(s) of your proposal.

This community based research project will:

- 1) Create qualitative information on the social, structural, physical, and emotional circumstances in female street youths' lives that promote unsafe sexual practices, leading to an increased risk of HIV and pregnancy. "Street youth" is defined as youth under the age of 25 who use services for homeless and street-involved youth, specifically Evergreen Centre for Street Youth.
- 2) Build a cohesive partnership of street-involved youth, street youth services providers and academic researchers to work together to study this issue of concern for the community.
- 3) Build research capacity in the community of street youth and street youth service providers, and enhance youth investigators' employment skills.
- 4) Share research findings with street youth, policy-makers and service providers in Toronto.
- 5) Write a funding proposal for a policy-relevant quantitative study that will build upon the information gained in this study to identify the most parsimonious opportunities for intervention. **AS & SH**

### **PARTNERSHIPS (3/4 page)**

Describe the roles of all partners in the project. Give details of how all organizations and individuals are and will be involved throughout the project and capacity building process (i.e. project development, approach, implementation, dissemination of results and recommendations, and implications for the community involved). Please explain how decisions will be made and how the team will determine data ownership.

It may be helpful to illustrate the involvement of all partners by listing each, followed by a description of why the particular partner is appropriate, as well as how they will contribute to the proposed research. If an organization is the partner, it is advisable to have specific individuals identified who will be involved in the research-related activities throughout the project.

*The Ontario Native Women's Association (ONWA)* was founded in 1972 to promote the betterment and equality of Native Women. As a provincial organization, ONWA represents Aboriginal women and their families on matters that effect the political, social, education, economic, and justice issues of their daily lives. The Association has approximately 80 local volunteer organizations, in both on- and off-reserve communities. ONWA is the organizational lead on this study and will be involved in all aspects of the

needs assessment, including planning and project development, recruitment and data collection, analysis and coding of results, and dissemination of results and recommendations. ONWA's Executive Director, Name, is a Principal Investigator and ONWA's Health Policy Analyst, Name, is a Co-Investigator. Further, both Name, ONWA's Vice President, and Name, ONWA's Aboriginal Resources Development Coordinator, will be on the Aboriginal Advisory Committee. **EV, BK & JS**

Where possible, involvement of policy-makers and programming decision-makers in the entire research process is strongly recommended. This enhances buy-in from end-users of research results, and may augment the ability of results to influence policy, programs, and service provision.

Explain how decision-making will take place and how the team will determine data ownership. It may be helpful for applicants to submit a Terms of Reference document as an appendix.

A "Terms of Reference" document has been drafted to guide decision-making and process, stressing community integration and capacity-building. It includes sections on decision-making, maximizing the impact of information learned, and confidentiality of information. It outlines the process for new collaborators joining the team, or individuals leaving the team. **GB, TC, DP**

If your research involves Aboriginal populations, please describe how the research adheres to OCAP (Ownership, Control, Access and Possession) principles:

This proposal was developed collaboratively with Aboriginal scholars, youth and community leaders who have taken the lead in shaping key elements of this research protocol, including youth capacity-building, community outreach and knowledge translation strategies. We take seriously the principles of OCAP (ownership, control, access and possession) and GIPA (greater involvement of people with HIV/AIDS). All members of the research team will be involved in making strategic data collection, analysis and dissemination decisions. Efforts will also be made to involve and provide leadership opportunities for young people living with HIV. We have had great success with this model in previous research initiatives (e.g. The Positive Youth Project and the Aboriginal Youth Testing Project). **SF, RJ**

## **ACTIVITIES (1.5 pages)**

Please review the OHTN's perspective on Community Based Research [here](#) prior to completing this section.

**Capacity Building Activities** –Describe the proposed capacity building activities in detail. Provide a rationale for each activity and identify the participants' roles and expected outcomes. Demonstrate the connection between the capacity building activities proposed and the objectives of the proposed project.

Provide essential details of the CBR process and capacity building approach that will be used.

This study will enhance the ability of marginalized communities and those affected by HIV/AIDS to more meaningfully engage in CBR through their direct involvement in all aspects of the research process as well as through the hiring of two summer students from the affected communities (Aboriginal peoples and sex workers). Research has shown that peer-to-peer models allow for culturally appropriate and

insightful connections with communities that are typically defined as hard-to-reach.<sup>29,30,31</sup> The Summer students will be involved throughout the research process and will be trained on a number of qualitative data collection and analysis techniques, including: (1) research methodologies; (2) needs assessment data collection; (3) environmental scans; (4) team work; (5) public speaking; (6) proposal writing; (7) literature reviews; (8) collaborative coding; (9) data analysis; (10) writing reports and articles; and (11) knowledge translation and exchange activities. They will receive support from the interdisciplinary research team and Aboriginal Advisory Committee and will be supervised by the Principal Investigators. **EV, JS, BK**

Throughout the project, the capacity and skills of our team will be enhanced through experiences conducting CBR. We have identified our team's formal training needs, and are planning to:

- Have all team members attend a local capacity-building workshop on community-based research partnerships with Dr. Robb Travers.
- Attend more advanced workshops on Community-Based Research, such as Ethical Principles of CBR, according to needs of individual team members.
- Conduct a local training and workshop on central concepts of Respondent-Driven Sampling (RDS) with Dr. Greta Bauer, utilizing background knowledge from within our team.
- Host a seminar and workshop on Survey Design with Dr. Kathy Speechley from Western. **RT & SF**

Ensure that mutual learning and capacity building is articulated – for all members of the research team.

As our team works together through the course of the project, all team members (community members and organizations, graduate students, and academics) will gain experiential knowledge about CBR, the local communities, and utilizing both established and novel methods to conduct research with marginalized communities. Team members and graduate students will be provided with opportunities to become more familiar with research activities (interviewing, conducting qualitative analysis, survey development and implementation, and statistical analysis) and will develop skills in writing and refining grant proposals, community reports, academic publications, promotional materials, and fact sheets for community distribution. **GB, TC, DP**

**Project Activities** – Describe clearly and concisely the proposed activities that will be undertaken to complete the proposed project. Describe how these activities correspond with the objectives of the CBR Capacity Building Fund.

Our Curriculum of Activities includes a literature review, building our research team, capacity-building initiatives to strengthen our ability to undertake community-based research, and primary data collection in both Toronto and Waterloo Region.

1) Undertake a literature review: The TRUTH team will conduct a review of existing research examining the broad health concerns of SD youth. We will place significant emphasis on research that is HIV-related and that documents HIV incidence and prevalence and helps to explain risk or vulnerability. For example, we will include and prioritize literature related to social exclusion (experiences of homophobia and transphobia) and the consequent impact on sexually diverse youth. The review will be comprehensive and include the use of published and unpublished works. To build capacity, we will engage students and youth in developing and writing the review.

Detailed description continued for each activity ‘Building our Research Team’, ‘Capacity Building Initiatives’, ‘Consultation with Youth and Service Providers’, ‘Hold Policy Receptivity Meetings’, ‘Synthesize the Information Gathered to Identify Key Questions for Further Research’, etc. **RT & SF**

#### **IMPACT, SYNTHESIS AND EVALUATION (~1 page)**

- a. Describe the anticipated outcomes and impact of the proposed project, including potential future impacts

Preliminary results describing the psychosocial, cultural, legal and ethical experiences of HIV positive women with regards to infant feeding choices will provide;

- 1) The women with an opportunity to tell their experiences from their own perspective—an opportunity which, to the best of our knowledge, has not been well documented in the Canadian context.
- 2) Care providers and policy makers with important information with regards to population impact of policy decisions, which would be useful to reflect on when developing future policies and practice
- 3) An opportunity to indirectly evaluate the impact of some of the policies (related to HIV transmission) on women from different cultures. For example, a few studies have discussed the impact of criminalization of HIV transmission—but have not addressed the unplanned impact it may have in relationship to mother to child HIV transmission. **LK & WT**

- b. Describe, in detail, how the results of the project will be disseminated, and by whom

Our KTE process, which is grounded in a commitment to change within housing practices, will include the following activities:

- A community forum to be held at the end of the project to share the results and findings of the project and to facilitate follow-up action planning;
- Workshop with CAC members, PHAs, and other interested stakeholders as identified at the community forum for the purposes of developing a community action plan. The action plan will be disseminated to housing providers, AIDS service organizations and other relevant health and social service agencies;
- A complete report detailing the project’s processes, data and findings will be prepared and submitted to the funders for public circulation;
- A summary report will be published and widely distributed to all community partners;
- Presentations at community and academic forums (community meetings, conferences);
- Research papers will be submitted for publication. **SG & AA**

- c. describe whether an evaluation of the project or capacity building activities will be conducted, and if so, describe the activities that will be carried out.

In terms of **evaluation**, our goal is to ensure that we have built a cohesive team, developed a strong research question and developed a comprehensive literature review. More importantly, this funding will provide the resources to recruit, train and involve youth in the development of this research project. We will evaluate Phase I on an ongoing basis. We will undertake a process evaluation to ensure that we are achieving project objectives in a timely manner and overcoming barriers as they emerge. We will also hold monthly meetings with the YAC to check-in and, at the end of Phase I, we will survey the youth

to learn how involvement in this project has impacted their learning of trans/homophobia, HIV/AIDS and CBR processes. Quantitatively we will evaluate the number and diversity of partners, service provider and youth forum participants, YAC, and students who we reach through this project. **RT, SF**

### ETHICAL CONSIDERATIONS (~1/2 page)

Consider the potential risks of your proposed project for communities and individuals, and address how these risks will be minimized. Note that all funded applicants will be required to consult with the University of Toronto HIV Research Ethics Board (REB) prior to beginning research activities, to determine whether REB submission and approval is required.

### TIMELINE (~1 page)

Provide a timeline for the proposed activities described above.

For example, activities can be shown in a table format:

Timeline	Activities
Month 1	Establish advisory committee Finalize Questionnaire Develop recruitment process Prepare Research Ethics Board Submission - submit
Month 2	Hire and train interviewers Purchase supplies Develop promotional materials – submit for REB approval
Month 3	REB Approval Advisory Committee Meeting Begin recruitment of participants Etc.

Or as a Gantt Chart:

Tasks	Month											
	1	2	3	4	5	6	7	8	9	10	11	12
Establish Advisory Committee												
Finalize Questionnaire												
Develop Recruitment Process												
Prepare REB Submission - submit												
Hire and Train Interviewers												
Purchase Supplies												
Develop Promotional Materials (submit for REB Approval)												
Meet with Advisory Committee												
Begin Recruitment of Participants												

## References

Insert a full list of articles, reports, etc. that you have referenced within the body of the proposal.

### **Thank you to the following teams for sharing portions of their proposals here:**

David Brennan. Body Image and Health Study: Eating Disorders and Body Dissatisfaction among Canadian Gay and Bisexual Men.

Todd Coleman, Greta Bauer, and Daniel Pugh. Health in Middlesex Men Matters (The HIMMM Project).

Sarah Flicker and Randy Jackson. TAKING ACTION! Using Arts-Based Approaches to Develop Aboriginal Youth Leadership in HIV Prevention.

Saara Greene and Amrita Ahluwalia. The Families, HIV and Housing Study.

Lydia Kafiriri and Wangari Tharao - Psycho- Social, Cultural and Ethical aspects of infant feeding choices for mothers in the era of HIV: Community Based Capacity Building Research Project.

Marney McDiarmid and Magda Lewis. Conceptualizing HIV-related Stigma within Communities of Gay and Bisexual Men.

Allison Scott and Stephen Hwang. A Developmental CBR Study to Investigate Factors Leading to Pregnancy and HIV Risk among Female Street Youth in Toronto.

Robb Travers and Susan Flynn. Teens Resisting Urban Trans/Homophobia (TRUTH).

Emily van der Meulen, Betty Kennedy, and Janet Smylie. Aboriginal Sex Worker's Needs Assessment: Developing Capacity and Assessing Need Among Aboriginal Sex Workers in Toronto and Thunder Bay.