

*Draft STRATEGIC PLAN
April 8, 2004*

EMPOWERMENT for People Living with HIV/AIDS

AIDS Committee of Ottawa

2004 – 2007 Strategic Plan

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I Executive Summary

Throughout 2003, the AIDS Committee of Ottawa undertook a participatory planning process to develop new directions for 2004 – 2007. The Strategic Planning Committee oversaw a situation analysis that identified the strategic issues that were critical for the new plan to address. Alternative models regarding the role of ACO were created and discussed at a Community Forum hosted to seek feedback from a wide range of clients and community partners regarding the proposed models. As the plan is implemented, ACO will build on the ideas and suggestions of the community members, clients, staff and volunteers who contributed their views throughout the development stage. It is expected that these changes will be phased in over the next three years.

With this new Strategic Plan, ACO has chosen a path of change. ACO will work towards the empowerment of people living with HIV/AIDS as the focus of the new Strategic Plan. ACO is committed to building a PHA led and supported organization that emphasizes practical and social supports. ACO will build the collective voice for people living with AIDS and contribute to regional prevention and education initiatives.

Four strategic directions were selected. Each of the four directions supports the successful implementation of the others.

1. A Focused Role for ACO: Empowerment of People Living with HIV/AIDS

ACO will work to support greater involvement of people living with HIV/AIDS through practical and support services.

2. Advocacy

ACO will facilitate the development of a collective voice for all PHAs through capacity development.

3. Partnerships

ACO will participate in the development and implementation of local plans for improved HIV/AIDS services across the region.

4. Organization Stability

ACO will develop the systems and structures needed to support the focused role including a planned change process to manage the transition of any services or programs.

II Vision, Mission and Values

▪ Vision

Our vision is a healthy community of organized support, advocacy, prevention and research/education empowered by men, women and children living with or closely affected by HIV/AIDS.

▪ Mission

Proposed new:

The AIDS Committee of Ottawa works to empower people living with HIV/AIDS and the PHA community in Ottawa through promoting the wellbeing and quality of life of persons living with or closely affected by HIV/AIDS. The ACO works to reduce the barriers that foster the transmission of HIV/AIDS and is an active partner in the community wide response to HIV/AIDS.

▪ Services

Proposed new:

The ACO pursues its mission and vision through support, health promotion and advocacy. (2004)

We fulfill our mission by providing services and programs that respond to the needs of the community of people living with HIV/AIDS, their family and friends across the Ottawa region. We support our clients and community to make informed choices that enhance health and well being. ACO will participate with community partners in community wide research initiatives and in education and prevention programs through the PHA Speakers' Bureau.

- **Values** The Values detailed below have been reaffirmed by the ACO Board of Directors in April 2004.

Current:

The work of the ACO is based on the following values. We are committed to acting on these values throughout the organization and in all the work we do.

- **Equality of Access**

We believe that the response to AIDS must ensure that every person living with HIV/AIDS has equal access to the highest quality treatment, social services, and support.

- **Empowerment**

We uphold the right of persons living with HIV/AIDS to self-determination.

We further believe that the right to choose is empowering and that choices should be based on comprehensive and unbiased information regarding treatment and transmission of HIV.

- **Inclusiveness**

We acknowledge and celebrate our diversity as illustrated below, and we value the uniqueness of each individual.

We particularly recognize the devastating impact of HIV/AIDS on the gay community.

We also recognize and support the growing needs of women in relation to HIV/AIDS.

We similarly recognize the increasing needs of people from endemic countries.

We as well support needle exchange and harm reduction strategies for injection drug users.

We recognize the growing epidemic among aboriginal peoples.

We are committed to ensuring that people living with HIV/AIDS contribute to and shape the ACO.

- **Confidentiality**

We reaffirm that confidentiality will be a cornerstone of the relationship between the ACO and its clients, PHAs and those closely affected. This means that information of any kind (e.g. written, electronic, visual, etc.) on clients, PHAs and those closely affected will be under lock and key, and will not be released without the specific written authorization of the individual concerned. Matters to be kept confidential include anything that could identify a service user, and everything relating to the health and personal life of ACO's service users, employees and volunteers.

- **Community Based/Accountability**

We believe that as a grass roots organization, the ACO is accountable to its members, its clients, PHAs and those closely affected.

(e.g. the gay and lesbian communities, women's communities etc.)

- **Volunteerism**

We believe that the participation of volunteers in meaningful roles in the organization is essential to the functioning of the agency and enhances the visibility and the relationships with our communities.

- **Advocacy**

We believe that we have the right and responsibility to effect change in policy and services at various levels of decision-making to promote the rights of individuals and groups affected by and living with HIV/AIDS.

We actively oppose racism, sexism, homophobia and heterosexism. We actively support the gay, lesbian and feminist movements. We are sex positive.

Originally endorsed by the ACO Board of Directors May, 2002

III Background

Throughout 2003, the AIDS Committee of Ottawa undertook a participatory planning process to develop new directions for 2004 – 2007. The Board of Directors authorized a Strategic Planning Committee to oversee the strategic planning process and engaged a consultant to assist with the development of the plan. The Strategic Planning Committee members provided guidance to the consultant and engaged in many hours of discussion and reflection to develop a plan that could respond to the changing needs of the Ottawa community. Committee members were:

Gareth Park	Chair, Board of Directors
Jean Lamoureux	Board of Directors
George Hartsgrove	Board of Directors
Kevin Hatt	Board of Directors
Michelle Ball	Staff member

It was expected that the strategic plan would help ACO to respond to diverse client needs and the need for stable services while addressing the changing epidemiology of HIV/AIDS. The plan is intended to align ACO activities with regional plans for AIDS services, assist in goal setting for program areas and establish the role for ACO at the regional level. The plan is oriented to the future and new beginnings for ACO.

The Committee conducted a situation analysis that identified the strategic issues that were critical for the new plan to address. A summary of these issues is attached as Appendix B. Steps in the process included

- Seeking the views of clients, staff members, volunteers, board members and community partners through focus groups, individual interviews, community meetings and letters.
- Reviewing key documents including From Sprint to Marathon: A Strategic Plan for Getting in Shape for a New Era of HIV/AIDS in Ottawa, released by the Ottawa-Carleton Council on AIDS and A Proposed HIV/AIDS Strategy for Ontario to 2008, prepared by the Ontario Advisory Committee on HIV/AIDS (OACHA).
- Developing alternative models for focusing the role of ACO.
- Hosting a Community Forum to seek feedback from a wide range of clients and community partners regarding the advantages and disadvantages of the models for a new role for ACO in the service continuum.
- Recommendations for a revised mission for ACO focusing on the empowerment of people living with HIV/AIDS and consolidation of the programs and services to be pursued with greater involvement of PHAs.

With this new Strategic Plan, ACO has chosen a path of change. ACO will work towards the empowerment of people living with HIV/AIDS as the focus with a commitment to building a PHA led and supported organization that emphasizes practical and social supports. ACO will build the collective voice for people living with AIDS and contribute to regional prevention and education initiatives.

IV Strategic Directions

The four strategic directions below represent goals and commitments that will guide the work of ACO in 2004 and beyond. Throughout the next steps of implementation ACO will work to incorporate the many thoughtful recommendations and suggestions that were received about how to go about moving in these directions. In areas where changes are proposed, while some actions can be taken immediately, it is expected that some changes may take up to three years to implement. The four directions are interconnected and each supports the successful implementation of the others.

ACO will concentrate on the empowerment of people living with HIV/AIDS, build the capacity of PHAs to speak with a collective voice on matters of concern to them, work actively in partnerships to ensure a full range of services are available across the region and develop the organizational capacity needed to support these roles.

Strategic Direction 1

1. A Focused Role for ACO: Empowerment of People Living with HIV/AIDS

In past years, ACO has pursued a strategy of growth, expanding services and programs in each of the areas of support, prevention and education. ACO has experienced pressure in trying to meet a range of needs across an increasingly diverse community of people living with HIV. With the loss of project funding and anticipated increasing demand, ACO cannot meet the high expectations and continuing needs for growth in every area. ACO has selected a new strategy. ACO will focus on the empowerment of People of Living with HIV/AIDS (PHAs) through services in two key areas.

- **Practical and Social Support to PHAs**

Services and programs will emphasize peer involvement and the participation of PHAs throughout the organization. ACO will focus on the development of a peer based model of services and programs. The organization will act to empower PHAs and emphasize peer interactions. In terms of staffing and governance the expectation would be that PHAs would direct the agency. Non-PHAs would continue to play an important role in a range of capacities.

A key mechanism for the greater involvement of PHAs in this approach is The Living Room. The Living Room has served for many years as a central point of contact for PHAs in the Ottawa area. The people and programs are a strength for ACO to build on.

Some of the support services that currently occur in The Living Room include:

- Intake and assessment
- Crisis intervention
- Suicide intervention
- Community referrals
- Assistance with emergency housing, long term housing, social assistance, access to medications and health care, treatment information
- Informal counseling in the areas of grief and bereavement, disclosure of status, newly diagnosed, mental health issues, addiction issues, transmission issues, harm reduction practices, healthy relationships, situational debriefing
- Follow-up and check-in.

Throughout the planning steps many ideas and suggestions for program and service improvements were forwarded to the Committee.

Implementation Considerations Regarding The Living Room

During the implementation stage of this plan, ACO will explore the feasibility of the ideas and suggestions brought forward through the planning meetings. Over the next three years, it is anticipated that changes will be phased in. In recent years the variety and availability of services once offered by the Living Room has decreased due to several factors including lack of funding and the restriction of hours. Yet the need has not diminished and is indeed expected to grow. The Living Room currently provides women's and gay men's social groups, a community kitchen, grocery program and "Meet and Eat" gatherings for PHAs to share a meal and talk in a social atmosphere. A new approach to PHA empowerment would build on these activities as a central hub for the practical and social supports most requested by PHAs. It is expected that at ACO will find ways for PHAs to become involved in returning some of the popular and most requested services from the past and orienting them to current and future needs.

ACO will look for ways for The Living Room to be open for extended hours and on the weekends to accommodate those who are working full time or otherwise are not readily available during the day, due to medical appointments and the like. It will be a welcoming place where people can gather on an informal basis to talk to others who share many of the same life experiences. People who are newly diagnosed will be able to talk with those who have lived with the disease for several years and learn about things such as side effects of drugs, experiences with relationships or how to access services provided by other agencies. A small staff and a large contingent of volunteers will provide a broad range of practical services. Services such as massage therapy, alternative therapies, clothing exchange, provision of toiletries, haircuts and style, arts and crafts will be considered, with an emphasis on volunteers providing these services.

- **Health Promotion**

ACO will work on prevention activities concentrated on the needs of PHAs and will emphasize peer involvement in this approach. Health promotion approaches include working with PHAs regarding prevention and education messages specific to their ongoing wellness. ACO is committed to working with PHAs to address the determinants of health such as poverty and discrimination that contribute to health.

ACO is committed to enhancements to the Speaker's Bureau as an important mechanism for contributing to community initiatives on prevention and education. ACO can facilitate PHAs bringing their life experiences and credibility to prevention and education initiatives and anticipates building partnerships to strengthen this contribution.

ACO has been unable to meet community expectations for region wide prevention activities. ACO has experienced funding reductions in the area of outreach to gay men. ACO will work with partner organizations to identify new mechanisms for community prevention initiatives. ACO will work in collaboration with partners to contribute to prevention efforts.

ACO has also had difficulty reconciling the need for professional counseling with the peer based approach. ACO is committed to ensuring PHAs have access to high quality therapeutic counseling when needed. ACO will explore different models for the delivery of this service such as providing services off site in collaboration with other service providers. ACO is committed to contributing to the professional development regarding HIV/AIDS of other service providers using the expertise of the specialist staff at ACO.

Strategic Direction 2

Advocacy

ACO is committed to supporting the empowerment of people living with HIV/AIDS through a strong emphasis on advocacy and will facilitate the development of a collective voice for all PHAs through capacity development. As a community-based AIDS service organization, ACO is in a unique position to assist PHAs to advocate for systemic changes and address the determinants of health that influence the quality of their lives. ACO will work with its members and service users to ensure that PHAs have a voice in the policy and public matters that affect them.

Strategic Direction 3

Partnerships

ACO is committed to building effective partnerships to address current urgent needs and prepare for the anticipated increases in all manner of prevention, support and treatment services across the region. It is anticipated that prevention, education and counseling services will change during the implementation of this plan as other community partners take on this responsibility in regard to the respective PHA communities with whom they work. As a member of the Ottawa Carleton Council on AIDS, ACO will participate in the development and implementation of local plans for improved HIV/AIDS services across the region. ACO will pursue effective working relationships with individual partners to improve services. ACO will work with individual partners and the network of service providers to coordinate changes and ensure they are implemented with respect for the clients and staff.

- **Work with the OCCA**

ACO is committed to working with the network of service providers across the region to ensure a complete and accessible range of HIV/AIDS services are available in Ottawa. ACO is committed to actively working with the OCCA on the development and implementation of a network plan for regional services. ACO is committed to working closely with and coordinating any changes in ACO services through a planned transition.

- **Work with individual partners**

ACO is committed to developing effective working relationships with individual partners aimed at improving services.

Strategic Direction 4

Organizational Stability

ACO has had many challenges in seeking organizational stability over the past term. During the implementation of this plan, ACO will be required to make further changes at all levels of the organization while even more change is anticipated in the wider environment. ACO is committed to developing a structure and healthy workplace practices that support this transition.

- **Funding and Fundraising**

ACO is committed to ensuring that funding is stabilized.
ACO is committed to developing its independent fundraising capacity.

- **Board**

ACO is committed to building a governance model for adequate participation of PHAs at the leadership level of the organization. ACO will review the governance structure and representation of PHAs on the board of directors to ensure consistency with the goals of PHA empowerment.

ACO will continue its commitment to training and development for board members to ensure all board members are able to fulfill their duties and overall board capacity is strengthened.

- **Staff**

ACO has experienced particular stressors in human resource management during the development of this plan. High turnover and vacancy in leadership has made continuity and communication difficult. During the implementation steps, ACO is committed to addressing human resource matters in a timely way and with integrity. ACO is committed to a planned and respectful approach to implementing any human resource changes that may occur through the transition to new forms of service delivery.

- **Volunteers**

It is expected that the directions at ACO will be supported by a volunteer base. ACO is committed to involving volunteers in building the programs and services. ACO will continue to recruit and train a strong contingent of volunteers and will encourage greater involvement of PHAs through increased volunteer opportunities.

Appendix A

Supporting Definitions for ACO Vision Statement

Healthy community: One that promotes the well being of its members, nurtures the differences within, recognizes its challenges and deals with issues proactively in a manner that respects the rights of each member of the community.

Support: To provide emotional, psychosocial and practical assistance while respecting each individual's right to self-determination.

Empower: To respect the responsibility and power that individuals have, and to facilitate independent and informed decision making while fighting for their equality.

Advocate: A process of working with individuals and community partners to affect change in policy and practice at various levels to promote the rights of individuals and groups affected by and living with HIV/AIDS.

Appendix B

Summary of Strategic Issues Identified Strategic Planning Committee, October 2003

The Strategic Planning Committee of the AIDS Committee of Ottawa is developing directions and options for recommendation to the Board of Directors for a new Strategic Plan.

To identify the issues and trends affecting ACO, forty-two (42) board members, staff members, clients and volunteers contributed their ideas through interviews, groups and the ACO web site. A variety of reports were reviewed, including the Ottawa-Carleton Council on AIDS Strategic Plan, From Sprint to Marathon, and the Proposed HIV/AIDS Strategy for Ontario to 2008, prepared by the Ontario Advisory Committee on HIV/AIDS. These issues were synthesized in a report to the ACO Board of Directors, Strategic Issues Identified. This summary provides an overview of the trends and issues identified in the Issues report that will inform the decisions about the directions in the Strategic Plan.

The context

The overall picture for ACO has many challenges. Pressure is growing. There is less money available and more competition for the funds that are available. Human resources are challenged with the loss of some positions and high staff turnover. The three levels of government policy and planning are moving in similar directions, emphasizing more integration, co-ordination and increased accountability for agencies. Services will be expected to place more emphasis on the determinants of health. The community based AIDS movement is challenged from outside by the decline in profile of issues related to HIV/AIDS in Canada and in the community. There are also tensions within that emerge from differing views on social justice and change and the provision of high quality social services.

300 - 600 new people are expected to become infected with HIV over the next three years. The service providers across Ottawa do not have the capacity to serve all the people that are expected to need care. Ottawa has a diverse population with differing needs among gay men, men who have sex with men, women, intravenous drug users, people from geographic areas where HIV/AIDS is endemic and the needs of the aboriginal community.

There are differences in the needs of the newly diagnosed and those who are long term survivors. All ACO clients continue to need prevention information, HIV/AIDS treatment and care information as well as practical, social and emotional supports tailored to their situation.

The challenge

Within this context, ACO has had some difficulty focusing its role and answering the question of “who and how to serve”. The community has very high expectations of ACO. The greater the diversity of needs creates greater expectations for ACO to respond. ACO at times suffers from trying to be all things to all people.

Many of the discussions on these topics are emotionally laden. ACO does not have an organizational history or memory of handling these conversations well. There is fear that it will be difficult to have respectful discussions that are not divisive or will not contribute to another “blow-up” at ACO.

Strengths

ACO has strengths to build on in developing directions. The Board of Directors is more cohesive than in the past. Staff members are viewed as dedicated and professional. ACO has many volunteers involved throughout the agency.

There are opportunities for ACO to take a leadership role in defining a new role within the range of services in Ottawa. ACO is one of few agencies with all of its resources dedicated to HIV/AIDS.

Issues

1. Funding: Improve organizational sustainability

2. Improve organizational stability

2.1 Systems and structures

Improve policy development and clarify roles and responsibilities.

2.2 Board of Directors

Continue to develop the governance role of the Board of Directors.

2.3 Staff

There is a clear consensus that staff turnover at both the leadership level and throughout the staff complement at ACO is too high. This has a disruptive effect on client services.

2.4 Volunteers

ACO will need to respond to the trends and challenges in volunteer management, including declining volunteering rates in Canada overall and a trend towards episodic volunteering where volunteers make themselves available for special events but not for ongoing tasks.

3. Role for ACO

There are high expectations for ACO along with high pressure to sustain funding and stabilize the supports needed to maintain high quality services. ACO needs to find a way to address the pressure to be “all things to all people”.

ACO has had difficulty making this decision in the past and will need to address this barrier in ways that are participatory and build consensus and organizational confidence.

3.1 Responding to the OCCA Report

One of the major changes in the environment this year is the release of the OCCA report. It is recommended that ACO take on the role of ensuring overall system development. Within ACO, there is not yet a shared understanding of the implications of the recommendations regarding the direction proposed for ACO in the OCCA report.

ACO has an opportunity to take the lead in redefining a role and transition strategy for reshaping the service continuum to respond to the anticipated needs.

3.2 Partnerships

Partnerships were cited as an important mechanism for improving the reach of ACO and addressing the diversity of needs and populations. There is consensus that although clients should always retain the right to self select their entry point, ACO is not best positioned to reach intravenous drug users.

3.3 Advocacy

There is strong agreement that ACO has an important role in advocacy at both the individual and system level. Many respondents recommended a role for ACO in providing leadership across the local network in advocating for the needs of those affected by HIV/AIDS in matters such as disability entitlements and employment related issues as well as working through the levels of the AIDS movement to influence funding and policy decisions.

Additional documents prepared for the Strategic Planning Committee are available upon request. Please contact connect@aco-cso.ca

Strategic Issues Identified contains the detailed description of the critical strategic issues to be addressed in the ACO Strategic Plan. Prepared by Laurienne Ring for the Strategic Planning Committee, September 2003.

Summary Strategic Plan Report describes the detailed rationale for proposing PHA Empowerment as the core strategy for the new plan. Prepared by Gareth Park for the ACO Board of Directors, March 2004.