

TIP SHEET:

Develop a Position / Position Statement



Developing a position is the most important component of any advocacy strategy. However, for non-profit organizations with more than one member, developing a consensus around an advocacy strategy may prove daunting.

Formalizing your position by developing a Position Statement that is approved by a Board of Directors gives your organization a tool to use with the media. It makes your position clear, and by putting it on your website, makes it public.

One method of soliciting membership input is through membership questionnaires. A simple questionnaire might state or review a list of key government relations issues and ask the membership to rank them in priority from most important to least important. Once the results are tabulated, the association should have a clear direction and mandate from its members to focus on certain key issues. These questionnaires are extremely effective when using the Internet as a delivery mechanism.

However, time and resources do not often allow organizations to canvass its entire membership for a response. The development of issue-specific committees can be the quicker and more cost effective way to develop a position. Short-term advocacy committees or 'Task Forces' are highly effective methods used by associations in developing positions to specific federal, provincial or municipal issues. These committees can be highly effective in tapping member expertise and ensuring that staff fully represents member concerns.

It is impossible to have a detailed government relations or public position for every possible issue that might arise. Sometimes, developing a position on a particular issue may take weeks or months of consultations with your membership or Board of Directors. As a result, organizations are left without a position when they need it most. For example, your organization has an hour to respond to a journalist's deadline and the issue is extremely important to your members, however, you don't have a formal position. Build contingency plans within your organization to address these circumstances. Sometimes developing a position quickly is better than having no position at all.

Advocacy in Action! Position Statement on HIV and Poverty

In 2004, the Canadian AIDS Society released a position statement on HIV and Poverty in Canada. The original position statement is three pages long, and includes a list of specific actions and recommendations of policy reform. However, a position statement does not have to be that detailed. Here is an abridged version that illustrates the key components that a position statement should have. The Canadian AIDS Society encourages local organizations to use this as a model, tailor it, change it, or to simply adapt it to meet your local needs. Having a position with your organization's logo on it available on your website is a good way for local media to quickly find out where you stand on a particular issue.

1-800-499-1986 • www.cdnaids.ca • www.HIVandPoverty.ca

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This Tipsheet was compiled using the following resources:

Association for Women's Rights in Development. "An Advocacy Guide for Feminists" Young Women and Leadership; No. 1, December 2003. The Association for Women's Rights in Development, 2003. www.awid.org
Wickremaratchi, Sugandhi. "The Tools for Action: HIV/AIDS Treatment Access Advocacy Workshop Series; Participant Package for Tools and Techniques: Level 1." Canadian Treatment Action Council (CTAC), 2005. www.ctac.ca
Williams, Huw. "Building A Solid Association Advocacy Strategy." The Canadian Association e-zine, An Association Xpertise Inc Publication (AXI), 2004. www.axi.ca/tca
Canadian AIDS Society. Position Statement on HIV and Poverty. Adopted by the Canadian AIDS Society Board of Directors, September 2004 www.cdnaids.ca

The Canadian AIDS Society Position Statement on Poverty and HIV/AIDS *(Abridged)*

Adopted by the Canadian AIDS Society's Board of Directors, September, 2004

Context

During consultations with its members over recent years, the Canadian AIDS Society (CAS) has been given a clear message that poverty continues to be a serious issue in the AIDS community in Canada. CAS responded to this challenge, conducted an evaluation of the relationship between HIV, health and poverty, and identified **three** trends:

1. Living in poverty is a determinant of health that increases vulnerability to HIV.

Theories of Population Health and the Determinants of Health clearly link the relationship between poverty and poor health and disease. Research and community-based knowledge of HIV transmission links the constraints and conditions of poverty with some risk behaviours.

2. People who are diagnosed with HIV are at risk of falling into poverty.

Illness often forces many individuals to leave the workforce. Stigma and discrimination in the labour force reduces the opportunities for PLWHIV/AIDS to seek support in the workplace and make alternative working arrangements that meet their health needs. The excessive costs of HIV treatment and lack of access to private insurance plans makes HIV an unaffordable disease. Public income support programs do not meet the financial and health needs of PLWHIV/AIDS.

3. PLWHIV/AIDS who experience poverty or economic insecurity are at risk of having their disease progress quickly, and have a lower quality of life.

PLWHIV/AIDS who do not have the financial resources to meet their needs such as nutrition, housing, access to HIV treatment and illness prophylaxis (prevention of secondary illness), supportive devices, assisted living, etc. are at risk of increased secondary illness and progression of their HIV disease. A lack of financial resources also leads to social exclusion and restricts the ability to participate in a community. These factors reduce the overall quality of life.

The Canadian AIDS Society's Board of Directors calls on the Canadian federal, provincial and territorial governments to re-write restrictive policies that fail to meet the needs of people, increasing their risk of contracting HIV, and significantly reducing the quality of life of people living with disabilities and illness. We are challenging traditional government spending on health and social programs that cause discrimination against the economically marginalised, cutbacks and reduced eligibility for income-replacement programs, and the myth of a workforce that meets the needs of all Canadians. This strategy is failing Canadians and undermining the community based response to HIV/AIDS.