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VISION 2020

News Update for SRABC members from the SRABC Provincial Board of Directors

June 2013

1. Planning for the Future

In our first News Update which, we sent out in January 2013, we shared some ideas for developing a new plan known as '*VISION 2020*'. Thank you to all who took the time to share their comments and feedback with us. We'd like to keep this communication flowing, and have provided the following information in response to the points that have been brought forward.

2. The 2007 Strategic Plan

Since 2007 we have been working on the five key areas of our last Strategic Plan, which are:

1. Develop an increasingly effective Provincial Association
2. Improve internal and external communications
3. Review and renew branch operations and program delivery
4. Increase capacity for increased membership
5. Increase public profile

After the 2013-14 Board of Directors is introduced at the AGM on November 2, 2013 we will hold a training session the following day with a focus on developing our new strategic plan. The feedback you have given us will be a critical and invaluable part of this process.

3. What have we achieved?

Under the key areas of the current Strategic Plan, here's a list of some of our accomplishments over the past few years:

Develop an increasingly effective Provincial Association

- Develop and pass a new set of bylaws (passed in 2010)

- Some of the outcomes of these revised bylaws were to downsize the board and establish monthly rather than tri-annual board meetings, and to give every single member a vote
- Develop guidelines for prudent financial management

Improve internal and external communications

- Develop a communication plan, with the assistance of Jim Watson of The Goldie Company and Peter Barrow of Gamma Communications, and through the hard work of our Communications Committee (a group of volunteer communication professionals)
- Create a new logo and visual identity for SRABC's communication materials
- Upgrade the SRABC website, including the creation of new video material from interviews with SRABC members
- Two volunteers created the re-brand and the new website free of charge - Matthew Nosworthy (graphic designer) and Tyler Yendrowich (web developer) who work for LGM Financial Services. They are doing this as part of their company's policy of giving back to the community.
- Develop a series of booklets, *Guides to Recovering from a Stroke* which have now been translated into Chinese, Punjabi and Hindi
- Create a new *Life After Stroke* e-newsletter - the first edition of which was sent out earlier this month

Review and renew branch operations and program delivery

- Conduct an evaluation of Branch Operations and Program Delivery
- Conduct research into programs and services we may provide in the future

Increase capacity for increased membership

- Create a fund development plan for SRABC

Increase public profile

- Begin implementation of the communication plan
- Distribute new SRABC written materials
- Build a larger more far-reaching mailing list
- Pilot Stroke Recovery Education Days in each Health Region
- Hire a publicist, Ann Gibbon, to get us coverage on TV, radio and in the press as well as to place advertising

4. Sustainable Funding

We recognize that SRABC needs to create a compelling reason for a large number of people to pay attention to and support stroke recovery, and we have heard from many of you the importance of advocating for SRBC amongst our current and potential funders. We believe that will be an additional use for our new communications plan and material.

In the meantime, we are continuing to work with our current funders to maintain funding levels wherever possible.

We have written a 'Case for Support' that will be used to present proposals to potential funders. It spells out who we are, what we do and why we are worth supporting. We are developing relationships with new funders, which is beginning to bring in revenue to SRABC.

Going forward, we will need to establish an understanding of the relationship between SRABC and the Branches – and how we can effectively partner to raise funds, rather than compete for the same dollars. In addition, we will need to develop guidelines for what constitutes the appropriate use of Branch funds for the delivery of programs and services for stroke recovery.

4. Branch Coordinators

Tim Readman had a meeting with five Branch Coordinators Saturday May 11 to talk about ideas for SRABC's future and answer their questions.

Present were Margaret Hansen (Coquitlam), Mandy Channa (Vancouver Douglas Park), Tita Quigley (Victoria) and Peggy Kane (Vancouver Shaughnessy).

The meeting underlined the lack of consistency and standards across our branches. Each has quite different concerns. Coordinators offer a wide range of qualifications and experience.

Tim mainly dealt with questions about the current structure of SRABC and had the opportunity to emphasise the vision, mission and purposes of SRABC as stated in the constitution and bylaws.

We agreed that Tim should conduct further sessions with coordinators, perhaps via teleconference and through branch visits.

We recognise that Branch Coordinators are technically contractors but they work more like volunteers who are paid an honorarium. We acknowledge that they do a lot of work they are not paid for. The amount paid to Coordinators at a Branch is the same, irrespective of the numbers attending the group.

In planning for the future we need to decide how we can improve our program delivery and what the role of the Branch Coordinator might be.

We will once again have an education session for coordinators at the 2013 AGM.

5. Branches

The number of Branches we have has fallen from 43 in 2009 to 29 currently.

Branches we have lost have disappeared due to a lack of a membership. This identifies a need to review the old model of 'stroke clubs' - and work to build a new model that better meets the needs in the community, in addition to the thousands on new stroke survivors each year in B.C.

6. Branch Programs

We know that many Branches do excellent work. We also recognise that there are many different stroke survivors and caregivers with diverse needs.

We know that SRABC needs to expand our services to serve a wider range of stroke survivors and to support their needs.

All of this needs to be taken into consideration as we create our new strategic plan and give consideration to a 'New Model for Stroke Recovery Programs'.

This plan must identify opportunities to spread knowledge, develop tools and skills for self-management of stroke – which can be made accessible via the internet, educational materials, community education sessions and joint initiatives with Provincial and Regional Health Authorities.

7. The Board of Directors

The decision to adopt the current bylaws was made by the old ‘Directors Meeting’ at a Special General Meeting of the Association in June 2010. The Branch Directors realised that having 50+ board members who only met three times per year was no longer working and decisions were not being made effectively.

The board was changed to a manageable size. The system of one branch one vote was replaced by one member one vote. There are now eleven people on our Board of Directors. Six come from the regions as identified in the bylaws. Five are chosen because they have special skills and experience - they are called Directors-at-Large

The members nominate candidates for Director-at-Large and for the Director from their Region. Members vote for Directors-at-Large and for the Director from their Region. In the two years that this system has been in place we have only received nominations from two of the six regions in each year. The vacant positions have had to be filled by appointment.

The Board of Directors is legally obliged to govern SRABC using their skills, background and knowledge. The Board of Directors is the highest level decision-making body within an organization. It is responsible for planning the future of the Association and seeking to achieve results - the right results for SRABC. The role of the Board of Directors is to act on behalf of all stroke survivors and their caregivers in BC. The Board of Directors are unpaid volunteers who donate their time and expertise to SRABC.

The Board's primary functions include ensuring the right management is in place, setting strategic direction for the Association based on its mission and values, establishing policy and monitoring outcomes or results.

The current Board includes members from the Vancouver area, Vancouver Island and the Interior. Four stroke survivors sit on the Board. Two active Branch members sit on the Board. All of our board members' lives have been affected directly by stroke - because it either happened to them or to a loved one. We believe the Board is an effective representation of the stroke community in B.C. We are in the process of reviewing the bylaws to address concerns raised and improve the Board structure.

We are planning to present revised bylaws in the Fall for consideration at the 2013 AGM.

Why change the bylaws?

- In response to concerns expressed by members, branch governing committees and coordinators (concerns of process, clarity, responsibility, representation, etc.)

- To clarify the roles and functions of each part of the Association (branches, Board, members, etc.)
- To ensure we are complying with the law - namely the Income Tax Act and The Society Act

We have worked on the new bylaws with a lawyer who is an expert in not-for-profit law and governance - Michael Blatchford, Associate, Charities and Tax-Exempt Organizations at Bull, Housser & Tupper LLP.

8. Our Challenge for the Future

There are 6500 strokes in BC every year. Of every 100 people who have a stroke, 15 die, 10 recover completely, 25 recover with a minor impairment or disability, 40 are left with a moderate to severe impairment, and 10 are so severely disabled they require long-term care. Clearly, these statistics tell a story that involves significant rehabilitation and recovery time for many who have had a stroke.

We must increase our capacity and expand our service delivery because, unfortunately, more and more individuals are seeking our services, and that number will only rise in the coming years as our population ages. We need more services and programs in our communities including health education, mobility exercises, communication and memory exercises, peer support, caregiver support, healthcare system navigation, and last but not least, healthy doses of social interaction and recreation. These are the tools that help stroke survivors reintegrate, re-establish and normalize their lives so that true independence is achievable.