



**CANAC  
ACIIS**

**COMMUNICATION STRATEGY**

Version 3 *April 2011*

## 1. BACKGROUND & HISTORY

In 1988 a group of nurses working in HIV/AIDS in Toronto started meeting on a regular basis for support and professional development. Inspired by the activities of the Association of Nurses in AIDS Care (ANAC) in the US, the group applied for chapter status; becoming ANAC's first "international" affiliate chapter group.

The Toronto chapter was soon very active in lobbying the federal and provincial governments for an effective response to HIV/AIDS. Unfortunately, according to certain regulations governing the activities of non-profits in the US, the ANAC bylaws prohibited its chapters from engaging in advocacy directly targeted at government. Thus, in order to apply for "full chapter" status with ANAC, the Toronto group would have had to restrict its advocacy-related activities. The determination to pursue the group's original objectives gave birth to a vision for creating "CANAC/ACIIS" (C + ANAC).

While nurses were organizing themselves in Toronto, HIV research/clinic nurses in Montreal were longing to network with other nurses working in HIV trial sites across Canada. Assuming many of these nurses would be attending the VI International AIDS Conference in San Francisco, a nurse from Montreal arranged to host a meeting of "like minds" during the conference.

Nurses from all fields of HIV/AIDS attended; affirming the need for a national association of nurses in AIDS care in Canada.

A few months after the meeting in San Francisco, a policy advisor with Health & Welfare Canada gathered a small working group of nurses to assess the viability of creating a national network for nurses in AIDS care. After several hours of brainstorming, in a small hotel room at Toronto's Pearson International airport, an action plan was agreed. Two months later (November 1991) the founding members of CANAC/ACIIS met in Hull, Quebec to draft the Association's constitution and elect its first board of directors, thereby establishing CANAC/ACIIS as Canada's first professional association in the field of HIV/AIDS.

Within weeks, CANAC/ACIIS submitted its application to become a National Nursing Interest Group of the Canadian Nurses Association. Less than a year later, CANAC/ACIIS held its first national conference for nurses in HIV/AIDS care, which has continued since as an annual event.

The Canadian Association of Nurses in AIDS Care (CANAC/ACIIS) is now a national professional nursing organization committed to fostering excellence in HIV/AIDS nursing, promoting the health, rights and dignity of persons affected by HIV/AIDS and to preventing the spread of HIV infection.

CANAC/ACIIS members hail from all regions of Canada working in clinical practice, à education, research and/or administration. We have a proud history of working in collaboration with other nursing organizations and with the international HIV/AIDS community. Volunteerism and solidarity with those affected by HIV/AIDS are the heart and soul of our organization.

## 2. MISSION AND GOVERNANCE

The mission of CANAC/ACIIS is to recognize and foster excellence in HIV/AIDS nursing through education, mentorship and support.

CANAC/ACIIS strives to achieve its mission through the following actions:

- Promoting education and continuous learning opportunities in HIV/AIDS care
- Creating a dynamic network of regional and national support for members
- Providing regular forums to share innovative nursing practices
- Encouraging research and evidence-based HIV/AIDS nursing practices
- Serving as a national voice for HIV/AIDS nursing issues
- Advocating for the rights and dignity of people who are living with HIV/AIDS or who are vulnerable to HIV infection

CANAC/ACIIS is governed by an elected board of directors, consisting of; four executive officers; and five regional (geographic) representatives, (British Columbia & Yukon; Prairies, Northwest Territories & Nunavut; Ontario; Quebec; and the Atlantic Provinces). Board responsibilities and functions are detailed in a comprehensive set of policy and procedures: [Board Manual I](#) and [Board Manual II](#).

Annually, the board develops a work plan based on the objectives outlined in CANAC/ACIIS [Strategic Plan for 2011-2014](#) and in response to the needs of the membership. The Annual General Meeting is held during the Annual CANAC/ACIIS Conference, which traditionally takes place sometime in April.

CANAC/ACIIS is an Associate member of the Canadian Nurses Association (CNA) and a charitable organization registered with the Canada Customs and Revenue Agency. As a result, the governing policies outlined in our Bylaws are consistent with the requirements set out by the CNA and the federal Income Tax Act.

### 3. OBJECTIVES

- ❖ Create opportunities for communication and collaboration with our membership;
  - ✓ Increase buy-in and support among our members
  - ✓ Solidify existing membership base and cultivate new members and partnerships
- ❖ Improve awareness and understanding of the work of CANAC/ACIIS and its membership;
  - ✓ Ensure that the purpose, objectives, and achievements of CANAC/ACIIS are shared with key partners and stakeholders

CANAC/ACIIS recognizes that successfully engaging and sustaining our association will require a collaborative approach among a broad range of stakeholders. In addition to the systemic improvements undertaken by the Board, the supportive services provided by our members and partners will be critically important to realizing the Association's objectives. Just as important is the cooperation and trust of individuals living with or at risk for HIV and AIDS – these individuals must feel that the Association and our activities reflects and respects their needs and concerns.

The committee believes that communication with members and stakeholders should be a two-way process – keeping them apprised of important developments while building channels for dialogue that foster a sense of participation and enable problem-solving and responsive action.

Success requires that the CANAC/ACIIS/ACISS mandate, strategic goals, and implementation progress be clearly and accurately disseminated to key audiences. Effectively sharing this information will be critical to building and maintaining support for the Association among both members and stakeholders. This will promote project transparency and engender trust amongst members and community partners while reinforcing key messages.

#### **CANAC/ACIIS Communications must be:**

- ❖ **Accurate**
  - ✓ materials should reflect the best available data/information and be regarded as authoritative in all matters regarding HIV/AIDS nursing
- ❖ **Up-to-date**
  - ✓ Regular, frequent updates are required to communicate ongoing information to audiences in a timely manner
- ❖ **Appropriately targeted**
  - ✓ Communications must be developed with a clear understanding of the target audience's preferred level of language and medium of delivery. CANAC/ACIIS commits to the production of all communication materials in both English and French.

- ❖ **Easily accessible**
  - ✓ Materials must be available in multiple formats and easily provided to audiences.
  
- ❖ **Useful**
  - ✓ The information needs of each target audience must be considered prior to the development of communications materials.

<b>Audience</b>	<b>Key Issues</b>	<b>Options and Tools</b>
CANAC/ACIIS Membership	<ul style="list-style-type: none"> <li>• Regional CANAC/ACIIS activities</li> <li>• Research evidence and best practice guidelines</li> <li>• Personal stories</li> <li>• Standards of practice</li> <li>• Support for ongoing learning and development</li> <li>• Policy changes and Position Statements</li> <li>• Progress reports on the Strategic Plan</li> <li>• Funding overview</li> </ul>	<ul style="list-style-type: none"> <li>• Newsletter</li> <li>• Monthly communiqué</li> <li>• Questionnaires</li> <li>• Website</li> <li>• Facebook page</li> <li>• Regional events &amp; National Conference</li> </ul>
Persons living with HIV and AIDS	<ul style="list-style-type: none"> <li>• Testing</li> <li>• Treatment</li> <li>• Patient Experience</li> <li>• Personal stories</li> <li>• Community representation</li> <li>• Privacy and confidentiality</li> <li>• Federal and Provincial policy changes Advocacy/Criminalization</li> </ul>	<ul style="list-style-type: none"> <li>• Public website</li> <li>• FAQ</li> <li>• Questionnaires</li> <li>• Community Forums</li> <li>• Event outreach</li> </ul>
Health care professionals & AIDS Service Organizations	<ul style="list-style-type: none"> <li>• CANAC/ACIIS structure and mandate</li> <li>• Research evidence and best practice guidelines</li> <li>• Local and national contacts for HIV/AIDS information</li> </ul>	<ul style="list-style-type: none"> <li>• Public website</li> <li>• FAQ</li> <li>• National Conference</li> <li>• Professional Events</li> <li>• Event outreach</li> </ul>
Government (relevant ministries)	<ul style="list-style-type: none"> <li>• CANAC/ACIIS structure and mandate</li> <li>• Research evidence and best practice guidelines</li> <li>• Funding</li> </ul>	<ul style="list-style-type: none"> <li>• Public website</li> <li>• FAQ</li> <li>• Regional Representatives and the CANAC/ACIIS Board</li> </ul>
Media	<ul style="list-style-type: none"> <li>• CANAC/ACIIS structure and mandate</li> <li>• Research evidence and best practice guidelines</li> <li>• Funding</li> <li>• Personal stories</li> </ul>	<ul style="list-style-type: none"> <li>• Press kit</li> <li>• Media outreach strategy</li> <li>• Website</li> </ul>

## 4. KEY MESSAGES

- **Collaborative Leadership:** The CANAC/ACIIS Board, which leads the implementation of strategic policy and the Communication Strategy, includes regional representation from five regions: Atlantic; BC & Yukon; Ontario; Québec; Prairies, NWT & Nunavut. This leadership structure ensures a diversity of voices and perspectives in the planning and implementation of the CANAC/ACIIS activities. Through regional representation, CANAC/ACIIS aims to speak for all nurses working in HIV/AIDS care in Canada, applying a regional and local lens to the unique opportunities and challenges in each region.
- **Membership Engagement:** CANAC/ACIIS cannot succeed without the collaboration of our membership. The Board is committed to a regional engagement process by which members will be able to communicate their experiences, successes, and challenges to the Regional Representatives. This process aims to establish a dynamic working relationship based on trust and collaboration.
- **Public & Community Involvement:** The involvement of people living with HIV/AIDS, communities, and service providers is critical to the success of CANAC/ACIIS. CANAC/ACIIS recognizes that Aboriginal peoples, people in the criminal justice system, refugees and immigrants without legal status are disproportionately affected by HIV and AIDS, and this disparity must be addressed. CANAC/ACIIS recognizes the importance of delivering culturally safe, trauma-informed care, and is committed to working with community organizations and community leaders to ensure that their voices are heard at the national policy level and within our own Association.
- **Patient Experience:** CANAC/ACIIS supports access to high quality, safe HIV/AIDS treatment and care. Treatment must be patient centered, culturally sensitive, and recognize the Uniqueness of patient's experience with HIV/AIDS. Patients are encouraged to become informed and actively engaged in their own care, with support provided for self-management.
- **Funding:** CANAC/ACIIS is a non-profit registered charity and is an Associate member of the Canadian Nurses Association (CNA). Funding is achieved through membership fees and attendance at National Conferences. CANAC/ACIIS supports the ethical use of corporate sponsorship and governmental grants where possible.
- **Knowledge Transfer/Capacity Building:** CANAC/ACIIS is committed to a collaborative learning process that involves sharing and transferring knowledge and skills gained through research and clinical practice.

## **Conceptual Messages:**

HIV/AIDS creates unique and complex challenges for individuals, communities and care providers. HIV/AIDS cannot be understood or managed without addressing larger socio-political issues including power and control; medicalization; criminalization and equitable distribution of resources.

### **CANAC/ACIIS advocates to;**

- Ensure timely access to high-quality and safe HIV/AIDS care and treatment
- Reduce the number of new HIV infections
- Reduce the impact of HIV/AIDS through effective screening and early detection
- Improve the patient experience in every step of the HIV/AIDS journey
- Improve the efficiency and cost-effectiveness of HIV/AIDS service delivery
- Provide access to HIV/AIDS education for all health care providers
- Reduce the stigma associated with HIV/AIDS
- Be part of the global solution to HIV/AIDS

### **Current key messages include;**

- We must improve access to HIV testing and access to high quality care and treatment
- We must work to reduce the stigma associated with HIV testing
- HIV/AIDS is often present with association and non-associated co-morbidities that can impact access to testing, treatment and adherence.
- We must streamline HIV/AIDS diagnosis and linkage to care
- We must continue to develop regionally specific programs to consistently deliver high quality services across Canada
- We must deal with the social determinants of health that are negatively impacting the health of people living with HIV/AIDS and their ability to secure high quality housing, food security, care and ability to adhere to treatment
- We must engage in a highly collaborative process that will allow us to learn from each other and turn knowledge into practice

## 5. COMMUNICATIONS TOOLS

### Dynamic online presence

#### Website

CANAC/ACIIS requires a dynamic, up-to-date online presence to efficiently distribute information and provide a further channel for feedback. Although the publications outlined below are important tools in communicating with our membership, a regularly updated, interactive and contemporary webpage will disseminate news and important information faster and more effectively while facilitating interaction. An enhanced Internet presence will also include the incorporation of social media (Regional Representative Blogs and a Discussion Board) and multimedia elements (e.g. video).

#### Facebook

As of July 2010 Facebook has more than 500 million active users, which is about one person for every fourteen in the world. Users may create a personal profile, add other users as friends and exchange messages, including automatic notifications when they update their profile. Additionally, users may join common interest user groups, organized by workplace, school, or college, or other characteristics. CANAC/ACIIS has pages in both English and French, content is controlled by an administrator to ensure that content is appropriate and timely.

### Targeted publications

#### *eUpdate* Monthly Update

A monthly bulletin targeted at members. The document will report CANAC/ACIIS news and updates, and will feature clinical updates, research updates and profiles of front-line workers. The following schedule is proposed for this document: 1st of each calendar month.

#### *Connections* quarterly newsletter

A quarterly bulletin targeted at members and the wider HIV/AIDS community. The document will provide CANAC/ACIIS updates, clinical and research articles from members and guest writers.

#### Frequently Asked Questions

This one-page document will be targeted at non-members and health care providers and circulated to health authorities and academic institutes. It will provide concise, plain language responses to important questions about HIV/AIDS, research updates and links to external resources. This document will be reviewed quarterly by the Communications Committee to ensure information is accurately represented and the most current information is available.



### **Member Engagement**

Regional Representatives ask their membership to highlight current areas of concern/interest in HIV/AIDS nursing, highlight regional activities that have occurred. Regional Representatives provide updates at Board Meetings/Teleconferences about these activities and issues and bring forward member's ideas for the advancement of the Association.

### **National CANAC/ACIIS Conference**

The annual conference and AGM provides another venue through which to update stakeholders /members and encourage dialogue

### **Information package/Press kit**

The development of a concise informational package to reinforce key messages is recommended. This conceptual overview of CANAC/ACIIS and current issues in HIV/AIDS care will be circulated at community events and meetings to provide an engaging, plain-language background to Association and HIV/AIDS issues. Ideally, this would take the form of a visually dynamic pamphlet or two-pager. Such a document could also be used as the basis for a CANAC/ACIIS press kit. The development of components for this kit has cost implications.

### **Personal stories**

A key component of CANAC/ACIIS communications and engagement will be the dissemination of personal stories from members and where possible, the patients we care for. Community representatives and other contacts may help identify individuals willing to share their personal experiences with HIV/AIDS. This will facilitate engagement by adding a human element to communications materials and speaking to patients at a peer level. Membership will be encouraged to submit a profile of themselves and their work, to foster collaboration and networking across the Association.

These stories may be disseminated in a variety of formats:

- eUpdate and Connections Newsletter
- online
- video/multimedia
- presentations at National Conference and Regional Events
- pitches to media