

# TOGETHER TOWARDS ZERO

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STRATEGIC PLAN 2016—2020







# OUR PROCESS

This strategic planning process was led by a steering committee made up of select Board Members and Management.

A consultant was engaged through the Ontario Organizational Development Program (OODP), which provides free developmental support to AIDS service organizations (ASOs) throughout Ontario.

The 2016-2020 strategic plan was also developed through a community engagement process with internal and external stakeholders. These stakeholders included people living with HIV, service users, ACT volunteers, members, donors, staff, other ASOs, HIV-specific networks and decision-makers, as well as organizations from allied sectors including community health centres and mental health organizations. Stakeholder feedback was gathered through surveys, interviews and focus groups.

Our stakeholders responded to a wide range of questions about ACT and the environment in which ACT works, highlighting ACT's strengths and challenges, as well as future opportunities for the organization. This information was analyzed extensively by the steering committee over several months; as well as by ACT Board members and staff over the course of a day-long retreat.

Incorporating the feedback and analysis, the steering committee then developed this strategic plan for Board of Director approval.

# ACT IN CONTEXT

Since our founding by a committed group of volunteer activists as the AIDS Committee of Toronto in July 1983, ACT has continuously shifted and evolved to respond to the changing landscape of HIV/AIDS in Toronto. From those early beginnings – when the gay community and its allies took a stand to raise awareness, fight stigma, and campaign for community-based services and access to HIV treatments – grew an organization that remained resilient in the face of opposition and the loss of so many people.

Much has changed since those early years: tremendous advances in HIV treatments, more knowledge about the factors that contribute to HIV risk, open access to up-to-date information, and new HIV prevention technologies that have the potential to dramatically reduce new HIV transmissions. These developments are, in every way, remarkable.

And yet, stigma and discrimination persist against those living with HIV/AIDS and the communities most affected by HIV. The virus is primarily transmitted through certain sexual and drug-using activities, and disproportionately affects those that are often seen to be outside the mainstream. For some, it can be easy to lay blame, to judge, or to see those of us living with or at increased risk for HIV as the ‘other’. Such attitudes perpetuate stigma, creating a significant barrier that can prevent people from accessing safer sex and harm reduction strategies, or engaging with care providers and each other.

There continues to exist a diversity of experience among people living with HIV. For those with access to care, support, treatment, and other vital resources, being HIV positive can feel like a manageable condition. Unfortunately, many people lack such access, a situation often rooted in a person’s class, gender, race, sexuality or physical ability. These people can also face additional challenges such as aging with HIV, feeling the impact of HIV-related stigma and subsequent isolation on one’s mental health, and the threat of criminalization. All considered, it’s evident that our work is far from done.

Today and going forward, ACT must confront the complexities of our work in a competitive funding environment. We must continue to be strategic, focussing our HIV prevention work where the need is greatest and where we can have the most impact. We must develop partnerships, both within and outside of the HIV sector, to ensure that those living with HIV have access to care, support, and the treatments they need to live well. Furthermore, that those most at risk for HIV have the knowledge, tools, skills and coping mechanisms to avoid HIV transmission.

ACT’s vision for 2020 is a city where people living with HIV/AIDS receive the care and support they need to live their lives to the fullest, and where the communities most affected by HIV also have the supports they need to avoid HIV transmission. The knowledge, tools and will to execute all exist – what follows is the strategy to do so.



**Jamie Slater**  
Chair, Strategic Plan Sub-Committee  
Board of Directors



**John Maxwell**  
Executive Director

# HIV IN TORONTO: THE CHANGING LANDSCAPE

Since HIV testing began in late 1985, over 20,000 people in Toronto have tested positive for HIV, the virus that causes AIDS. This represents 65% of all HIV-positive test reports in Ontario. Over 3,900 Torontonians have died of HIV-related causes. It is estimated that over 19,000 people are currently living with HIV/AIDS in Toronto.

## HIV DIAGNOSES IN TORONTO

According to the most recent data, there were 407 new HIV diagnoses in Toronto in 2014. The reported rate of HIV/AIDS was 14.7 cases per 100,000 people, 19% lower than the previous 5-year period. However, despite the success of HIV prevention efforts, HIV remains a significant issue within specific communities in Toronto.

Gay and bisexual men comprised 74% of all new HIV cases in 2014, and continue to constitute over 75% of all people living with HIV in Toronto. The highest number of reported cases among any group was among gay men aged 30-34. Reported rates among males in 2014 were the lowest they have been over the 11-year surveillance period.

Women comprised 14% of all new HIV diagnoses in 2014. Women from countries with high rates of HIV accounted for 54% of all new HIV diagnoses among women. Over the lifespan of our previous strategic plan, new HIV diagnoses among women have fallen by almost 50%.

More than a quarter of new HIV diagnoses occurred among young people under 30 years of age. Among this group, those aged 25-29 had the highest incidence, and in the group as a whole, young gay men were very much overrepresented.

HIV diagnoses have remained stable among people who inject drugs, accounting for 2% of new diagnoses.

### WOMEN

14% of new diagnoses  
(57 of 407 diagnoses)

### MEN

85.6% of new diagnoses  
(348 of 407 diagnoses)

### GAY AND BISEXUAL, AND OTHER MEN WHO HAVE SEX WITH MEN (MSM)

74% of all new HIV diagnoses  
86% of all new diagnoses amongst men

### MEN AND WOMEN FROM COUNTRIES WITH HIGH RATES OF HIV INFECTION

10% of all diagnoses

### HETEROSEXUAL TRANSMISSION

(not including people from countries with high rates of HIV)  
9% of all diagnoses

### PEOPLE WHO INJECT DRUGS

2% of all diagnoses



# THE CH LANDS

Research continues to emphasize the importance of linking people with HIV into care, support and treatment. Treatment and support not only improve the overall health of those living with HIV, but also increase the likelihood of people achieving an undetectable viral load. In addition to health benefits, obtaining an undetectable viral load is a powerful HIV prevention method, virtually eliminating the risk of onwards transmission. Unfortunately, sizeable numbers of those diagnosed with HIV are not linked into care or access treatment.<sup>2</sup>

Ontario's approach to help people living with HIV access treatment and remain engaged in supportive care is built on a model called the HIV Treatment Cascade. The Cascade recognizes gaps in the system: where people with HIV fail to be diagnosed, fail to be linked into medical care and receive HIV treatment, and fail to have a low or suppressed viral load.

Ontario's Provincial HIV/AIDS Strategy recognizes not only the treatment aspect of the Cascade, but the crucial role of HIV prevention and testing, as well as mental health and social supports for people living with HIV. We believe ACT has an integral role to play in its

# HANGING CAPE OF HIV

implementation by encouraging HIV testing, helping those who are diagnosed with HIV get linked into care and support, and get access to HIV treatment.

Post-Exposure Prophylaxis (PEP), available in Toronto and yet sometimes difficult to access for those who may have been recently exposed to HIV, is another important prevention tool. In addition to PEP, the impending arrival of Pre-Exposure Prophylaxis (PrEP) to Canada presents an unprecedented opportunity for ACT to exercise its proven ability to educate the public on HIV prevention and sexual health.

The availability of more HIV treatment and prevention options than ever before presents both an opportunity and a logistical challenge. With more to choose from, we need to ensure people have the right supports to decide what is best for their own health and well-being. At the same time, the opportunity we have is nothing short of ending AIDS in Toronto. If people living with HIV remain engaged with care and can access regular treatment, the onward transmission of the virus will stop and HIV will not progress.

In order to realize this opportunity within the current funding environment, which has been stagnant for more than a decade, we need to work together, collaborating and coordinating where possible. This applies to work both within and outside of the HIV sector. Within the HIV sector, agencies working together can reduce duplication of programs and services and simplify the array of existing options. Externally, working with clinics and physicians who work with people living with HIV to increase access to care and treatment will make what can be a complex system easier to navigate.

1 “Sexually Transmitted and Blood Borne Infections, Communicable Diseases in Toronto, 2014”. Communicable Disease Surveillance Unit, Toronto Public Health

2 What is the treatment cascade and what do we know about people in HIV care in Ontario? Ann N. Burchell, Scientist and Director, OHTN Cohort Study, Ontario HIV Treatment Network. Presentation, January 2014

# MISSION VISION COMMITMENTS

## MISSION

ACT works to reduce new HIV infections in Toronto and promotes the independence, dignity, health and well-being of people living with HIV/AIDS and those at increased risk of HIV.

## VISION

A Toronto where there are no new HIV infections, and the people and communities living with or most affected by HIV/AIDS live long and healthy lives free from stigma and discrimination.



# COMMITMENTS

## **Greater and Meaningful Involvement of People Living with HIV (GIPA/MIPA)**

- » Commit to the greater and more meaningful involvement of people living with HIV/AIDS at all levels of the organization. ACT is a signatory to the Ontario Accord, a statement of solidarity with GIPA/MIPA.

## **Equity, Access and Non-Discrimination**

- Value the diversity and distinct needs of our program and service users, volunteers, staff, members, donors, funders and other supporters.
- Provide targeted programming and services to our priority communities in order to realize optimal health outcomes.
- Acknowledge that diversity in age, culture, (dis)ability, gender, gender identity, sexual orientation, HIV status, language, race, religion, and socioeconomic status is central to our work.
- Recognize the presence and impact of all forms of stigma and discrimination and marginalization on individuals and communities living with and at risk of HIV, and commit to eliminating them.
- Ensure that our services are accessible and our programming inclusive of diverse perspectives and approaches.

## **Self-Determination**

- Work with individuals and communities to enable them to take an active role in determining, planning and directing their health, care and well-being.
- Provide confidential, responsive, caring, respectful, sex-positive, non-judgmental and client-centred programs and services that promote the health of people living with and at increased risk for HIV.
- Create targeted strategies and programs that meet

the particular needs of people living with and at increased risk for HIV.

- Value the rights of individuals to make informed choices that include, but are not limited to: sex, sexuality, reproduction, health care, substance use and HIV treatment.
- Employ harm and risk reduction approaches to provide information and support in an effort to reduce people's risk of HIV transmission.

## **Respect**

- Commit to treating each of our service users, staff, volunteers, community members and community partners with respect.

## **Strengths-Based Approach**

- Recognize that despite the impact of stigma(s) and discrimination, there is resilience within the communities that have been deeply affected by HIV in Toronto.
- Nurture the capacity, skills, knowledge, connections, confidence and potential in all of the individuals and communities we serve through our program and service delivery.
- Share the successes and strengths of our work.

# TARGETING OUR WORK

ACT will continue to focus on individuals and communities that are at greatest risk for HIV or bear the greatest burden of HIV in Toronto.

In Toronto, there are many HIV-related programs and organizations. Some of these serve specific linguistic or racialized communities, while others provide specific services to those living with HIV/AIDS.

In accordance with ACT's 2010–15 strategic plan, we developed strategic partnerships and greater referral mechanisms with organizations that provide services that ACT does not. Rather than duplicate services, we have strived to focus program delivery based on our strengths, and connect people looking for services that we do not provide to other agencies.

ACT's community health programs that deliver health education, outreach, community development and training for other service providers have been targeted to reach the communities where HIV has the greatest impact.

The support programs we offer are open to diverse groups of women, men, and young people living with HIV, as is our employment program that helps those living with HIV enter or return to the workforce. In addition to support programs open to anyone living with HIV, we have also developed support programs that focus on specific communities living with HIV – women, gay men and young people.

The prevention of HIV transmission among gay men requires an approach that addresses the range of social determinants of health which impact sexual behaviour and HIV risk. Such an approach must address overall sexual health, as well as mental, physical, and social health.

# PRIORITY COMMUNITIES

## PEOPLE LIVING WITH HIV

ACT will provide a wide range of free, confidential support, education and employment-related programs and services for diverse communities of men, women and young people living with HIV that build knowledge, skills, confidence and resilience. We will also offer targeted support programming for gay men, women and young people living with HIV.

## GAY MEN

ACT will develop and deliver HIV and STI prevention education and outreach to diverse groups of gay/bi/queer identified men (including queer trans men)\* who are HIV-negative, HIV-positive or who do not know their HIV status, as well as group-based interventions that build knowledge, skills, confidence and resilience. We will develop strategic partnerships that increase access to mental health and harm reduction services, social support and address overall health and well-being for diverse groups of gay men.

## WOMEN AT INCREASED RISK FOR HIV

ACT will work to increase the capacity of local community health and social service providers to address women and HIV-related issues, using a community development model. We will provide training and resources to strengthen the ability of these organizations and service providers to build structures, systems and skills that enable them to take action on behalf of the women they serve who are living with or at increased risk for HIV.

## YOUNG PEOPLE AT INCREASED RISK FOR HIV

ACT will develop and deliver HIV and STI prevention education and outreach to diverse groups of young gay men and young people from countries with high rates of HIV infection. We will offer group-based interventions for young gay men that build knowledge, skills, confidence and resilience.

\*for the remainder of this document the term 'gay men' will be used as an abbreviation for the diverse identities that are counted as men who have sex with men.



# STATEMENTS OF IMPACT

Our statements of impact provide direction in terms of how we carry out our work. They build on our agency strengths and help to clarify what it is that we do as an organization.

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## **KNOWLEDGE PRODUCTION AND SHARING**

ACT is a learning organization. Our programs and services are developed through community consultation, drawing from the expertise and lived experiences of the people with whom we work. We engage in community-based research and evaluation to target our work so that it is as effective and efficient as possible. We share what we learn in ways that support the learning and engagement of our various stakeholders.

## **COMMUNITY HEALTH PROMOTION**

ACT's programs and services are designed to promote the health and well-being of both individuals and their communities. Our approaches to HIV/AIDS prevention and support are grounded in a solid understanding of the social determinants of health. We know that improvements to an individual's health cannot be sustained without addressing broader social issues and structures.

## **COMMUNITY CAPACITY BUILDING**

ACT works to build on the capability of individuals and communities to care and support one another. Our work is therefore guided by an asset-based approach, one that draws on existing strengths and potential, as our mission as an organization can only be achieved if our communities are strong and empowered.

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# STRATEGIC



## DELIVER PROGRAMS AND SERVICES ACROSS THE HIV PREVENTION, ENGAGEMENT AND CARE CONTINUUM

ACT will work to ensure that our service users are linked into HIV care and treatment, as well as emotional and social support services. We will work with our partners – including but not limited to other AIDS service organizations, allied health organizations, HIV clinics and doctors, HIV testing sites – and local and provincial networks, to achieve seamless navigation of services for the individuals and communities that we work with across their lifespan.

### WHAT WE WILL DO:

- » Adapt programs and services to respond to the changing needs of service users.
- » Collaborate with HIV testing sites across Toronto, especially those that serve our priority communities.
- » Use internet technologies to support the delivery of HIV prevention, engagement, care, and support programs.
- » Develop written partnership agreements with organizations, including HIV clinics and primary care physicians, in order to ensure service users living with HIV have improved service access and continuity of care, support and treatment.
- » Support the work of two provincial strategies – the Women and HIV/AIDS Initiative and the Gay Men’s Sexual Health Alliance – to improve the delivery of services to two of our priority communities.



Develop stronger working partnerships with other organizations

to address and meet needs by offering ACT’s specific expertise and not duplicate what others are successfully doing.



Provide wrap-around, comprehensive services and system navigation support for people

who are aging with HIV and their caregivers.



Build partnerships with non HIV/AIDS organizations and agencies who may have clients who are at potential risk.

# PRIORITIES

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## LEAD IN GAY MEN'S HEALTH

ACT will position itself as a leader on issues related to gay men's health, given our history and connection to the gay community in Toronto. HIV continues to disproportionately impact gay men in our city, and evidence indicates the need for culturally competent health care and other supports to decrease HIV risk. ACT recognizes the need to address not only sexual health, but the mental, physical, and social health of diverse groups of gay men.

### WHAT WE WILL DO:

- » Build on our solid foundation of sexual and mental health programming in order to enhance the overall health and well-being of gay men, regardless of their HIV status.
- » Enhance sexual health, mental health and substance use programs for diverse groups of gay men at ACT.
- » Work collaboratively with our partners and other health organizations to increase their capacity to offer culturally competent services for diverse groups of gay men.
- » Work with local partners to provide streamlined service access to culturally competent gay men's health services in Toronto.
- » Lead community partners and allied health institutions, policy makers, researchers, and others to develop a gay men's health network in Toronto that improves access to mental health and substance services, social supports and other services that improve the health and well-being of diverse groups of gay men.



ACT is well positioned to directly support the development

of a comprehensive sexual health service model for gay men and other MSM in Toronto. Focussing on the needs of gay men would be an excellent improvement for ACT.



ACT does a great job of being connected to the gay and queer community. Initiatives

such as bathhouse outreach, Totally outRIGHT, and online outreach are really amazing to see. Cultivating those conversations and opportunities is so important and crucial to the success of the organization's goals.



Gay men remain the community most at risk for HIV and ACT does a great job but could do more to

help guys access testing, and other services. ACT should be the go to organization for gay men health.

# STRATEGIC

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## STRENGTHEN TORONTO'S COLLECTIVE RESPONSE TO HIV

Advances in HIV treatment and prevention, ongoing fiscal austerity, and shifting health care and social service priorities have created new challenges for AIDS service organizations. There is a need for greater collaboration and leadership within the HIV sector to ensure that the needs and priorities of people living with HIV/AIDS and those at increased risk for HIV are met.

ACT is committed to working with its community partners and allies to coordinate and enhance efforts related to policy development, service delivery and innovation, and knowledge production and dissemination. Drawing on its history and reputation, ACT will work to amplify the voice and visibility of Toronto's HIV sector in order to strengthen Toronto's collective response to HIV.

### WHAT WE WILL DO:

- » Actively participate in local networks, working groups, and coalitions that seek to influence services, funding, and health and social policy related to people living with HIV/AIDS and those at increased risk for HIV.
- » Initiate and/or participate in policy discussions that influence HIV prevention, support and services for people living with and at increased risk of HIV, and the determinants that influence health and social outcomes.
- » Develop position statements and background documents on issues that affect those we serve.
- » Communicate our position statements and advocacy efforts to our various stakeholders.
- » Initiate and/or partner in research projects that advance our understanding of HIV, and can inform programming or policy.



ACT is a strong leader and one with much respect in the community. They

can be a champion within the sector.



Build awareness and better supports around structural issues negatively

impacting prevention efforts. For example, having inconsistent or no housing, increased risk of violence, criminalization of HIV non-disclosure, immigration status, etc.



Join with other organizations serving people living with other chronic illnesses to resist

cuts to vital supports for people living with HIV (ODSP/OW, subsidized housing, pensions, HIV program funding) and advocate for policy changes that benefit people living with HIV.

# PRIORITIES

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### INVEST IN ORGANIZATIONAL EXCELLENCE

ACT will continue to build on the progress made in our last strategic plan to make us a strong, supportive and healthy organization in which to work, volunteer and participate. We will continue to strengthen the organization through periodic reviews of systems, structures, policies, procedures and programs. ACT will continue to look at ways to ensure the financial health of the organization. We commit to responsible stewardship of public and private financial resources. ACT will foster an environment of continuous learning for staff and volunteers, ensuring that our staff and volunteers have up-to-date knowledge and skills. We will remain flexible and adaptive by ensuring space for discussion of alternative ideas and new approaches to our work.

#### WHAT WE WILL DO:

- » Offer staff and volunteers opportunities to enhance their knowledge, skills and capacity to provide excellent programs and services.
- » Conduct effective program evaluation, and participate in research related to our priority communities, and use those findings to inform program development.
- » Identify ways in which internet technologies such as social media, a revamped website, and enhanced software programs can further strengthen organizational health, increase efficiencies and support communication to our varied stakeholders – communities, service users, volunteers, members and donors.
- » Foster a culture of philanthropy by diversifying our funding sources and continuously engaging our individual donors.
- » Develop a new Communications Strategy to clearly articulate our work to stakeholders, conveying how we serve our communities and build a greater awareness of ACT's highlights and successes.



ACT should continue the role of fostering and finding talent in the field of HIV and provide those individuals with opportunities for improving and learning more.



Build, maintain, and foster good sincere, engaged relationships with both private and public funders



Maximize resources. Clearly define and communicate its identity in the face of current realities.





# ACKNOWLEDGEMENTS

Thank you to:

- » All stakeholders who participated in this process.
- » Board, Management and Staff who participated in the planning retreat.
- » Ron Rosenes, Consultant, OODP.

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Charitable Registration Number 11877 9024 RR0001

Published: January 2016