

MAC

Multicultural AIDS Coalition, Inc.

Strategic

2003

Plan

2008

2008

Strategic Plan

Strategic Plan 2003 - 2008

2003 - 2008

2003 - 2008

MAC and the African Community Health Initiative welcome a South African delegation

Nexus training "The ABCs of CBOs"

Kick-off of "Faith in You" HIV Prevention Campaign

MAC Board member, Douglas Brooks



March 2003

Dear friend:

Dear friend:

Dear friend:

It is with both pride and humility that MAC presents its **Strategic Plan for 2003-2008**. Our pride comes from the many hours of dedicated hard work, exploration, research and creativity invested by MAC's Board of Directors, staff and many coalition members in formulating this plan. Our humility comes from our acute awareness of the enormous job that lay before us all, and the devastating impact that this epidemic is having and could increasingly have on our community.

This Strategic Plan lays out a new vision and direction for the Multicultural AIDS Coalition. But we build, with deep appreciation, on the shoulders of MAC's founding members and their vision for this organization back in 1987. Now, as then, we will continue to serve as a unifying voice for communities of color in fighting to end the AIDS epidemic. Now, as then, we will work to build the community's capacity to tackle this epidemic, using any strategy that meets the current needs and conditions in our community. Now, as then, we will serve as an engine for mobilizing our community to advocate for more effective policies to address the epidemic, and for ensuring that communities of color are actively represented at all public policy tables.

As we draw strength from our history, we also know that this is a time that requires new, bold leadership. We stand at the precipice of an exponential growth in the number of people of HIV in communities of color. We have just begun to understand the full impact of past and future massive cuts in the state budget, which have decimated organizations, curtailed AIDS services and withdrawn health care coverage from some of the most vulnerable members of our community. At the same time, we understand much more about the epidemic in communities of color than ever before. We know where in our community the epidemic is growing and we know a lot about what it takes to stop it.

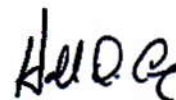
As we begin a new chapter in this battle to end the AIDS epidemic, we wish to express our deep gratitude to MAC founders, especially Wayne Wright and others that are no longer with us. We dedicate this Strategic Plan to you.

Yours,



Gary Daffin

[Executive Director]



Harold Cox

[President, Board of Directors]

Mission Statement

Mission Statement

Our Mission

The mission of the **Multicultural AIDS Coalition (MAC)** is to mobilize communities of color to end the HIV/AIDS epidemic. We work to ensure high quality, accessible prevention and treatment services for people living with HIV, at high risk for becoming infected, or closely affected by the disease. We support broader community efforts to eradicate conditions that fuel the epidemic, including substance abuse, lack of health care access, homelessness, incarceration and oppression based on race, ethnicity, gender and sexual orientation.

Our Business

To accomplish its mission, the Multicultural AIDS Coalition focuses its work in four key areas:

[•] Linked Network of Services

MAC coordinates and supports an integrated network of HIV prevention, treatment and support services for people living with and at highest risk for acquiring HIV and with least access to health care. These services are provided by a collaborative of peer-led community groups, congregations and service provider organizations

[•] Partner Capacity-Building and Leadership Development

MAC offers and brokers an array of training, technical assistance and management services for its partner organizations, all focused on strengthening their HIV programmatic and management capacity. MAC works to cultivate strong, effective community leadership on HIV, with an emphasis on strengthening peer-led organizations working with people at high risk for HIV, and on the faith community.

[•] Public Policy Advocacy and Research

MAC mobilizes its network of partner organizations and consumers to identify critical health policy issues that hinder access to HIV prevention, treatment and care. We then engage these constituents to advocacy efforts to affect policymaking.

[•] Coalition-building

MAC supports broad-based community coalitions focused on the HIV/AIDS epidemic. MAC houses several coalitions with diverse constituencies, providing them with staff support, financial infrastructure, and fund-raising capacity.

Our Values

With its priority on communities of color, MAC's "multicultural" focus extends beyond the boundaries of race and ethnicity, honoring the full cultural diversity in our community which includes the cultures of people in recovery; of the faith community; of gay, lesbian, bisexual and transgender individuals; of people living and struggling with homelessness, domestic violence or poverty; and others.

In all its endeavors, MAC strives to exemplify excellence, integrity, innovation and a culture of learning. We are committed to providing bold, pro-active, collaborative leadership, coupled with a deep respect for the work of our colleagues in the field. We work to produce data-driven programs and research that combine grassroots experience with theory, and ensure highest quality performance through evaluation and monitoring. In all our efforts, we seek to honor the whole person, recognizing their full and unique range of needs, aspirations.

The HIV/AIDS Epidemic in Communities of Color

More than 50% of the estimated 22,000 people living with HIV in Massachusetts are Black or Latino, although we make up only about 13% of the population. HIV/AIDS is 6 times higher among Blacks and 4 times higher among Latinos than among the population as a whole.

Our challenge is made all the more difficult because it is estimated that a quarter of all people with HIV—as many as 5,000 people in Massachusetts—either don't know they are infected or aren't in medical care. There are many reasons for this. HIV can remain dormant for many years, without any symptoms. Many people in our community don't receive health care until they have a medical emergency. Some don't recognize the symptoms of HIV when they appear. Others are afraid to have their worst fears confirmed, and so avoid health care. And others are concerned about stigmatization from family, friends and the community and therefore don't take steps to learn about their HIV status.

Many health care experts believe that the epidemic in communities of color is still in an early stage. Unless our community joins together to aggressively tackle the spread of HIV, we can expect the number of people from com-

munities of color living with HIV to increase. With each passing year that we don't fully respond, the harder it will be to stop the epidemic.

It is time to act, and act quickly.

**WHO
IN OUR
COMMUNITY
IS AT
RISK?**

[•] Men Who Have Sex with Men

Many of us are aware of the devastating effect of HIV in Africa. But in a number of American cities, infection rates among men of color who have sex with other men are equal to or higher than the rates in many African countries. As we enter the 3rd decade of this epidemic, men of color who have sex with men represent the largest number of persons living with

AIDS in this country. Studies have shown that in several major cities, as many as 1 in 3 African American men and 1 in 4 Latinos who have sex with men are living with HIV. While these studies weren't done in Boston, there is no reason to think that the situation is better here. Some of these men have both male and female partners, all of whom are at risk for acquiring HIV and other STDs. Some have sex with men for money, or for drugs, or while incarcerated.

[•] Injection Drug Users (and their partners)

We know that injection drug use is a serious problem in our communities. In Massachusetts, nearly 60% of the current and former injecting drug users living with HIV are from a community of color. In addition to living with HIV, many IV drug users also are infected with Hepatitis C. Increasingly the combined effect of these infections is leading to increased deaths—either from HIV or Hepatitis C.

[•] Women of Color

In Boston, over 80% of women living with HIV/AIDS are women of color. Almost 40% of African Americans in Massachusetts with HIV are women. About one out of three of these women contracted HIV from their own injection drug use. The other two out of three were infected from unprotected sex with

men—mostly men who were infected by injecting drugs, or by having sex with an HIV+ man. These women may or may not know that their male partners are shooting drugs or having sex with other men. Many women are infected through unprotected sex in their teens or twenties. Because a long period can pass before symptoms show up, these women may not discover that they are infected for many years.

[•] People Born Outside the U.S.

Nearly ten percent of the people living in the Commonwealth were born outside the United States and immigrated here. Over the past ten years there has been an alarming increase in the number of people born outside the US living with HIV and AIDS, particularly from the Caribbean and Sub-Saharan Africa. About 13% of people in Massachusetts living with HIV and 22% of people diagnosed with AIDS in the past year were not born in the U.S. Most of the infections are the result of heterosexual transmission and over 30% of the people infected are women. These individuals often seek care late in their illness - too late to take advantage of life-saving treatment. In addition to many of the challenges that people of color face in addressing HIV and AIDS, immigrant communities must also address issues of legal status, cultural isolation, language barriers and even more struggles in navigating the U.S. health system.

Our Vision:

It Takes A Village to End An Epidemic

Although it is far from easy to do, we know how to stop the spread of HIV/AIDS. We can only do it if we join together as an entire community. The Multicultural AIDS Coalition as an organization can't end the epidemic by its efforts alone. Our power lies in the many organizations, congregations and community institutions rooted in our community that join together in a unified desire to stop the spread of HIV. We will strengthen the capacity of these organizations—one of our community's greatest assets—to work together and develop joint strategies that will have the greatest impact. We will build a linked network of HIV prevention and treatment services; convene and support community coalitions; offer training and technical assistance; facilitate joint public policy advocacy and initiate research that help us improve our work. In short, we provide the backbone and infrastructure for a unified HIV/AIDS effort within communities of color. We invite you to join us. Every community leader and every organization has a role to play. **We will work together to create a community in which:**

[•] Everyone takes personal responsibility for preventing the spread of HIV.

It is a matter of life and death that we create a climate that encourages everyone to find out if

they or their partners are infected with HIV. If people know they are infected, they are more likely to avoid infecting others. We must make it safe and easy for people to get tested and embrace safer behaviors whether they are living with HIV or are at risk. Our churches, mosques, civic associations and community centers have a central role in replacing the myths about HIV with the facts, in offering safe places in the community for people to get tested, and in providing centers of spiritual, emotional and physical support where people can turn.

[•] People at highest risk for HIV have the information and supports they need to change behaviors that put them and others at risk.

Only if people have information and the support that address their specific needs, can they change behavior and reduce their risk of exposure to HIV. We will focus our attention on where this epidemic is spreading within our community, so we can be more effective in reaching people at highest risk of infection. We will identify creative ways to bring resources to the community making it easier for people to get needed information and services. We will pool our strengths and our knowledge, creating a linked network of services among groups that have frequent contact with people at high risk for HIV and organizations that can offer high quality services tailored to their specific needs.

[•] People with HIV receive health care and stay in care.

We know that access to quality health care is essential to stopping this epidemic. When people are taking care of their health, they are more likely to protect their sexual partners from infection. In partnership with churches, mosques and civic associations, we will train volunteers to visit people with HIV in their homes, take them to medical visits, and help them navigate the web of services that are too often underutilized by our community. We will join together to improve the quality of health care provided to people in our community so that people with HIV receive the respect and calibre of care that everyone deserves.

[•] Our entire community has access quality health care.

We will fight to preserve and improve access to quality health care. When people receive regular quality health care, they are more likely to be made aware of their risk for HIV, or recognize HIV symptoms sooner and share critical information with their provider. We will work to encourage an increased awareness of the importance of accessing health care for all members of our community, so people use the health care services available to them. As the Commonwealth of MA eliminates health care coverage for some of its most vulnerable citizens who are at highest risk for HIV, we will advocate to preserve the safety net of basic health insurance that this state has historically provided to those who cannot afford health insurance.

[•] Our actions and our culture reflect our shared belief in the value of every human life.

We will put an end to the fear, stigma, judgement and shame that has forced this disease underground in our community. Through our actions, we will demonstrate our shared belief in the value of every life, and reach out to each member of our community living with HIV and their families, offering them the support and help that they so urgently need.

We hope you will join us.

Strategic Initiatives:

- 1. Access to Needed Services*
- 2. Capacity-building & Leadership Development*
- 3. Public Policy Advocacy & Research*
- 4. Convene & Support Coalitions*
- 5. Sustainability & Funding Diversification*
- 6. Commitment to Excellence & Continuous Improvement*
- 7. Organizational Infrastructure & Capacity*

Increase

1. Increase Access to Needed Services

Increase access to high quality, culturally relevant HIV prevention and treatment services through a linked network of services.

It is essential that we reach the people at highest risk for HIV with information and services. While some community groups have daily contact with people at high risk for HIV, others have specialized knowledge or services in HIV prevention and care that the community urgently needs. We will pool our strengths and build an integrated network of HIV prevention, treatment and support services for people living with and at highest risk for acquiring HIV and with least access to health care. Through a working partnership among peer-led community groups, congregations and service provider organizations, we will find new ways to bring resources directly into the community to those that need them most. MAC will pursue a variety of funding sources to support the network's capacity to delivery the needed services.

to Needed

OBJECTIVES

[•] Form Prevention Partnership

Develop a partnership among community organizations with the greatest access to people at highest risk for HIV, and help those organizations secure the financial resources and hands-on support to offer high-impact HIV prevention programs, based on the best practices in the field.

[•] Create Mobile Services Partnership

Establish a network of providers to bring prevention services into the community to locations most accessible to people at high risk for HIV.

[•] Train Health System Navigators

Assist congregations, immigrant "Mutual Aid Societies," and peer-led associations to train and support a pool of volunteers who will help people to access culturally appropriate HIV services.

[•] Document and Evaluate Results

Jointly develop program evaluation tools to collect and analyze data on the effectiveness and impact of services provided through the linked network of services.

2. Capacity-building & Leadership Development

Cultivate the leadership and capacity of organizations rooted in the community, and support and strengthen their efforts to end the AIDS epidemic.

We can only stop the AIDS epidemic if our community has the capacity to sustain our organizations and deliver the needed services. Too often, organizations with the strongest roots, the deepest reach, and the greatest potential are under-resourced, both in money and in access to critical skills and information.

In addition, many service providers are seeking to strengthen their cross-cultural skills so that they may most effectively serve people from diverse cultures. MAC is committed to strengthening our community's assets, building the capacity of our organizations, leaders and service providers to gain the skills, knowledge and supports we need to most effectively serve our community.

Development

OBJECTIVES

[•] Cultivate Community Leadership

Cultivate and train community leaders as a fundamental element of all MAC's prevention, advocacy and coalition-building activities.

[•] Provide Technical Support

Offer practical technical assistance and training on programmatic and organizational issues that help community organizations strengthen their capacity to provide HIV prevention and treatment services.

[•] Build Capacity in the Faith Community

Provide hands-on support to faith-based organizations in their efforts to address issues of HIV/AIDS, and support 7 new congregations each year in developing and sustaining HIV/AIDS ministries.

[•] Document Successful Program Models

Document successful program models within the MAC network and share information nationally with the field.

Public

3. *Public Policy Advocacy & Research*

Mobilize the MAC network of partner organizations and consumers to identify critical health policy issues that hinder access to HIV prevention, treatment and care, and engage constituents in advocacy efforts to affect policymaking.

An array of public policy issues can support or hinder our community's ability to stop the AIDS epidemic, including access to health care; policies impacting the quality of care and services; legal and regulatory issues regarding people with HIV; HIV funding; substance abuse public policies; prison public policies; and public policies affecting gay, lesbian, bisexual and transgendered people. MAC will support a community process of defining shared priorities for advocacy and mobilizing the community to affect changes in relevant public policy.

MAC will also initiate community-based research to answer critical questions that could impact our response to the HIV/AIDS epidemic. Community-based research is research for, by and with the community that is the subject of the research. It involves a partnership between academic researchers and community practitioners, and is a highly participatory process. Research can strengthen MAC's ability to base its programs on methods that have been proven effective. Through this work, MAC hopes to contribute to demystifying the notion of scientific research in communities of color and to strengthening the network of people in our community who understand how to use scientific research to help us improve our work.

Policy & Research

[•] Develop a Shared Public Policy Agenda

Host a community planning process to define public policy priorities and shape advocacy strategies. Priority issues are those that can make a significant impact on:

- Decreasing the number of new infections.
- Increasing the number of people who know their HIV status.
- Increasing the number of people living with or at risk for HIV who are in care.
- Improving the quality of HIV prevention and treatment services.

[•] Mobilize the Community

Within MAC's network of community organizations, create the infrastructure to mobilize community leaders and residents on key public policy issues.

[•] Secure Private Funding

Secure private funding for MAC and its partner organizations to engage in public policy advocacy.

[•] Initiate Research on Priority Issues

Design and implement community-based research on key questions about HIV in communities of color, in partnership with appropriate researchers. Priority research projects are those that can strengthen the design or impact of programs conducted by MAC and its partner organizations

[•] Maintain Research Criteria

Ensure that research projects meet the following criteria:

- MAC has an upfront and ongoing role in defining the research questions, designing, implementing, analyzing, reporting and publishing of the research results.
- Research is conducted and findings are reported back to the community in ways that are culturally appropriate and meaningful.
- Community members serve as advisers to researchers.
- Researchers are willing to come to the community, not expect participants to go to them.
- There is a fair allocation of research dollars to those doing the work in the community.

Coalitions

Convene & Support

4. *Convene & Support Coalitions*

Provide staffing and support for coalitions focused on ending the AIDS epidemic and improving community health.

Coalitions are an important vehicle for community leaders to learn from one another and develop a common plan of action. Coalitions also provide a forum to identify and address organizational and community capacity issues that might limit our work to end the AIDS epidemic. MAC convenes and/or supports several coalitions, each focused on working within a specific community to end the AIDS epidemic:

- Black HIV-AIDS Coalition (BHAC)
- Faith-based Coalition
- African Community Health Initiative (ACHI)
- Men Who Have Sex with Men Collaborative
- Substance Abuse Provider Collaborative (new)
- Women HIV Prevention Collaborative (new)
- National Collaborations

OBJECTIVES

[•] Cultivate Coalition Leadership

Support each coalition in establishing a strong and effective leadership and decision-making structure. Foster the autonomy of each coalition, within a mutually agreed-upon framework.

[•] Foster Mutual Accountability

Work with each coalition to develop a written understanding between the coalition and MAC about mutual expectations regarding the coalition's work, its funding, the resources available from MAC and other related issues.

[•] Facilitate Coalition Impact

Support each coalition in setting and achieving measurable objectives in at least one of the following areas:

- Improve the HIV prevention and treatment service system.
- Increase community involvement in HIV prevention.
- Increase support for people infected and affected by HIV.
- Improve public policy that impacts HIV prevention or care.

Sustainability & Funding Diversification

5. Sustainability & Funding Diversification

Ensure the long-term financial sustainability of MAC and its partners.

The AIDS epidemic will not be stopped quickly. MAC and its network of community organizations need the financial resources to fight this epidemic over the long haul. Nor can MAC do this work alone. Our success is dependent on the survival and strength of the MAC network of community organizations. MAC will actively work to secure a diverse base of funds for itself and its partners to ensure that this work will continue unabated, as long as there are members of our community living with HIV/AIDS.

[•] Diversify Funding Base

Diversify MAC's funding base with initial emphasis on increased private foundation and corporate support, a wider range of Federal sources, research dollars and church denominational funds.

[•] Raise Funds Collaboratively

Pursue collaborative funding strategies that are mutually beneficial to MAC and its partners.

[•] Build Fundraising Infrastructure

Create the necessary development infrastructure, including a Development Department, an Annual Fundraising Plan and a Communications Plan.

OBJECTIVES

Commitment

6. *Commitment to Excellence & Continuous Improvement*

Ensure highest quality performance through evaluation & continuous quality improvement.

MAC is committed to continuously improving its programs and services. We can only succeed in ending the epidemic if we hold ourselves accountable for the results of our work. MAC is built on a culture of learning, where we grow both from our successes and our mistakes. MAC is increasing its use of program data and community feedback as important guideposts in ensuring that we hold ourselves to high standards of performance in all of our endeavors.

OBJECTIVES

[•] Track Results

Expand MAC's capacity to track and evaluate program performance data.

[•] Measure Program Success

Monitor the success of each program against specific, measurable intended outcomes, and provide semi-annual reports to the Board of Directors.

& to Continuous Improvement

[•] Assure Administrative Quality

Monitor the quality of administrative systems (fiscal, human resources, facilities management, information technology, communications, development) against specific performance standards, and provide semi-annual reports to the Board of Directors.

[•] Gather Feedback

Institute a process of gathering feedback from organizational partners and clients as part of continuous quality improvement.

[•] Monitor Progress toward Completing Strategic Plan

Create an Implementation Plan, review and revise objectives annually, and provide bi-annual Management Reports to the Board of Directors.

7. Organizational Infrastructure & Capacity

Build MAC's organizational infrastructure and capacity to fulfill this Strategic Plan.

[•] Strengthen Fiscal Systems & Human Resources

- Continue to upgrade MAC's fiscal infrastructure to streamline fund accounting process and strengthen tracking and analysis of financial data.
- Develop fiscal management service guidelines that document models, policies, criteria, fee structure and a grievance procedure for CBO's.
- Continue to strengthen and expand HR policies, including a Professional Development Plan for MAC employees.
- Build cash reserve.

[•] Develop a facilities plan

- In collaboration with partners, explore the possibility of developing a Roxbury facility to serve as MAC's permanent headquarters and a "Community Wellness Center".

[•] Enhance MAC's Management Information System

- Develop an MIS to efficiently gather program data from MAC and its partners.
- Develop the hardware and software infrastructure to process and evaluate data and create reports.
- Develop a plan for maintaining the system with training and support.

[•] Strengthen internal and external communication systems

- Develop and monitor progress on an Internal Communications Plan for staff, Board and Partner Organizations, with priorities on consistency, timeliness and two-way communication.
- Develop an External Communications Plan that:
 - ⇒ increases community awareness about HIV prevention, care and compassion
 - ⇒ promotes the work of MAC and its partners
 - ⇒ establishes strong relationships with the media

[•] Build a stronger Board of Directors.

- Expand the Board of Directors.
- Review and revise the organization's By-laws.
- Develop a core set of Board Policies.
- Develop committee structure.
- Develop support infrastructure for the Board.

Thanks!
Thanks!

Thanks!
Thanks!

Special thanks to the Boston Foundation for funding this Strategic Planning Process. The planning process included a year of in-depth discussions and analysis by the Strategic Planning Committee; face to face interviews with a dozen key informants, phone surveys with representatives from two dozen organizations randomly selected from the Black HIV/AIDS Coalition, the Faith-based Coalition, the MSM Collaborative and the African Community Health Initiative; and extensive program design sessions with the MAC staff.

[•] Strategic Planning Committee

■ Board Members

- Harold Cox, President
- Pamela K. Johnson, Vice President
- Joan Whittaker, Clerk
- Andrew Fullem, Treasurer
- Douglas Brooks

■ Staff Members

- Gary Daffin, Executive Director
- Donna Bright, Deputy Director
- Georgia Simpson, Director of BHAC
- Wanda Nascimento, Director of Finance & Administration
- Tina Williams, Senior Prevention Educator
- Ricardo Rodriguez, Director of Communications

[•] Appreciation to MAC Staff

Special thanks to Cynthia Harris, Rosette Serwanga and Meg Nipson for their participation in parts of this planning process and to all the staff for their contribution to strengthening and redesigning MAC's programs, and for their patience throughout this process of reflection and change.

[•] Thank You to Community Leaders

This Strategic Plan is informed by dozens community leaders who took time out of their busy schedules to share their insights, experience and views about MAC, the needs of the community and our future work together. For your time, honesty, faith and commitment to genuine collaboration, we are most truly

grateful. The content of this Strategic Plan is solely the responsibility of the Multicultural AIDS Coalition Inc. The following organizations are not responsible for the content of this document, but individuals from these organizations offered valuable input to this process, so we acknowledge their organizations here:

- AID to Incarcerated Mothers
- AIDS Action Committee
- African Community Health Initiative
- Boston Living Center
- Boston Public Health Commission
- Caribbean U-Turn
- Center for Community Health Education & Research
- Church of Jesus Christ the Good Samaritan
- COCO
- Mass. Dept of Public Health, HIV/AIDS Bureau
- Dimock Community Health Center
- Fenway Community Health Center
- First Lutheran Church, Lynn
- Haitian Multiservice Center
- Harvard Street Neighborhood Health Center
- Hope for the Hopeless
- JRI Health
- Latin American Health Institute
- Life Changing Vangelistic Ministries
- Mattapan Community Health Center
- Nigerian Mutual Aid Society
- Safe Place
- Victory Programs
- The Way Free Gospel Ministry

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Plans

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Strategic

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[Building Community Capacity To End the AIDS Epidemic]