

A V I 2 0 0 3 / 2 0 0 4



C O M M U N I C A T I O N S S T R A T E G Y

DRAFT
SEPTEMBER 2003

C O M M U N I C A T I O N S S T R A T E G Y

C O N T E N T S

1. Background	1
2. Communications Priorities	6
3. Target Audiences	9
4. Key Messages	9
5. Strategic Activities	10
6. Agency Spokespersons	12
7. Timeline	13
8. Evaluation	16

background

1. Background

AIDS Vancouver Island was incorporated in January 1986. Since that time, the need for HIV/AIDS related services and information has continued to grow. AIDS Vancouver Island continues to adapt its programs and services for individuals and organizations in the communities it serves.

Vision (revised in 2003)

AIDS Vancouver Island is a leader in preventing the spread of blood-borne viruses through innovative, evidence-based approaches; in caring holistically for people who live with HIV/AIDS and co-infections; and in helping to create social environments that reduce vulnerability to disease and enable sustained risk reduction.

Mission (revised in 2003)

AIDS Vancouver Island provides accessible and effective education, prevention, care, treatment and support services to residents of Vancouver Island and the Gulf Islands to:

- (1) reduce the spread of, primarily, HIV/AIDS and also Hepatitis C and/or other co-infections; and,
- (2) improve the health and well-being of people infected and affected primarily by HIV/AIDS and also by Hepatitis C and/or other co-infections.

background

Epidemiological reference

Approximately 11 Canadians become infected with HIV every day. Current estimates indicate that, in 1999, 49,800 Canadians were living with HIV infection (including those living with AIDS), representing an increase of 24 per cent since 1996. This number is believed to be higher since an estimated 30 per cent of those with HIV/AIDS are unaware of their infection.

Southern Vancouver Island

In 2001, 36 people tested newly positive for HIV in the Southern Vancouver Island health service area, compared to 27 people in 2000. This represents an increase of 33% in actual cases—the only health region in BC where such an increase has occurred.

To date, 445 people have tested positive for HIV infection in Southern Vancouver Island since testing began. Just over 80% of HIV infections occurred in men. Of these cases, 33% occurred in men who inject drugs and 36% occurred in men who have sex with men. For women, who comprise 18% of total HIV infections, an overwhelming 58% of these cases occurred in women who inject drugs and/or are involved in the sex trade. Of the total 445 cases of HIV infection, just under 10% self-identified as Aboriginal people and/or First Nations. Ninety eight percent (98%) of the total HIV cases occurred among people 20 years of age or over, with the majority of cases among people 30 years of age or over, regardless of gender.

In 2001, there were 403 cases of Hepatitis C reported in Southern Vancouver Island, down from 426 cases in 1999.

background

Central Vancouver Island

In Central Vancouver Island, 12 people tested newly positive for HIV infection in 2001, compared to 13 in 2000.

There have been a total of 172 HIV infections to date. Women account for 23% of the total HIV infections and the two biggest risk factors for women are heterosexual contact (47%) and injection drug use and/or involvement in the sex trade (43%). Men account for 77% of the total HIV infections and the biggest risk factors for men are injection drug use (37%) and men who have sex with men (27%).

Communications reference

Health Canada commissioned a national survey in March 2003 to serve as a baseline study on public awareness and information campaigns.

The Ipsos-Reid report, *HIV/AIDS — An Attitudinal Survey*, recommends more public education on prevention and research by the federal government. "Given that the fatal nature of HIV/AIDS is not well understood, messages regarding safer sex may have their strongest impact when coupled with the message of fatality (no matter how long after contracting the disease that death occurs)," concludes the report. It says there is a knowledge gap in the general public about the government's approach to AIDS, even though support is apparently high for the efforts.

"Incidence and prevalence remain high despite numerous education and health promotion initiatives and raise questions as to why. Among the hypotheses offered are: complacency or optimism related to the perceived success of drug therapies . . ." the report said.

background

"With respect to behaviour, safer sex is practised by a minority of the sexually active and almost always as a result of casual or multiple partners."

Inventory of agency services

1. Health Promotion and Community Development

- Infoline
- Speakers Bureau
- Education Information
- Resource Centre
- The Men's wellness Program
- AIDS Vancouver Island - Nanaimo

2. Direct Services

- Positive Wellness Program – including AIDS Vancouver Island - Nanaimo
- Street Outreach Services – including the Cowichan Valley Needle Exchange

3. Volunteer Services

Agency communications in 2002/03

In 2002/03, AVI had operated without a communications plan for three years. Contractors were retained in the fall of 2002 to manage proactive responsive/reactive communications. In response to media and public attention, effort was focused on AVI's needle exchange and its role in downtown injection drug use.

Agency communications in 2003/04

AVI arranged for an expanded retainer with its contractors to handle both responsive and proactive communications for the fiscal year, in addition to preparing a

background

communications plan (the plan) for the consideration of management and staff.

Stakeholder consultation

During the drafting of the plan, areas of concern and common purpose were garnered from staff and external stakeholder by means of group and one-on-one interviews convened during the summer of 2003. These interviews have influenced the communications priorities set out in this document.

priorities

2. Communications priorities

In accordance with the organization's strategic plan, communications priorities must complement the following key areas:

- Research
- Program Development
- Partnership Building
- Education and Training
- Public Policy Development
- Organizational Development

Three communications priorities are expected to contribute to the organization's overarching strategy, "to build and sustain an environment of individual, social and economic inclusion for AIDS Vancouver Island clients, target client populations and key stakeholders."

1

Priority One: To reflect and enhance AVI's overall profile.

Method: AVI can build a more representative profile through the promotion of all of its services in the communities it serves.

Rationale: Public and media attention have been devoted to AVI's needle exchange over the past two years in a manner that is disproportionate to the agency's overall services. By promoting and responding in a timely manner to issues beyond the IDU community and the needle exchange, the organization can familiarize the public and media with all of its programs and priorities, including non-IDU groups at risk for HIV/AIDS, such as gay men, aboriginals, women and youth.

2 priorities

Priority Two: To position AVI in the public, the media and among stakeholders as a principle source for information and services relating to HIV/AIDS. *Got questions? Get answers.*

Method: Formalize external first-response HIV/AIDS procedures for the inquiring public, the media and other stakeholders. Procedures must anticipate questions and provide information in a clear and efficient manner through all of the organization's communications channels, including the internet, email, print, telephone and face-to-face. This will require ancillary supports that include daily media monitoring and the ongoing development and review of organizational positions on issues of the day (c.f. Priority Three).

Rationale: Ongoing media monitoring and intra-agency circulation and deliberation of AIDS issues will contribute to the organization's mission and to its services and reputation as a source of current HIV/AIDS information. In addition, the required methodology will contribute to a culture of learning and dialogue among board members, staff, volunteers and clients, and facilitate internal communications and improved procedures for creating, approving and distributing information.

3 **Priority Three:** To position AVI as a leader on HIV/AIDS and harm reduction issues on Vancouver Island.

Method: AVI can build a more comprehensive public and stakeholder profile by preparing and distributing leadership statements on relevant issues.

priorities

Rationale: AVI can reinforce its leadership position in the community and within the organization by determining and maintaining positions on issues of the day. The organization has the experience, infrastructure and expertise to set rather than seek precedent. The ongoing exercise of discussing and developing positions will build agency confidence and foster internal dialogue.

targets

3. Target audiences identified

- a) Broadcast or "shotgun" approach to the public-at-large.
- b) Risk groups, including youth, aboriginals and GLBTQ.

4. Key messages identified

- a) HIV/AIDS has no cure.
- b) Got questions? Get answers. Informed decisions save lives.
- c) AVI provides life-saving services and information for people from all walks of life.

activities

5. Strategic activities

Priority One: To reflect and enhance AVI's overall profile.

- a) Develop an internal communications protocol in order to respond to incoming information requests and to promote the discussion, development, approval and distribution of information.
- b) Promote internal communications through the generation and distribution of notices and meeting minutes (board/staff/committee) by means of email and printed bulletins and via the website.
- c) Develop a volunteer-driven quarterly newsletter for stakeholders, including members, community partners, physicians, etc, made available in print and on the web.
- d) Ongoing relationship-building with media in the region.
- e) Develop relevant PSA messages for radio for general placement.
- f) Prepare and broadcast media releases to complement agency functions and events (see timeline).
- g) Produce a high-caliber generic agency poster.
- h) Seek sponsorship for ad placement with Monday Magazine.
- i) Seek sponsorship for ad placement with the Nanaimo Daily News/The Star.
- j) Seek sponsorship for ad placement with the Duncan weekly.
- k) Re-develop organization's website and develop and implement weekly update procedure.

activities

Priority Two: To position AVI in the public, the media and among stakeholders as a principle source for information and services relating to HIV/AIDS. *Got questions? Get answers.*

- a) Develop an internal communications protocol in order to respond to incoming information requests and to promote the discussion, development, approval and distribution of information.
- b) Develop and implement a daily media monitoring procedure.
- c) Prepare and maintain agency position statements on a range of issues, such as supervised injection facilities, condom dispensers in high schools, etc.

Priority Three: To position AVI as a leader on HIV/AIDS and harm reduction issues on Vancouver Island.

- a) Develop an internal communications protocol in order to respond to incoming information requests and to promote the discussion, development, approval and distribution of information.
- b) Develop a volunteer-driven quarterly newsletter for stakeholders, including members, community partners, physicians, etc, made available in print and on the web.
- c) Develop relevant PSA messages for radio for general placement.
- d) Seek sponsorship for ad placement with Monday Magazine.
- e) Seek sponsorship for ad placement with the Nanaimo Daily News/The Star.
- f) Seek sponsorship for ad placement with the Duncan weekly.
- g) Re-develop organization's website and develop and implement weekly update procedure.

spokespeople

6. Agency spokespersons

Miki Hansen, Executive Director

Dell Thompson, Board Chair

timeline

7. Timelines

- AIDS Walk Sunday September 21, 2003
- AIDS Awareness Week November 24 – December 1, 2003
- World AIDS Day Monday December 1, 2003
- Valentines Day Saturday February 14, 2003
- Candlelight vigil Official date Sunday May 16
- Annual General Meeting TBD (June)

September 2003

Develop a volunteer team to create a quarterly agency newsletter
(first issue – November)

School year starts Tuesday September 2, 2003

Work with volunteer committee to upgrade the website.

AIDS Walk Sunday September 21, 2003

- promo ads
- media release(s)
- "day of" media

Communications subcommittee

- establish to assist in the development of an internal communications protocol in order to respond to incoming information requests and to promote the discussion, development, approval and distribution of information.

October 2003

MWP Forum Friday October 30, 2003

- media release

Print media

- search for a print media sponsor (Monday Magazine in Victoria, the Nanaimo Daily News/The Star in Nanaimo/Paper in Duncan) and develop a series of ads for placement throughout the year.

Poster

- Create a basic agency poster for general/wide distribution, develop a distribution plan (schools, community partners, doctors offices, etc.)

timeline

Internal communications
· Draft internal communications procedure prepared for management.

November 2003

AIDS Awareness Week November 24 – December 1, 2003
· media release
· develop PSAs for AAW and WAD

December 2003

World AIDS Day Monday December 1, 2003
· media release

January 2004

TBD

February 2004

Valentines Day Saturday February 14, 2003
· Ad in Monday Magazine - Safer sex message
· Ad in Martlet (UVic) – safer sex message
· Media release

March 2004

TBD

April 2004

TBD

May 2004

Candlelight vigil Sunday May 16
· Assist VPWAS with event and promotion of event

timeline

June 2004

School year ends

Annual General Meeting TBD
Media release

July 2004

Reassess and develop communication plan for the following year

August 2004

TBD

evaluation

8. Evaluation

Progress reports on strategic activities and timeline deliverables will be provided by the contractors at 3-month intervals. The effective fit between the plan's strategic activities and its three communications priorities will be reviewed every six months by management and the contractors. Narrative feedback from staff and an evaluation form will be prepared for distribution to and fax-back by consulted stakeholders at the end of each fiscal year; these materials will be included in an annual communications report to management.