

Date: October 1995

To: AIDS Care, Treatment and Support Unit

From: Nova Scotia Persons with AIDS Coalition
Black Outreach Project

Re: future proposal submission

The following information is for the purpose of assessing the appropriateness of submitting a proposal to AIDS Care, Treatment and Support Unit, based on the enclosed outline.

Project: HIV/AIDS Black Community Support Response

This project would be in conjunction with the following AIDS Care, Treatment and Support Unit main project areas:

- Support for Professional and Non-professional Education and Training
- Psychosocial / Quality of Life Support and Research Initiatives
- Model Program Development, Demonstration and Evaluation

Project Goals:

Goal 1

To create an environment and atmosphere of effective community support for persons infected and affected by HIV and AIDS.

Objectives:

To maintain, co-ordinate and operate community support development initiatives originally created by the Black Outreach Project.

To implement and integrate spiritual and emotional psychosocial and quality of life support initiatives with community support development initiatives in an effort to have a well rounded community care and support system.

Goal 2

To increase the effectiveness of AIDS community support work for diverse and/or regional rural communities in the nation.

Objective:

To formalize and articulate a model of how to develop diverse communities and/or regions of rural communities to provide care and support for persons infected and affected by HIV and AIDS.

Rationale:

The Black Outreach Project, which has been funded by the AIDS Community Action Program for the past four years, is nearing the end of Phase II. The Black Outreach Project does target AIDS work with the Black communities of Nova Scotia in an effort to be effective in responding to AIDS and related issues. In light of the late start the Black Nova Scotian community has had in addressing AIDS, we remain to be at a satisfactory level of response to AIDS and related issues, though we have made some remarkable strides. This work must continue and is ready to move on to the next phase, which would be solidifying community care and support in an Afrocentric spiritual and active nature.

Signs are telling us that we are going to see many more people in our community get diagnosed with HIV. Black people in Nova Scotia rarely get tested for HIV antibodies and therefore may not know of being HIV positive. There are high rates of drug abuse, high rates of teenage pregnancy and sexually transmitted diseases, (which show us the rate of unprotected sex), and clear symptoms of abuse and assault which all show us that unfortunately, we will possibly be seeing an influx of HIV positive diagnosis' in the near future. We must be equipped to deal with this.

Lastly, the dynamics of the Black community of Nova Scotia are very similar to many other geographic and cultural communities in the nation. It is felt that there has been some really good unprecedented work done with the Black Nova Scotian community. Through more development and the articulation of this work in the form of a "building community support" model, many communities across the nation can benefit. Reaching diverse communities has always been a struggle for many of us doing AIDS work, but building the communities to give adequate care and support is a huge step beyond that. We have done the outreach, we have the connections and partnerships, and we have developed the community to see AIDS as an issue; we are ready to take that step!

**Social Demographics of proposed pilot community:
Persons of African Descent in Nova Scotia**

1. There are approximately 30000 indigenous Black Nova Scotians with the exception of a small culturally visible immigrant population.
2. The population is dispersed throughout 31 African Nova Scotian communities, each with its own identity and 26 of which are rural communities.
3. The communities exist throughout the entire province.
4. The communities are generally very isolated geographically, socially and economically.
5. The communities are economically depressed.
6. There is an above average rate of poor education, poverty, teenage pregnancy, incarceration, and drug and alcohol abuse.
7. The Black Nova Scotian communities did not receive, or seek out a satisfactory amount or quality of AIDS information, education, support services, or community development initiatives until 1991, with the possible exceptions of 6 of the 31 communities.
8. There is a lack of trust and definite skepticism for any work, programs, community initiatives, etc. done in the Black community but not by the Black community.
9. Common views are that general pieces of work, programs, community initiatives, etc, do not relate to the Black community, are not accessible to the Black community, or are necessarily productive for the Black community.
10. People are continuing to get infected and affected by HIV.