



***DRAFT***

**Summary  
Strategic Plan  
2005-2010**

**MISSION STATEMENT**

**The Society exists to enable persons living with Acquired Immune Deficiency Syndrome and Human Immunodeficiency Virus to empower themselves through mutual support and collective action.**

***From our personal struggles and challenges come our  
courage and strength.***

## **OUR CORE VALUES AND BELIEFS**

**Our Mission Statement is our guide to all we do.**

**We are inspired by our unique history and honour the contributions of our founding members.**

**We are a member-driven society.**

**Confidentiality and privacy are paramount in the affairs of our Society.**

**Persons living with HIV/AIDS accept ownership of the virus in their bodies and take responsibility for dealing with it.**

**People living with HIV/AIDS, who are the soul of the Society, control and direct it.**

**The abilities, diverse life experiences, knowledge, and beliefs of persons living with HIV/AIDS are of value to the Society.**

**We promote healthy behavior, respectful and honest interaction, and safe, supportive environments for all.**

**We have a duty to foster, encourage and empower persons living with HIV/AIDS.**

**We respect the identities of all persons.**

**We believe in the value of giving and receiving support.**

**We view HIV/AIDS as a challenge rather than a defeat, and honour courage, bravery, and humour in the face of catastrophic tragedy.**

**HIV/AIDS is not a punishment.**

**People living with HIV/AIDS have the right to make choices with respect to the quality of their lives.**

**Persons living with HIV/AIDS have the right to death with dignity.**

Adopted by the Board of Directors on January 13, 1999, incorporating subsequent minor amendments.

## **TABLE OF CONTENTS**

Core Values and Beliefs.....	2
Executive Summary .....	4
Introduction .....	5
Strategic Areas .....	6-13
Administration & Operations .....	6
Membership Engagement .....	6
Board & Volunteer Development .....	6
Volunteer Engagement & Development .....	6
Collective Advocacy/Provincial Leadership .....	7
Positive Gathering .....	8
Operations .....	8
Hours of Operation .....	8
Physical Space .....	8
Evaluation .....	8
Communications & Education .....	9
Media & Membership Relations .....	9
Print Media .....	9
Positive Prevention .....	10
Social Marketing .....	10
Outreach .....	10
Research .....	10
Support Services .....	11
Support Programming Research .....	11
Support Programming .....	11
Treatment Information & Advocacy .....	12
Individual Advocacy Program .....	12
Treatment Outreach Program .....	12
ABC's of HIV Treatment and Care On the Road Program.....	12
Prison Outreach Program (POP) .....	12
Treatment Advocacy Program .....	13

## ***EXECUTIVE SUMMARY***

The BC Persons With AIDS Society's Strategic Plan, 2005-2010, will guide and inform the work of the Society over the next five years.

The Goals of the Strategic Plan are drawn from the Constitution & By-Laws of the Society, Article 2:

- To create a positive attitude and engender a feeling of hope in persons with HIV/AIDS.
- To provide support activities and facilities to members for the purpose of self-help and self-care.
- To maintain an organizational structure to act in an advocacy role for members relating to government and the community.
- To provide support services to members and non-members.
- To assist in creating a positive image of persons with HIV/AIDS to the community.
- To operate as a charitable institution (without profit to its members) to acquire, construct, provide, maintain, lease, own and manage real estate or any interest therein, including one or more low-rental housing projects for persons with HIV/AIDS.
- To raise funds for the above purposes.

The Objectives of the Society over the next five years have been grouped: firstly, by Department area and secondly, by the year in which they are to be undertaken. The main themes of the plan are as follows:

### ***Provision of Services to Members***

The vast majority of the Society's objectives over the period 2005-2010 speak to providing members with increased levels of service including lengthened hours of operation, the creation of satellite operations, improvements and extensions to current programs, and the establishment of entirely new programming.

### ***Member Engagement***

Over the next five years, the Society is committed not only to increasing its membership but also to increasing the level of member engagement in its governance, collective advocacy efforts, and programming.

### ***Volunteer Development and Engagement***

In virtually every area of the Strategic Plan can be found objectives which aim to engage volunteers, encourage volunteerism within the Society, and increase the number of training and development opportunities available to volunteers.

### ***Collective Advocacy***

BCPWA is a recognized leader in lobbying for changes in policies, laws, regulations, and practices, and in all matters of a public nature that are of concern to the Society's membership. Over the next five years, the Society is dedicated to extending its collective advocacy efforts on behalf of its membership



Glen Bradford, Chair

## ***INTRODUCTION***

Since 1986, the British Columbia Persons With AIDS Society (BCPWA) has been dedicated to empowering persons living with HIV disease and AIDS through mutual support and collective action. BCPWA is member-founded and member-driven and is unique among major HIV/AIDS agencies in Canada in that its Board of Directors is composed entirely of HIV positive members.

The Society grew out of a need to service the growing population of HIV positive individuals in the province of British Columbia, and that need is no less now than in 1986. In its first year of operation, it was estimated that the Society represented one-third of all HIV positive people in the province. In 1993, the Society numbered more than 2,500 HIV positive persons among its membership and in 2004, nearly 4,000 HIV positive persons are members of BCPWA. BCPWA is currently Western Canada's largest AIDS organization and provides support and advocacy services, treatment information and volunteer opportunities for its many diverse members.

The last time BCPWA generated a Strategic Plan was for the period 1995-2000 and enormous changes have taken place since that time. The epidemic of HIV infections has more than doubled and has become ever more diverse in its targets, the only apparent constant being social marginalization. Government health care and social development policies have undergone dramatic alterations and the need to provide more wide-ranging and comprehensive services to HIV positive people has increased.

All of these factors led the BCPWA Board of Directors in the Fall of 2003 to commence the creation of a new five-year Strategic Plan for BCPWA. The Plan is intended to cover the period April 1, 2005 through March 31, 2010. To ensure that it proves the best plan possible, BCPWA has encouraged the widest possible involvement of its members, volunteers, elected leadership and employees.

Starting at April 1, 2005, the Strategic Plan will guide BCPWA's work and development for the next five years. Please read Year 1 as 2005, Year 2 as 2006, Year 3 as 2007, Year 4 as 2008 and Year 5 as 2009.

### **FOR YOUR INFORMATION:**

The following Plan is a condensed version of the Society's proposed Strategic Plan and highlights the programming objectives for the Society. A complete version of the Strategic Plan which contains organizational, operational and other administrative objectives is available from the Society upon request (phone 604.893.2292) and will also be made available on the Society's website at [www.bcpwa.org](http://www.bcpwa.org).

Please note that this Plan does not represent a rigid and fixed document; it should be considered as a dynamic and flexible text that is informed and guided by the membership of the Society, and the emerging issues and ever-changing nature of the HIV/AIDS community.

## ***ADMINISTRATION & OPERATIONS***

The Board of Directors governs and is responsible for the long-term sustainability of the Society. Elected by and answerable to the membership, the Board's areas of responsibility include: collective advocacy, envisioning the future by setting goals and priorities; setting policy; developing links to the community; representing the Society; providing for the prudent management of the Society's resources; and risk management.

Operations has two major functions: (1) support and facilitate the governance work of the elected Board of Directors, including collective advocacy efforts and departmental governance through the standing committee system, and (2) maintain the financial and administrative infrastructure on the foundation of which all other BCPWA departments do their work and provide the services and activities for which BCPWA is known. These services include Information Technologies, the Internet Café, Membership, the Positive Gathering and Volunteer Coordination, Development, Training and Recognition.

## ***MEMBERSHIP ENGAGEMENT***

### **Objectives:**

- A. Strike a Membership Engagement Standing Committee by the beginning of year 1 to facilitate the engagement of the membership in all aspects of the Society's work
- B. By the end of year 1, implement an on-site vocational rehabilitation program, either in partnership with one or more outside agencies or not.
- C. Increase the number of instances of services used by individual members by 10% by year 3.
- D. In collaboration with the Membership Registrar, Communications & Education and Information Technologies, by the end of year 1, generate an email list group incorporating 50% of the membership who have email addresses, rising to 75% by the end of year 3.
- E. Increase AGM attendance to 5% of membership by end of year 3.

## ***BOARD & VOLUNTEER DEVELOPMENT***

### **Objectives:**

#### ***Volunteer Engagement & Development:***

- A. Conduct not fewer than one skillsbuilding course (public speaking, etc) for volunteers per year.
- B. In coordination with Collective Advocacy, identify, recruit, train and deploy five skilled activists per year, including one to the Canadian Treatment Action Council (CTAC).
- C. In coordination with Treatment Peer Counselling, identify, recruit, train and deploy at least five new treatment counsellors per year.
- D. In coordination with Positive Prevention, train ten new positive volunteers interested in prevention issues per year, representing various populations.

- E. Foster the implementation of volunteer-based administrative and program support in each Department by the end of year 1.
- F. During year 1, work with Communications & Education to complete the implementation of a website volunteer team charged with all aspects of the maintenance and regular updating of the website.
- G. Collaborate with Communications & Education to develop a roster of trained public speakers able to speak generally about the Society and its work by the end of year 1.
- H. In coordination with the Coordination Team, Communications & Education and Treatment Outreach, develop a multi-level (beginner, intermediate, senior) volunteer speaker's bureau training program by the end of year 1.
- I. By the end of year 1, in coordination with Information Technologies, develop a team of well-trained volunteers skilled in data management and data mining techniques.
- J. By the end of year 2, in coordination with Information Technologies, create a volunteer IT training team.
- K. In coordination with Support Services, develop a sustainable volunteer cadre for the Complementary Health Fund (CHF) by the end of year 2.
- L. In coordination with Support Services, develop a sustainable volunteer cadre for Polli & Esther's Closet by the end of year 2.
- M. In coordination with the Prison Outreach Program (POP), identify, recruit, train and deploy ten new prison outreach volunteers by the end of year 2.

## ***COLLECTIVE ADVOCACY/PROVINCIAL LEADERSHIP***

### **Objectives:**

- A. Create mechanisms by the end of year 1 through which members are actively engaged in collective advocacy.
- B. Develop a Society position statement on HIV disclosure and appropriate legal sanctions in the event of inappropriate non-disclosure in light of the Currier and Williams decisions by the end of year 1.
- C. Secure an independent comprehensive needs assessment for HIV positive people living in British Columbia by the end of year 2.
- D. Secure a doubling of the provincial funding for HIV meds and access to drugs for persons in marginalized populations through the BC Centre for Excellence (BCCFE) by the end of year 2.
- E. Secure a doubling of the provincial funding directly to community-based AIDS services by the end of year 2.
- F. By the end of year 4, satisfactorily resolve the issue of timely approval by Health Canada of new HIV/AIDS and related medications.
- G. By the end of year 4, satisfactorily resolve the issue of appropriate pricing by the Patented Medicine Prices Review Board (PMPRB) of new HIV/AIDS and related medications.

- H. By the end of year 4, satisfactorily resolve the issue of coverage by the provincial pharmacare formulary of approved HIV/AIDS and related medications.
- I. By the end of year 4, satisfactorily resolve the issue of access to life-saving interventions.
- J. Secure the opening of five Safe Injection Sites by appropriate agencies in places like Vancouver, New Westminster, Cranbrook, Surrey, Victoria, Prince Rupert, Campbell River, Prince George, Kelowna, Kamloops, and correctional facilities by the end of year 5.
- K. Secure a national Pharmacare Program by the end of year 5.
- L. By the end of year 5, secure consumer seats on the Patent Medicines Prices Review Board (PMPRB) and the Common Drug Review.
- M. Secure a definition of disability that includes addiction for the purposes of Persons With Disabilities (PWD) designation and federal Canadian Pension Plan (CPP) benefits by the end of year 5.
- N. Secure the legalization of medicinal marijuana by the end of year 5.

## ***POSITIVE GATHERING***

### **Objective:**

- A. Produce the Positive Gathering in years 1 (2005), 3 (2007) and 5 (2009).

## ***OPERATIONS***

### **Objectives:**

#### ***Hours of Operation:***

- A. By the end of year 1, conduct a survey of members regarding their needs for expanded hours of operation, and thereafter expand the hours of operation accordingly.

#### ***Physical Space:***

- A. By the end of year 1, improve Internet Café services and physical environment.
- B. By the end of year 3 have secured funding and physical space for satellite operations in one of the Fraser Valley, Downtown Eastside and West End, and in all three by the end of year 5.

#### ***Evaluation:***

- A. Effect an internal audit of BCPWA programs and services, starting in year 1.
- B. Effect an external evaluation of BCPWA by the end of year 1.



## ***COMMUNICATIONS & EDUCATION***

The Communications & Education Department seeks to inform the membership of the Society, persons living with HIV/AIDS, and the broader community of current issues facing those infected and affected by HIV/AIDS. This is accomplished through various means such as the BC HIV Electronic News List, *living ⊕ Magazine*, the Positive Living Manual and the website. Communications & Education ensures that the voices of PWAs are heard in the community by maintaining a high profile for BCPWA in the media. In addition, Communications works internally with all the departments of BCPWA to provide them with communications support such as print materials.

### **Objectives:**

#### ***Media & Membership Relations:***

- A. Implement an ongoing program to support and encourage health care providers to inform positive persons about BCPWA and benefits of membership by year 1.
- B. In year 1, finalize the guide governing Society spokespersons and train such spokespersons as necessary.
- C. Work with Collective Advocacy to create a mechanism by the end of year 1 through which the Communications & Education Department will inform the membership regarding collective advocacy issues.
- D. By the end of year 2, raise general public awareness of the Society and its work such that, at the end of the campaign, general public contact exceeds current levels of contact by 15%.

#### ***Print Media:***

- A. Translate five lead brochures into Spanish, Mandarin and Punjabi by the end of year 3, in conjunction with the forging of the partnerships necessary to permit service provision by either BCPWA or its partners in the languages published.
- B. Negotiate and effect partnerships necessary to permit service provision by either BCPWA or its partners in the languages in which BCPWA brochures are published by the end of year 3.
- C. Produce and distribute the 4th edition of the Positive Living Manual by the end of year 4, including prevention and medical treatment updates, a section on available resources, and ensure that the design of the manual allows for inexpensive updates.
- D. Identify, recruit and deploy four new writers for *living ⊕ Magazine* per year, at least two of whom should be members.
- E. Publish an eight-page supplement for each issue of *living ⊕ Magazine*, rotating among Spanish, Mandarin and Punjabi, by the end of year 3.
- F. Designate one page in *living ⊕ Magazine* for low literacy articles by the end of year 3.
- G. Effect free national distribution of *living ⊕ Magazine* to any HIV positive person wishing it by year 5.

## ***POSITIVE PREVENTION***

As the Society's newest department, Positive Prevention seeks to support positive people in their efforts at risk reduction and help positive people maintain the best-possible physical and psychological health. To this end, Positive Prevention is involved in designing and implementing social awareness campaigns, producing literature and other types of media related to positive prevention, engaging in outreach activities such as support groups and workshops, conducting training on positive prevention, and promoting the concept of positive prevention through conference presentations, lectures and collaboration with other agencies.

### **Objectives:**

#### ***Social Marketing:***

- A. Beginning in year 1, develop, implement and evaluate a series of sequential campaigns targeted to HIV positive persons and prevention issues.

#### ***Outreach:***

- A. Beginning in year 1, work with external agencies to develop and deliver positive prevention modules where appropriate.
- B. Create a Prevention On the Road Outreach Program by the end of year 3.

#### ***Research:***

- A. Review and update the environmental scan of other positive prevention programs around the world annually.
- B. Between years 1 and 5, undertake not fewer than two community-based research projects, alone or in collaboration with other organizations, and such other research activity as may be advisable.

## ***SUPPORT SERVICES***

The Support Department offers programs and services designed by members which enhance social support networks, improve quality of life, promote self-care and enable peer-driven activities to operate in safe, respectful environments. The Department provides information and referral to BCPWA programs for members and administers a wide range of support programs including: Average Joe's Social Evening, the Christmas program, the Complementary Health Fund (CHF), the Complimentary Ticket Program, Income Tax Assistance, the Lunch Voucher Program, the Member's Lounge, Member's Retreats, Polli & Esther's Closet and Theatre Positive.

### **Objectives:**

#### ***Support Programming Research:***

- A. Conduct a needs assessment for employed PWAs by the end of year 1, with consequent programming initiatives to be effected by the end of year 2.
- B. By the end of year 2 and in coordination with Treatment Information & Advocacy (TIAD), create a feasibility study that includes the Complementary Health Fund (CHF), Treatment Information Program (TIP), naturopathy, homeopathy, bodywork, and the space for a health centre.
- C. By the end of year 2, conduct a needs assessment regarding support groups for specific populations (the newly-diagnosed, sexual abuse survivors, women, long-term survivors, middle and late middle-aged populations, transgendered sex trade workers and female sex trade workers); and
- D. By the end of year 3, secure qualified facilitators and other resources needed for each of the support groups, the need for which is identified pursuant to the immediately preceding objective.

#### ***Support Programming:***

- A. By the end of year 1, develop recreational/social activities for delivery in or through the Lounge.
- B. By the end of year 1, present a theatre and writing workshop at least once annually.
- C. By the end of year 2, present a Theatre Positive production or productions in one venue other than a traditional theatre space.
- D. By the end of year 2, present two fun/social events that year, one of which will be the annual Christmas dinner and, by the end of year 4, expand that to up to four fun/social events, one of which will be the Christmas dinner; fun/social events may include dances and cultural themes.
- E. In coordination with Volunteer Coordination, the Prison Outreach Program (POP), Treatment Information & Advocacy (TIAD), Positive Prevention and other Support teams, create a new and improved peer counselling program, including culturally appropriate marketing and referral functions in the envisaged satellite operations, by the end of year 3.
- F. Develop the capacity to present at least one population-specific and/or issue-specific (eg: sero-divergent couples) retreat per year in addition to the three retreats currently presented annually, by the end of year 3.

## ***TREATMENT INFORMATION & ADVOCACY***

The Treatment Information & Advocacy Department (TIAD) maintains several programs including Individual Advocacy, Treatment Information, the ABC's of HIV Treatment and Care Program, and the Prison Outreach Program (POP). Individual Advocacy provides one-on-one advocacy services to persons living with HIV which include securing disability income and benefits, securing health and medical benefits, debt management and relief, and legal referrals. Treatment Information provides individuals with up-to-date information on therapies and treatments for HIV and AIDS. The ABC's of HIV Treatment and Care On the Road Program provides workshops and presentations on treatment issues throughout the province. The Prison Outreach Program (POP) provides peer support, counseling and treatment information to HIV positive inmates and ex-inmates and conducts regular visits to federal and provincial correctional facilities.

### **Objectives:**

#### ***Individual Advocacy Program:***

- A. Beginning in year 1, review Action Kits annually and update as needed.
- B. By the end of year 1, develop the capacity to provide advocacy training across the Province.
- C. By the end of year 1, develop a capacity to advise, and partnerships with which to advocate, regarding long-term disability (LTD) termination up to, but not including, court action.
- D. When appropriate, integrate advocacy issues into the Community Forums and Prison Outreach Program (POP), beginning in year 2.
- E. By the end of year 3, and in coordination with the satellite operations established by the Society, offer regular advocacy clinics.

#### ***Treatment Outreach Program:***

- A. Following an evaluation of the 2004 pilot project, and so varied appropriately, produce and air at least one cable TV program or video conference yearly, beginning in year 2.
- B. By the end of year 2, present not fewer than four Community Forums, and by the end of year 4, up to six.

#### ***ABC's of HIV Treatment and Care On the Road Program:***

- A. By the end of year 2, maintain and develop ABC's on the Road presentation modules such as hepatitis C virus (HCV), hepatitis B virus (HBV), cancer, newly-diagnosed, AIDS 101 and others as appropriate.

#### ***Prison Outreach Program (POP):***

- A. By the end of year 2, have positive peer groups in each of two different CSC institutions.
- B. Develop appropriate programming for population-specific groups within prisons by the end of year 2 (ie: aging, pensions, tattooing, compassionate release).

- C. By the end of year 3, increase active inmate involvement in POP activities by 25% over year 1 (measured by hours).

***Treatment Advocacy Program:***

- A. By the end of year 2, produce and distribute a position paper on the benefits of integrative medicine in the context of HIV.
- B. By the end of year 3, develop a treatment individual advocacy program, including train-the-trainer resources.
- C. Partner with Support Services to develop treatment advocacy specific support groups (eg: lipodystrophy/lipoatrophy) by the end of year 3.
- D. By the end of year 4, present treatment activism modules at two conferences per year.