

SHIF Year 7

ANNUAL REPORT

IMPACT, GROWTH, AND STRENGTH:
**THE STORY OF
SHIF YEAR 7**

INTRODUCTION

Year 7 of the SHIF grant was more than just funding—it was a testament to the resilience, dedication, and transformative power of community-driven HIV work. With an investment of \$1,980,000, SHIF stood alongside 31 grantee organizations, each uniquely positioned to reach the people who need them most. Grantees reached 235,446 beneficiaries, across 11 states and 24 counties, serving as lifelines, breaking down barriers to care, strengthening networks of support, and innovating to meet the moment. Numbers tell part of the story, but behind every data point is a life touched, a barrier removed, and a step forward in the fight for health equity.

SHIF provided funding across three primary grant types, General Operating Support, Care and Prevention Project Support, and Political and Social Action Project Support, ensuring that organizations had the flexibility to address community needs in meaningful ways. Some used their grants to sustain and strengthen their core operations, ensuring long-term stability for their vital programs. Others focused on expanding HIV prevention and care services, providing direct support to those living with and vulnerable to HIV. Still, others leveraged SHIF funding to advance advocacy and policy initiatives, pushing for systemic change and greater equity in HIV-related healthcare. By empowering organizations to work at different levels of impact, SHIF helped create a stronger, more sustainable network of HIV service providers committed to health justice and community well-being.

“SHIF funding has allowed us to shift from a traditional HIV prevention or care model which traditionally has solely focused on service provision based on a clients HIV status to one that allows for a more holistic approach to service delivery that addresses the social determinants of health regardless of HIV status.”
(Atlanta, GA)

These organizations were not just service providers, they were anchors in their communities. Some have spent decades in the fight against HIV, while others are newer, bringing fresh energy and bold ideas to the movement. Some operate at the city and county levels, responding directly to urgent local needs, while others take a broader approach, shaping change at the state and regional levels. Together, they represent a powerful, interconnected force committed to equity, access, and the dignity of every person they serve.

The financial realities of these organizations are as diverse as their missions. Their annual budgets range from \$948 to over \$14.6 million, with an average of \$1 million, reflecting the breadth of organizations working at the intersection of HIV prevention, care, and advocacy. Yet, regardless of size or funding, each organization carried out work that changed lives. SHIF funding made it possible for small, grassroots efforts to sustain and scale, while also reinforcing the work of larger organizations striving for systemic change.

This report tells the story of what SHIF grantee organizations accomplished in the program’s 7th iteration. It is a story of perseverance and innovation in the face of persistent challenges. It is about people, not just numbers—people living with HIV (PLWH), people fighting for equity, and people whose work, day in and day out, brings us closer to a world without stigma, without barriers, and without new HIV transmissions.





“Like most agencies, I imagine the challenges we’ve faced are largely related to the hostility of the current US administration and the threat to science, equity and freedom they pose. We have worked diligently with partners and coalitions to mobilize and protect advances to Black health that took decades to achieve.”
(Atlanta, GA)

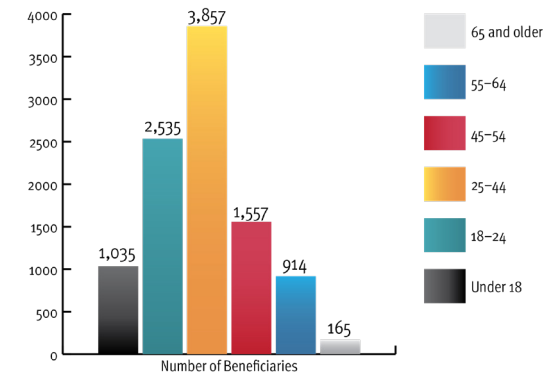
In the next sections, this report will explore the extensive impact of these efforts—where progress has been made, the challenges grantees have faced, and the collective difference these organizations have made in the movement.

The Reach of SHIF Year 7: Who We Served and Why It Matters

Note on Data Interpretation: One grantee reported a significantly large number of beneficiaries (200,000) due to high attendance at their events. While this number reflects strong outreach and engagement, it also affects the proportionality of some graphs and charts. When interpreting graphs or aggregate figures, this outlier should be considered.

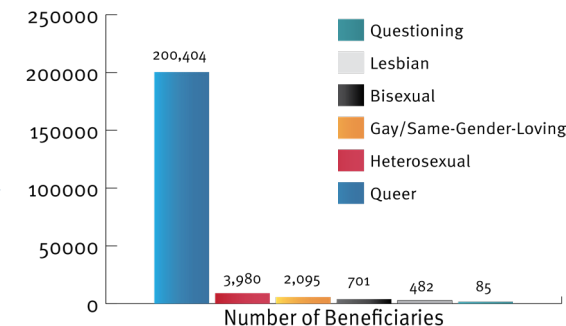
Age: Serving Across the Lifespan

SHIF-funded organizations serve individuals at every stage of life, recognizing that HIV prevention, care, and advocacy must be tailored to meet the needs of different age groups. This cohort reached 1,035 youth under 18, ensuring early education and intervention opportunities. **Young adults aged 18 – 24 (2,535)** — a group at heightened risk— were actively engaged in services provided by SHIF grantees. The largest age groups served, **25 – 44** and **45 – 54**, (5, 414), represents the working-age population, many of whom are managing families, careers, and their health simultaneously. Meanwhile, individuals in **older age groups (1,079)** demonstrate that HIV support is a lifelong commitment, ensuring that older populations receive the care and dignity they deserve.



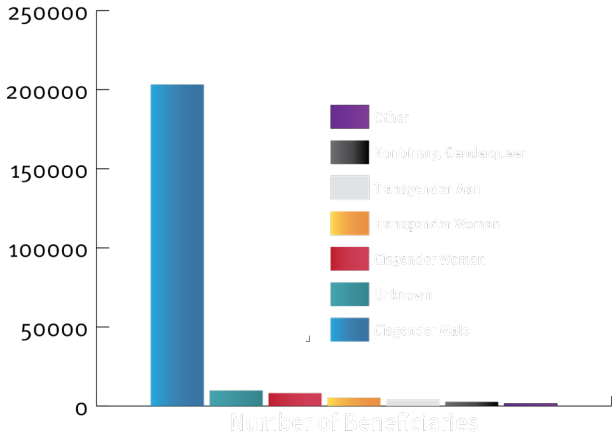
Sexual Orientation: Reaching Diverse Communities

Sexual orientation plays a crucial role in shaping health disparities, stigma, and access to care. This year, **3,980 individuals identified as heterosexual**, while **2,095 gay or same-gender-loving individuals** and 482 lesbian individuals engaged in SHIF-funded programs. Additionally, 701 bisexual, **200,404 queer**, and **85 questioning individuals** benefited from inclusive and culturally competent services. These numbers underscore SHIF’s commitment to ensuring that people of all sexual orientations have access to the resources they need to thrive.



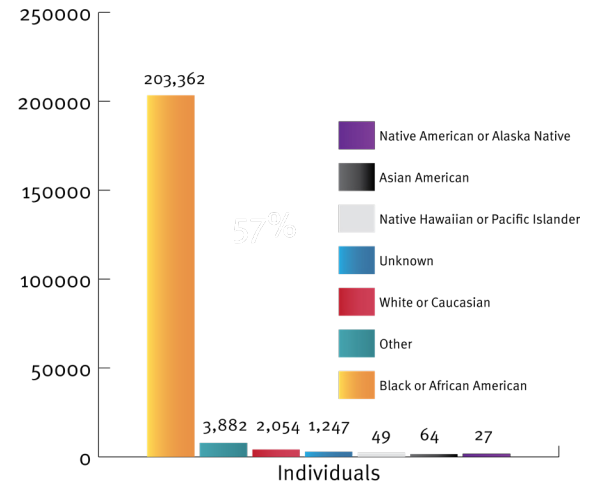
Gender Identity: Affirming All Identities

Gender identity plays a critical role in shaping health access, stigma, and outcomes. This year, SHIF-funded programs served **203,226 cisgender men and 3,522 cisgender women**, while also reaching 553 transgender men, **1,393 transgender women**, and 370 nonbinary or genderqueer individuals. Trans and nonbinary communities often face heightened barriers to care, making gender-affirming services essential in HIV prevention and treatment. By ensuring inclusive, stigma-free environments, SHIF grantees are working to close these gaps and provide equitable, affirming care for all.



Race: Addressing Racial Disparities in HIV Care

HIV continues to disproportionately affect communities of color, and SHIF-funded organizations have been at the forefront of addressing these disparities. This year, **203,362 individuals identifying as Black or African American** accessed services, reflecting a deep and necessary investment in a population historically impacted by systemic health inequities. Additionally, **2,054 White or Caucasian**, 64 Asian American, **27 Native American or Alaska Native**, and 49 Native Hawaiian or Pacific Islander individuals engaged with SHIF-funded programs, ensuring that services remain inclusive and responsive to diverse racial backgrounds. The presence of **3,882 individuals identifying as Other** and 1,247 Unknown responses underscores the complexity of racial identity and the ongoing need for culturally competent, affirming care.

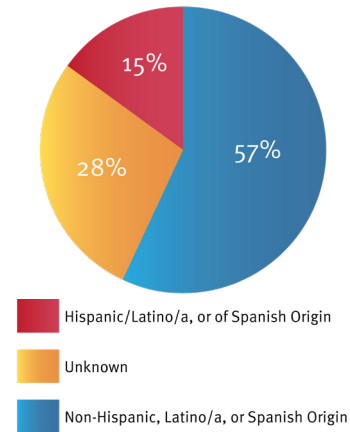


“Success is not just about numbers; its about the impact we create in the lives of trans and non-binary people of color. It’s about how our participants feel, the changes they experience, and the ways they grow. Success is measured by both tangible metrics and the intangible yet powerful sense of empowerment, safety, and belonging that our programs provide.”
(Greenville, SC)



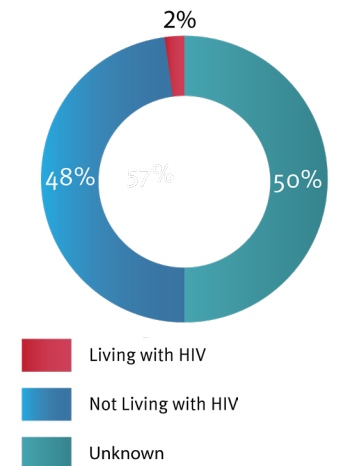
Ethnicity: Understanding Cultural Impact in Health Access

Culture and ethnicity shape how individuals experience healthcare, stigma, and support systems. This year, **1,115 individuals (15%) identifying as Hispanic or Latinx** engaged with SHIF-supported programs, reinforcing the importance of culturally competent, bilingual, and accessible services. **4,158 individuals (57%) identifying as non-Hispanic/Latino/a** also received services, highlighting the broad inclusivity of SHIF-funded initiatives. Addressing the needs of diverse ethnic communities is critical to reducing barriers to care and ensuring that every individual, regardless of background, receives equitable and affirming support.



HIV Status: Supporting Those Living with and Vulnerable to HIV

SHIF remains committed to ensuring that both PLWH and those at risk have equitable access to prevention, care, and advocacy. **This year, 3,519 PLWH received direct support, helping them navigate healthcare systems, access medication, and receive peer-based and clinical care.** Additionally, **102,659 individuals who are not living with HIV were engaged in education and prevention efforts, reinforcing the significance of early intervention in reducing new transmissions.**



However, 107,551 individuals did not disclose their HIV status, highlighting the ongoing need for expanded outreach, testing accessibility, and stigma reduction efforts. It's important to note that not all organizations collected HIV status data, so this number may include individuals who were not asked or whose status was not recorded. Regardless, it highlights a critical opportunity: building trust and ensuring that more people feel safe and supported in knowing their status. Early detection not only leads to better health outcomes but also plays a vital role in preventing new transmissions. Continued support for grantees is essential to help them expand testing efforts, normalize conversations about HIV, and reach those who remain disconnected from care.

*"We take pride in not just witnessing clients accessing services, but undergoing growth and transformation and frequently becoming service providers and leaders themselves, participating in boards, committees, and planning bodies. The core principle of 'nothing about us without us' is at the heart of our work, emphasizing intentional representation, inclusion, and real collaboration."
(Ft. Lauderdale, FL)*



Challenges

1. **Funding and Resource Constraints:** Many grantees, particularly smaller and community-based organizations, struggled with financial limitations. While SHIF funding was instrumental, it often did not fully cover the growing demand for services, workforce retention, and infrastructure needs. Organizations with smaller budgets faced heightened difficulty sustaining core operations beyond the grant period.
2. **Sustaining Advocacy and Policy Work:** Organizations working on advocacy and policy change faced structural barriers, including resistance from policymakers, bureaucratic delays, and limited resources for sustained legislative engagement. The political landscape in some regions created additional hurdles in advancing HIV-related policy initiatives.
3. **Workforce Capacity and Burnout:** Several grantees reported challenges in hiring and retaining skilled staff due to limited funding and high turnover. Staff burnout was a recurring theme, particularly among frontline service providers who navigated the emotional toll of working with vulnerable populations while managing high case-loads with minimal resources.
4. **Barriers to Engagement and Retention:** Grantees offering in-person services struggled with logistical barriers such as transportation limitations, stigma, and competing priorities, making it difficult to re-


tain participants. The lingering effects of COVID-19 further impacted engagement, with some communities hesitant to return to in-person programming. Additionally, organizations struggled to encourage initial attendance in HIV education, prevention, and treatment programs, citing factors like economic hardships, distrust in healthcare systems, and shifting community priorities.

5. **Limited Access to Supportive Services:** Many SHIF-funded organizations sought to integrate services beyond HIV care, such as housing, mental health support, and harm reduction initiatives. However, they encountered challenges in securing partnerships, navigating bureaucratic funding restrictions, and meeting the complex needs of their communities with limited resources.

*"Currently, in Louisiana, we coordinate a regular series of specialized clinics, centering the express needs of people living with HIV, in state and parish prisons, and in rural and northern/western Louisiana parishes. By focusing on Educational/Legal Clinics at prisons and jails across Louisiana, we have been able to provide access to health care, fight discrimination and improve the quality of life of people living with HIV."
(New Orleans, LA)*

Grantees Overall Impact

| Achieved Impact | Setbacks Without Investment | | |
|--|---|---|--|
| 1. Sustained Critical HIV Services: Because of SHIF funding, 31 organizations were able to provide HIV prevention, care, and advocacy services to 235,446 beneficiaries, across 11 states and 24 counties. | 1. Without this support, many of the grantee organizations, particularly newer and smaller, community-based efforts, would be forced to scale back or shut down essential programs, leaving vulnerable populations without access to life-saving interventions. | 6. Advanced Policy and Advocacy Efforts: SHIF-funded organizations successfully influenced HIV-related policies, fought for expanded healthcare access, and addressed systemic barriers affecting PLWH. | 6. Without this support, advocacy efforts would weaken, reducing the ability to push for critical policy changes that protect and expand healthcare access. |
| 2. Expanded Access to HIV Prevention and Treatment: SHIF funding enabled organizations to expand outreach, increase testing accessibility, and connect individuals to medical care and treatment. | 2. Without these resources, HIV transmission rates could increase, as fewer people would have access to timely testing, PrEP, and other prevention measures. | 7. Fostered Strategic Partnerships and Service Integration: SHIF grantees leveraged funding to establish and strengthen partnerships with healthcare providers, housing programs, and mental health services, creating a more comprehensive support system for people living with or at risk for HIV. | 7. Without this funding, cross-sector collaboration would decline, limiting holistic, integrated approaches to HIV care. |
| 3. Addressed Health Disparities: SHIF-supported organizations directly served Black, Latinx, LGBTQ+, and low-income communities, addressing the disproportionate impact of HIV on these populations. | 3. Without continued investment, health inequities would widen, limiting access to culturally competent care and increasing the burden of HIV in historically marginalized communities. | 8. Supported Workforce Development and Capacity Building: SHIF investments ensured that service providers had the necessary training, staffing, and resources to deliver high-quality, evidence-based HIV care. | 8. Without these funds, many organizations would struggle with staff shortages, burnout, and reduced capacity, leading to diminished service quality and access. |
| 4. Bolstered Organizational Sustainability: Through SHIF funding, organizations strengthened their financial stability, workforce capacity, and operational resilience, ensuring long-term service provision. | 4. Without sustained funding, many organizations would struggle to retain staff, secure additional resources, or maintain program effectiveness, leading to service gaps and workforce shortages. | 9. Provided Culturally Competent, Stigma-Free Care: SHIF-funded organizations created safe, affirming spaces for LGBTQ+, Black, and Latinx communities seeking HIV-related care. | 9. Without this funding, many communities would lose access to trusted providers, increasing the barriers posed by stigma, discrimination, and lack of culturally responsive services. |
| 5. Strengthened Community-Based Leadership and Innovation: SHIF funding empowered organizations to develop new, community-driven solutions to HIV prevention and care, including mobile outreach, harm reduction initiatives, and digital health strategies. | 5. Without these investments, innovation in service delivery would stagnate, limiting the ability of organizations to adapt to evolving public health needs. | 10. Drove Measurable Health Outcomes: Organizations supported by SHIF reported increased rates of HIV testing, linkage to care, and treatment adherence, contributing to improved health outcomes and reduced HIV transmission. | 10. Without this funding, progress toward viral suppression and community-wide health improvements would be severely impacted. |



Lessons Learned and the Path Forward

Year 7 of SHIF reinforced critical insights into the evolving landscape of HIV prevention, care, and advocacy.

- **Community trust remains a cornerstone of effective HIV interventions.** Stigma, misinformation, and systemic inequities continue to hinder engagement, emphasizing the need for **culturally responsive, affirming, and accessible care models** to reach those most impacted.

S H I F Y E A R 7 A N N U A L R E P O R T

- **Sustained, flexible funding is essential for organizational stability and innovation.** Smaller, community-driven initiatives require reliable support to **maintain operations, expand outreach, and develop new solutions** that meet emerging needs.
- **Workforce resilience is critical** to service delivery. Staff **burnout and capacity limitations** emerged as major challenges, underscoring the need for **investment in well-being, training, and retention strategies** to sustain high-quality care.
- **Integrating HIV services with broader health and social support systems leads to greater impact.** Grantees demonstrated that linking **housing, mental health, and harm reduction services** HIV care **enhances engagement, improves health outcomes, and fosters long-term sustainability.**
- Advocacy and policy work require long-term movement building. Challenges in advancing systemic change reinforced the importance of cross-sector collaborations and sustained efforts to influence policies that protect and expand healthcare access.

These lessons are more than reflections on past work; they are a call to action for the future. As SHIF continues to invest in organizations at the frontlines of the HIV response, these insights will shape funding strategies, technical assistance efforts, and policy advocacy to ensure that every community—regardless of geography, identity, or resources—has access to equitable, high-quality care. By building on the experiences of Year 7, SHIF remains committed to strengthening the movement for health justice and advancing the fight to end the HIV epidemic.



