

**A STRATEGIC PLAN FOR  
THE TORONTO PEOPLE WITH AIDS FOUNDATION  
2002-2005**

**August 2002**

**Toronto People With AIDS Foundation  
399 Church Street  
Toronto, Ontario M5B 2J6**

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**THE TORONTO PEOPLE WITH AIDS FOUNDATION  
2002-2005**

**Executive Summary**

During the Fall of 2001, the Toronto People With AIDS Foundation (the Foundation) initiated a planning process to identify a clear set of strategic directions to 2005. A Strategic Planning Committee drawn from the Board of Directors was charged with overseeing the exercise.

From March-May 2002, external stakeholders—funders, community leaders, clients, and other ASOs—were engaged through personal interviews, focus groups, and surveys to determine their perspectives on issues facing the organization. A review of demographic trends and the current policy/political environment was also initiated.

On May 22, 2002 a Planning Session was held with the Foundation Board and Staff, and a Strategic Issues Paper was subsequently prepared. A second Board/Staff Planning Session took place on May 31 to focus specifically on the development of a new Mission and Statement of Philosophy, and a final Session on July 12 worked through the preparation of a set of strategic directions to guide the Foundation over the next three years.

There are three major issues facing the Foundation:

1. sustaining current initiatives while responding to changing client needs
2. relating to other organizations
3. clarifying our presence in the community

Before moving on to strategic directions, the Foundation's strategic planning process revisited the mission and philosophical bases of the organization. The Board of Directors, at its September 2002 Meeting, confirmed these cornerstones of the organization:

**MISSION STATEMENT**

**The Toronto People With AIDS Foundation exists to promote the health and well-being of all people living with HIV/AIDS by providing accessible, direct, and practical support services.**

**STATEMENT OF PHILOSOPHY**

**People living with HIV/AIDS play a crucial role in the governance and operation of The Toronto**

**People With AIDS Foundation, but, most important, are its heart and soul. Although the Foundation seeks supportive partnerships in support of fulfilling its Mission, its response to HIV/AIDS is, more than anything else, inspired by the voices and experience of people living with HIV/AIDS .**

Within the context of this refined Mission and Statement of Philosophy, the Foundation mapped out the strategic directions which will guide the organization during 2002-2005:

**1. RESPONDING TO THE CHANGING NEEDS OF PEOPLE LIVING WITH HIV/AIDS**

- a. To continue to make its services available to all people living with HIV/AIDS and continue to focus on practical services
- b. To continue efforts to improve access to treatment and treatment information for people living with HIV/AIDS
- c. To promote the self-sufficiency and dignity of people living with HIV/AIDS through peer support, education, and skill development

**2. DEVELOPING STRATEGIC ALLIANCES**

- a. To further develop and enhance our advocacy efforts, in concert with the Ontario AIDS Network, the Canadian AIDS Society, and other organizations
- b. To develop new partnerships and alliances and to strengthen existing ones

**3. STRENGTHENING OUR PRESENCE IN THE COMMUNITY**

- a. To develop a communications and marketing plan
- b. To locate an improved, accessible space for service delivery
- c. To diversify and broaden our fundraising strategies

**I. Setting the Context**

The Toronto People With AIDS Foundation (the Foundation) has been helping men, women and children living with HIV/AIDS since 1987. As a community-based, non-profit, charitable organization in the central core of Toronto, it serves over 4000 clients, making it Canada's largest direct support service organization of its kind.

The Foundation offers a safe environment, where people living with HIV/AIDS (PHAs) can get practical information, direct support services, and immediate assistance to help them live independently and with dignity.

The Foundation offers a broad range of free programs and services: a weekly foodbank, massage and alternative therapies, financial assistance, a theatre access program, nutritional counselling, a naturopathic clinic, bioelectric impedance analysis, haircuts, information on medical marijuana, an on-site needle exchange, a pet program, Tai Chi and Yoga, craft classes, the annual holiday and show dinner, and holiday hampers. A Speakers Bureau is also available.

Employment Action is a partnership program with the AIDS Committee of Toronto.

The Treatment Information and Resources program focuses on gathering and disseminating information about HIV/AIDS treatments and resources. This includes workshops, forums, confidential consultation about treatment options, and on-going advocacy with government agencies and drug companies.

In addition, the Foundation has a Benefits and Assistance program to help with practical information about income maintenance programs such as Ontario Works, the Ontario Disability Support Program, the Canada Pension Plan, the Trillium Drug Plan, and Employment Insurance.

The Toronto People With AIDS Foundation is governed by a volunteer Board of Directors. Funding for operations and programs is provided by the Province of Ontario, the Government of Canada, the City of Toronto and a variety of other corporations, foundations, and community groups.

Towards the end of the 1990s, the medical landscape for people living with HIV and AIDS changed dramatically. While pharmaceutical and other treatment advances did lead to a significant drop in mortality rates, there was also a new set of challenges.

There is now an increasing connection between poverty and HIV/AIDS. As the gap between funding dollars and growing needs and numbers of clients continues to widen, the Foundation finds itself confronted with clients' expensive and complex treatment programs, the severe housing crisis in Toronto, and the continued increase in HIV infections.

In the last few years, the Foundation's efforts have focused on strengthening the organization's infrastructure. It has also initiated the Friends For Life Bike Rally as a signature fundraising event, increased its Financial Assistance Program by 120% over three years, and introduced both

a Director of Programs and Services and a Director of Development and Communications as key elements of the staff.

The volunteer reception area and activity centre has been renovated. This has resulted in the creation of more office space to handle additional programs.

Volunteer Skills Training is now being provided in partnership with the AIDS Committee of Toronto (ACT) and other agencies such as BlackCAP and Positive Youth Outreach.

Finally, the Foundation has expanded its strategic alliances. It now partners with Fife House on homeless initiatives for PHAs, including the sharing of housing-related information. In addition, the Foundation works with Casey House, ACT, Foodshare, Mid-Toronto Community Services, and the Sherbourne Health Centre, on Food for Life (a meal-delivery service for PHAs), and with the Ontario AIDS Network on an Ontario on-line benefits information service.

## **II. Strategic Planning: 2001-2002**

In the Fall of 2001, the Foundation decided to seek support for the design and facilitation of a strategic planning process. A Strategic Planning Committee drawn from the Board of Directors, and with the Executive Director acting as resource to the Committee, was struck to oversee the initiative.

During March-May 2002, external stakeholders-funders, community leaders, clients, and other ASOs--were consulted on their perspectives. A list of interview questions used in the consultations, and a schedule of stakeholder meetings/focus groups is contained in the Appendix.

At the same time, this strategic planning effort reviewed current research, and assessed the changing face of HIV/AIDS in the current political environment.

On May 22, 2002 a Staff and Board Planning Session was held. It had two primary purposes: (1) to present the issues and report on the external stakeholder consultation process, and (2) to facilitate a session which drew on stakeholders from within the Foundation to identify key issues.

Based on that Planning Session and input from the broad-based external stakeholder survey, a Strategic Issues paper was developed. It was the major background document at a second Staff and Board Planning Session held on May 31, 2002. That forum resulted in a revised Mission and Statement of Philosophy for the Foundation.

A third Board and Staff Planning Session took place on July 12, 2002 and focused on developing a set of strategic directions against the backdrop of the revised vision.

The Strategic Planning Committee played a key role throughout the exercise, shaping the process, acting as a sounding board, monitoring the progress of the effort, facilitating widespread stakeholder input both from within the Foundation and across the community, and ensuring that this Final Report was prepared for presentation to the Board of Directors.

### **III. The Existing Policy Environment**

This strategic plan sits within a broader Provincial and Federal policy environment. **Ontario's HIV/AIDS Strategy to 2008** and the **Canadian Strategy on HIV/AIDS** frame strategic choices with the following approaches:

- It appears that Ontario's strategy of targeting the risk behaviours that lead to HIV infection and the epidemiology of the disease itself can do only so much. If Ontario continues with the same approach and strategy that we have used in the past, the epidemic will continue and increase in certain populations, and the health and social costs associated with HIV will continue to rise. If we wish to make progress, to keep reducing the number of new cases and prolonging lives, we must attempt to address the inequities that put people at risk and the broader health and social problems that affect health. (**Ontario's HIV/AIDS Strategy to 2008**)
- In the next five years (to 2008), Ontario will move in four key policy directions:
  1. Adopt a determinants-of-health approach and address social justice issues.
  2. Focus on long-term, integrated, sustainable, targeted responses.
  3. Develop a flexible Provincial response to HIV that takes into account local/population needs.
  4. Improve Ontario's capacity to respond effectively through improved monitoring and accountability. (**Ontario's HIV/AIDS Strategy to 2008**)
- Ontario's approach links with the federal government's strategy on HIV/AIDS:
  1. Mobilize integrated action on HIV/AIDS
  2. Build unique approaches for Aboriginal people
  3. Build a broad information strategy
  4. Get public commitment, political leadership, and funding
  5. Build a strategic approach to prevention
  6. Build a strategic approach to care, treatment, and support
  7. Renew and develop human resources

8. Engage vulnerable Canadians
9. Move to a social justice framework
10. Develop a five-year operational/strategic plan (**Canadian Strategy on HIV/AIDS**)

#### IV. A Changing Picture at The Foundation

At The Toronto People With AIDS Foundation, the internal environment has also been changing during the past year:

- In 2001/2002, the Foundation added 269 new clients to the caseload, an increase of 20% over 2000/2001. As of Summer 2002, three new clients were being added to the caseload every day. The number of women has doubled in the last year, and youth now represent over 7% of all new clients. There is also a marked increase in older clients; 21% of new clients are over 45. In addition, the number of new clients with dependent children has doubled. The Foundation has also seen an increase in clients co-infected with Hepatitis B and Hepatitis C. (**Toronto People With AIDS Foundation Benefits and Assistance Department Annual Report 2001/2002**)
- There has been a 15.5% increase in the number of clients accessing the Medical Assistance Fund, which assists with medical procedures and costs not covered by other plans, such as optical, dental, and ambulance charges. Despite a 70% increase in funding from 2000/2001, the Foundation was not able to meet all demands on the treatment funds (including the Medical Assistance fund and the Trillium fund, and the Supplementary Therapies fund), notwithstanding that the Medical Assistance was cut from 100% coverage to 50%. (**Toronto People With AIDS Foundation Benefits and Assistance Department Annual Report 2001/2002**)
- The Foundation closed the housing wait list in 2000. While the list was increasing rapidly, the number of units being offered to clients was minimal. In 2001/2002, three clients were housed. This compares to well over 140 clients who were housed in 1995/96. Clients who are now at the top of the wait list first applied in early 1995. (**Toronto People With AIDS Foundation Benefits and Assistance Department Annual Report 2001/2002**)

- In 2001/2002, the on-site Ontario Works worker saw 106 clients for intake to the Ontario Works/Ontario Disability Support Program systems. The worker also started to carry a homeless caseload, which allowed homeless clients to come to the Foundation to pick up their monthly benefits and notify Ontario Works of any changes to their situation. **(Toronto People With AIDS Foundation Benefits and Assistance Department Annual Report 2001/2002)**
- During this past year, a ‘snapshot’ of clients coming to the Foundation showed:
  - 10% - Ontario Works
  - 50% - Ontario Disability Support Program (ODSP)
  - 10% - ODSP and Canada Pension Plan Disability (CPP)
  - 10% - Long-Term Disability and CPP
  - 15% - Working Poor (up to \$ 25,000/year)
  - 5% - Middle Class (\$ 25,001 and up) **(Toronto People With AIDS Foundation Case Manager Memo-May 8, 2002)**
- The Foundation is also confirming other Provincial and National trends. Its clients (PHAs) are continuing to live longer, and increasingly need additional ancillary supports such as quality of life programs, social opportunities, and skill development. **(Toronto People With AIDS Foundation Executive Director Interview-August 16, 2002)**
- While HIV may now be less of a priority than housing and financial issues for many PHAs from endemic regions, the stigma attached to their situation continues to be their greatest concern. **(Toronto People With AIDS Foundation Executive Director Interview-August 16, 2002)**
- There have been several infrastructure developments during 2001/2002:
  - The Bike Rally has doubled in size and revenue since 1999, and directly involves PHAs as volunteers in an event which creates a true spirit of community. A full-time Coordinator was hired in 2000, and significant resources are committed to the Rally.
  - An Information Technology Coordinator was hired in the Spring of 2001; in Summer 2001, a Director of Programs and Services was hired; and in April 2002, a Food for Life Coordinator and Intake Staff Worker (on contract) joined the Foundation.
  - A major new program--Food for Life--was initiated during this past year. This program attempts to supplement the nutritional

needs of homebound people living with symptomatic AIDS by delivering meals to people who are too ill to come to the Foundation site.

- More office rooms have been created on-site through renovations. The Foodbank rooms, however, remain wheelchair inaccessible. **(Toronto People With AIDS Foundation Executive Director Interview-August 19, 2002)**
- Several new partnerships were forged in 2001/2002:
  - Food For Life, the new meal delivery program, is co-led by the Foundation and Mid-Toronto Community Services in partnership with ACT, Casey House, FoodShare and Sherbourne Health Centre.
  - The Health Bus, an alliance with Wellesley Central/Sherbourne Health Centre and Casey House, provides nursing care by Casey House nurses. It is parked outside the Foundation site during foodbank hours. **(Toronto People With AIDS Foundation Executive Director Interview-August 19, 2002)**
  - With funds from GlaxoSmithKline in partnership with Shire BioChem the Foundation has partnered with the Ontario AIDS Network to create an On-line Benefits Information site.
  - The Naturopathic Clinic is now in its fourth year, and remains extremely popular. It is currently at capacity. In the Fall of 2002, it will move to the Sherbourne Health Centre in order to expand its capacity. The Clinic receives funding from the Trillium Foundation, and is another cooperative venture in partnership with the Sherbourne Health Centre, ACT, and the Canadian College of Naturopathic Medicine. **(Toronto People With AIDS Foundation Executive Director Interview-August 19, 2002)**

11.

Additional issues identified by Foundation Board and staff include:

- a perceived need to develop more programming to enhance PHAs' well-being and personal capacities such as skill-building, peer support, and health promotion opportunities.

- given the increasing complexity of living with HIV (eg. poverty, housing issues, immigration issues, mental health issues, etc.), there is a desire to strengthen our relationships with non-ASO agencies (as well as with ASOs).
- a concern that the Foundation has become overly dependant upon the Bike Rally as a source of revenue.
- a concern that the agencies' visibility is overshadowed by ACT. This manifests in clients and other service providers thinking that Foundation services are ACT's, and the frequency with which donors mistakenly make a donation to ACT intending it to go towards a Foundation program.

## V. Analysis of External Feedback

While a broad sample of comments from the external scan is located in the Appendix, there were specific issues and themes that emerged from different constituencies and lead directly to an identification of key strategic issues facing the Foundation over the next three years. These themes were: **Sustaining current initiatives while responding to changing client needs; relating to other organizations; and, clarifying our presence in the community.**

### **SUSTAINING CURRENT INITIATIVES WHILE RESPONDING TO CHANGING CLIENT NEEDS**

When stakeholders were asked to define the Foundation, and talk about its strengths, there was a common thread running through all comments from clients, funders, and other service providers:

*“If I have a problem, PWA is there to help me out...you can get everything you need there...PWA is trying to respond where others aren't...PWA provides*

*direct service...solid and practical assistance...it's an easy system to work with...hands-on responses...it's a caring, non-judgemental organization which offers realistic services geared to clients...it deals with the most disenfranchised, poor, and economically challenged...it's clear in what it does...client-focussed...very open to listening and being adaptable...compassionate...people come because it's friendly and open...it's a safe haven...anonymous...it is conscientious about confidentiality...a comfortable environment.”*

Clients came to the Foundation for the first time usually because they didn't know where else to go. However, while the Foundation was very responsive to clients' needs, many often felt that the organization needed to offer longer hours, preferably in the evenings and on weekends.

Clients

also felt that there should be some form of 'drop-in' space; there is no real place just to 'come and be' and 'hang out' in the community.

One specific response that is worth noting is that clients felt that there should be some minimal charge for massage programs. At the present time, there is a high rate of 'no-shows, and the Foundation ends up losing therapists. Clients feel that there should be a direct charge to users of this service, which could, perhaps, be a deposit that is refunded when the client shows up for the appointment. While the logistics would need to be worked out, there was widespread support for the concept.

In terms of future needs, there was agreement from all stakeholders that AIDS and poverty were closely connected.

The lack of shelter and affordable housing is also an ongoing problem. Given the current government's lack of interest in the housing field, however, most stakeholders were resigned to the fact that little would change. The problem is bad, and it's getting worse, and decision-makers really don't seem to care.

In almost every discussion throughout the consultations, the overwhelming conclusion was to 'stay the course' and ensure that the Foundation did everything possible to sustain and enhance current services to its clients.

## **RELATING TO OTHER ORGANIZATIONS**

Most clients did not, at the time of their first visit, know the difference between ACT and the Foundation, and throughout the interviews, there was often a paradox in clients' comments. While they viewed the Foundation as a more 'friendly' environment where they were

comfortable, and very different in every way from ACT, these same clients often had a hard time separating the two agencies in terms of their respective mandates. There was confusion about 'who does what'.

All stakeholders felt that there should be more collaboration between the two organizations. This was apparent in the comments of funders who, while they would never 'force' any kind of organizational mergers/amalgamations or rationalizations, all felt that there could be more formal institutional relationships among all ASOs. They felt that any duplication of services,

real or perceived, had to be minimized, and that Toronto needs to look at a ‘system-wide’ approach to dealing with PHAs. On one hand, it is important not to compromise the autonomy of smaller organizations, but the issue of greater economies of scale in service delivery and organizations needs to be addressed.

In recent years, the Foundation has enhanced the quality and quantity of its strategic alliances within the ASO community. The answer to ‘should the Foundation continue its pursuit of partnerships, collaborations, and strategic alliances’ was a unanimous ‘yes’ in the stakeholder consultations.

### **CLARIFYING OUR PRESENCE IN THE COMMUNITY**

There are two aspects to this discussion. The first has to do with the Foundation’s physical location in the community. The second has to do with what the community knows about it.

Clients were universally of the opinion that the Foundation didn’t do enough in terms of advertising what it does. While some learned about the Foundation over the Internet, the organization needs to get out into the community and let people know what it is doing.

There was a mixed reaction to the question of where the Foundation might relocate. Everyone agreed that it had to maintain a presence in the Church Street community, and that it had to remain visible, but there was a variety of opinion concerning a potential move to new offices. Some felt that there would be synergies by co-locating with other ASOs, but others felt that the Foundation had now carved out its own, recognizable niche, and it should build on this credibility. No matter what happened in terms of a potential location, everyone agreed that the Foodbank had to be more accessible.

## **VI. Strategic Directions For The Foundation**

The first and most important task in determining a set of strategic directions for the Foundation was to re-visit our mission and philosophical underpinnings.

A mission statement defines the basic purpose of the organization. It outlines why the organization exists by answering three questions: **who** does the organization serve, **what** is the business of the organization, and **how** does the organization serve its target group(s)?

The mission statement and statement of philosophy are key.

## MISSION STATEMENT

*The Toronto People With AIDS Foundation exists to promote the health and well-being of all people living with HIV/AIDS by providing accessible, direct, and practical support services.*

## STATEMENT OF PHILOSOPHY

*People living with HIV/AIDS play a crucial role in the governance and operation of The Toronto People With AIDS Foundation, but, most important, are its heart and soul. Although the Foundation seeks supportive partnerships in fulfilling its mission, its response to HIV/AIDS is, more than anything else, inspired by the voices and experiences of people living with HIV/AIDS.*

Strategic directions determine which way the organization will go in order to fulfil its mission. They generally apply across the organization. Individual programs will develop specific action plans based on these strategic directions.

Within the context of this refined Mission and Statement of Philosophy, the Foundation has concluded that these strategic directions have highest priority:

### 1. RESPONDING TO THE CHANGING NEEDS OF PEOPLE LIVING WITH HIV/AIDS

- a. *To continue to make its services available to all people living with HIV/AIDS and to continue to focus on practical services*
- b. *To continue efforts to improve access to treatment and treatment information for people living with HIV/AIDS*
- c. *To promote the self-sufficiency and dignity of people living with HIV/AIDS through peer support, education, and skill development*

### 2. DEVELOPING STRATEGIC ALLIANCES

- a. *To further develop and enhance our advocacy efforts, in concert with the Ontario AIDS Network, the Canadian AIDS Society, and other organizations*
- b. *To develop new partnerships and alliances and to strengthen*

*existing ones*

**3. STRENGTHENING OUR PRESENCE IN THE COMMUNITY**

- a. To develop a communications and marketing plan*
- b. To locate an improved, accessible space for service delivery*
- c. To diversify and broaden our fundraising strategies*

## **APPENDIX**

## STRATEGIC PLANNING CONSULTATIONS: A LIST OF INTERVIEW QUESTIONS

- do you know what PWA is? How would you define PWA? When you hear TPWAF, what do you think of...what associations does it lead to? Define PWA in one phrase or word...I'm interested in your perception
- do you use PWA? Why...why not?
- what do you think the strengths of PWA are? Why do you see these as strengths? Should PWA continue to pursue these...any ideas re: how to build on strengths and make them even better?
- what are the three weaknesses of PWA, and why? How can we improve?
- what quality of life issues should PWA be addressing...short-term and long-term?
- what is missing...what can PWA do that it is not doing at all? Where are the gaps in service and can/should PWA try to fill some of those gaps?
- what services (if any) at PWA have you/your family used? Can you give me some feedback on them...what improvements could be made to PWA services?
- should we be open in the evenings? Which evening(s)...to offer what services?
- how can we better serve families, ethno-specific populations? Women? Youth?
- what about overlap/redundancies? Are there any between PWA and other organizations? How is PWA different from other organizations?
- **(Questions for staff, funders, and organizations)**  
If so, how should PWA respond...amalgamations...joint efforts...mergers...and with which agencies?
- what partnerships should PWA develop? With which agencies, around what issues/programs?
- how can we better partner with homeless services, emergency/crisis services? How can we better deal with homeless clients, and/or clients

with mental health problems and/or addictions?

- should PWA charge for some programs: eg., massage, where there is a high rate of no-shows and we end up losing therapists who are frustrated by this?
- what about the PWA location? Is it good/bad...thoughts and ideas?

they needed legal help with immigration problems...came to PWA for the first time because they didn't know where else to go...have to make sure that PWA has a variety of language capabilities

any services should be open during the evening and weekend hours

they'd really like kind of a one-stop shop...on one hand it would be nice to have PWA-type services located in the midst of a large, multi-service organization which provided all kinds of service for everyone so that they wouldn't feel 'centred-out' ...and would in fact be seen as just like everyone else...BUT...on the other hand, there is a lot of fear that if they are seen seeking out this kind of service, it's 'game over' in their own community

one of the reasons that organizations don't work together is because of egos... the Boards are somewhere 'up there in valhalla' ...our message to the Boards should be for them to start working together and coordinate organizations much better

we like the location of PWA because, for those who are sensitive to being 'seen', it looks like we're going into a side door of the restaurant

we should investigate some type of 'drop-in...the homeless need a place to just 'be' and hang out...we need some kind of space for people to just drop-in and congregate...PWA has coffee...ACT has a phone...can't we get together somehow

we have to start looking at the ageing community...we need different types and more variety of foods in the Foodbank...need to allow clients access to phones... reception needs to be able to book appointments for more than that one day

PWA and ACT could share one location...one phone/reception/administration and shared meeting space...it's an obvious synergy...PWA could still be a separate organization with a separate Board, as could ACT...but ACT could provide general services...fundraising could be done by each organization... they might have an integrated Board for joint decision-making...they could do joint/shared marketing...this strategic planning process offers an opportunity to get the players together again, and really talk about how and/or what the model might look like

the overwhelming need in the community is to re-focus services to help people move towards gainful self-employment there might be an illusion out there that people are being serviced by different communities...but there's still a need for

services for women and families, and more support for ethno-cultural communities

the Naturopathic clients want more hours and a different schedule...something like 11am-8:00pm

there are real issues around poverty...discrimination...housing...it's a spiral out there...once diagnosed, people tend to blow their brains out and spend a lot of money in the clubs, and then they get into problems...there is little or no supportive housing out there

PHAs need 'meat, money, and a place to stay'...that's the basic life issue

as people are now living longer, there is an increasing need for support for gay seniors...it's a need that's not being met by anyone...put simply, there's a new cohort that didn't exist before...they need housing which is really the only form of security they have...the 'walk-in' places have really disappeared, so what's now happened is they've formed a lot of their own support groups

ACT is really different...there's just a totally different culture/environment in the two places...ACT tends to feel more 'corporate'...but two organizations that might be models for amalgamated services are the Sherbourne Health Centre, and the Wellesley Health Corporation (which has developed a really wide Mission statement...and the Hospital still belongs to the Corporation)

if there's any advice to offer, it's to work collaboratively...develop a financially sustainable business plan...no duplication of services...create a sound infrastructure...develop a network to integrate services

since people first started coming here, they have more staff...they've grown and got bigger and sometimes it feels like they can't juggle everything...staff talk in hushed tones now rather than more casually around the front desk...it just feels more bureaucratic now so that you don't want to be hanging around anymore

PWA should start looking at services out of central Toronto...there's nothing once you get away from the core

if they are really thinking about going to SHC...it might make sense to wait a bit until they get themselves sorted out first

lots of people seem to find out about PWA over the Internet

Toronto needs to look at a system approach to dealing with PHAs...trying not to compromise the autonomy of little organizations...rather than new things, PWA

should be looking at enhancements to existing things...building on existing capacities

in terms of under-serviced communities...there are endemic issues dealing with

African and Caribbean, Deaf, Children and Families, Ethno-racial. Prisoners... and the fact is that resources have not been expanded to meet the demand: the demand is growing, but resources are not

most of the things at PWA aren't advertised enough...people don't know about them, and it's all word of mouth...the building does have a stigma, but any place that they do move, they should be in the same location as ACT

the Speakers Bureau is great as well...need to work together with ACT to do some joint speaking and training...need brochures

as for massages...they could have a sliding scale...or require people to put down a deposit, and if they show up, then they get the deposit back, but if they miss their appointments (for this, as well as other essential services), they have to forfeit their deposit

in terms of future directions, coordination is the key...what happens now is that we're sending people all over the place...need to pool and collect what we do...410 Sherbourne is a good model of integrated services...accessible and open

we don't promote ourselves enough to other ASOs...need to tell people how what we do is different than ACT...define our role...also need a chain of command so that when someone takes time off, everything doesn't fall apart...volunteers could be doing a lot more

the stereotype gay man is upscale, modern...but there's a whole other side to the PHA community...which is the homeless...they're not even recognized...AIDS is the common element...there's lots of people out there dealing with substance abuse and mental health issues

there are increasing needs for child care...also need to start doing things for street people...there are virtually no programs for this population

linkages with ethno-racial organizations should be informal

PWA needs to look at things from the client's perspective...avoid duplication but one size doesn't fit all...complement what other ASOs are doing

need more fund-raising and outreach...PWA is like the poor parent...perception is that ACT serves gay and bisexual community...public profile of PWA needs to be

raised...PWA is the template for how things should happen...we can model it...but it's really important that PWA doesn't try and become some kind of empire

AIDS is now much more of a homeless disease...PWA should be in alliances with hostels and street health centres

in terms of the future...keep on doing what you're doing...no one is really dealing with addictions

it's tough being straight at PWA...they don't push the straight community, so what happens is that they go underground...there's no other agencies dealing with that community...they should be located in a health centre because its more mainstream

massage therapists don't connect with others in the organization...and often feel very isolated...they should get together at least once in a while...there's no sense of 'the whole' ...and there's a big need for internal communication...some kind of a 'common room' just to provide a sense of community

PWA should also keep responding to 'difficult' clients...and think about expanding the Foodbank

recognize what you have and do everything you have to do to acknowledge and keep this, and grow the organization...continue to keep doing what you're doing and remain client-driven...maintain your autonomy from ACT...you've carved out a niche, now don't give that up just so you can become more than what you are in terms of housing...while integration may be a nice, long-term goal, the reality is that this just isn't possible right now, and people with HIV+ need to feel comfortable where they live...and just reduce the stresses already in their lives, so they should be together...housing should be adaptable and have a wide range of support services...a minimum amount of shared space

for those without stable housing...they have no home/shelter...no fridge...no place to keep their meds, and they die...housing is such a determinant of health...HIV is a disease of poverty...no one likes the homeless and so they end up with less and they simply die...330 Jarvis is the best model there is

PWA needs to go out into the community, and work in the shelters

PWA should be something like a community access centre

Foodbank needs more fresh foods and fruit

need to do more corporate fundraising, except that Casey House and ACT have

them 'sewn up'

I don't feel comfortable in an agency that is mostly adults...BUT...even though youth services are missing, PWA does not need to fill this gap...they should refer to other organizations doing this

PWA seems like ACT to me...some of the services may be different, but overall, both serve gay men and have gay staff...lack of female staff

23.

**STAKEHOLDER INPUT: SCHEDULE OF MEETINGS/FOCUS GROUPS**

<b><u>Name/Affiliation</u></b>	<b><u>Date</u></b>
Alliance For South Asian AIDS Prevention (Focus Group-8 persons)	March 23

PWA Reception Volunteers (Focus Group-8 persons)	March 25
Charles Roy (ACT)	April 2
Kelly Sweet (Public Health-Toronto)	April 9
Naturopath Students (Focus Group-9 persons)	April 9
Jim Truax (Over 50 PHA Support Group)	April 10
Glenn Dudman (Health & Long-Term Care-Ontario)	April 12
PWA Foodbank Clients (12 persons)	April 18
Ron Lirette and Frank McGee (AIDS Bureau-Ontario)	April 18
Henry Koo and Len Lopez (AIDS Community Action Program-Canada)	April 22
PWA Foodbank Volunteers (Focus Group-7 persons)	April 24
PWA Speakers Bureau (Focus Group-5 persons)	April 24
Robin Silverman (Fife House-Homeless Worker)	May 3
PWA Foodbank Clients (Focus Group)	May 6
PHA Client (The Works)	May 9
John Osmond (Ontario Non-Profit Housing Association)	May 9
Dr. Philip Berger	May 9
Jordan Lewis (Positive Care Clinic-St. Michael's Hospital)	May 9
Dr. David Fletcher	May 9
Africans in Partnership Against AIDS (Individual Client Interview-2 persons)	May 10
Stacey Hauserman (Volunteer Massage Therapist)	May 10
Deborah Randall-Wood (Casey House)	May 13
Fife House Housing-261 Hastings Avenue (Focus Group-6 persons)	May 15

Fife House Housing-330 Jarvis Street (Focus Group-5 persons)	May 22
Youthlink-Inner City (Written Responses-4 persons)	May 27
Dr. Colin Kovacs	May 27
Two-Spirited Peoples (Focus Group-7 persons)	May 29
Dr. Scott McDonald	May 30
Shaun McLean (Volunteer Massage Therapist)	May 30
David Waite (McKeon House)	June 1