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Opt's 2009 Branch Board of the Year Award went to the Kelowna Branch, pictured here at the 2009 AGM.

Introduction

What's in a name? When we changed our name in 2003 from the Planned Parenthood Association of BC (PPABC) to Options for Sexual Health (Opt), there was some concern that we would lose the recognition and visibility we had gained over 28 years under the PPABC banner. Two years previous, a public opinion poll found that 62% of British Columbians were aware of Planned Parenthood BC, but when asked what the organization did, very few of them got it right. Some even thought we were an anti-choice organization. Six years later, there are indications that we have reversed the problem. Opt is not well recognized as an organization, but our programs and public messages are very well known; people just aren't sure who's delivering them! In 2009-10 Opt staff put a lot of background work into re-crafting our communication strategies to balance the equation.

Among other things, the work led to another name change, this time to the program we had previously referred to as Education Services. Recognizing how diverse our activities had become, and keeping the focus on public awareness and education, the program became the Applied Knowledge Program. The new name carried with it a bit of a culture shift, with more rigor put into referencing everything we say or write, more involvement in new knowledge gathering, and more emphasis on training others to do what we do as well as we do it.



Opt's Community Relations booth at Virgin Fest 2009

Our name is important; our reputation even more so. But in the end, perhaps, as someone unknown said: "Better to see the face than hear the name." In 2009-10 we think Opt had a very welcome and recognizable face.







Clinic Services

Expanding Opt's Reach in BC



Celebrating the opening of our new satellite branch in West Kelowna. From left: Meghan Currie, Greg Smith, Myrna Kalmakoff.

Opt welcomed the town of Golden as the newest member of the organization in November 2009. Encouraged by a dynamic organizing board, the community contributed generously to the start-up of the new clinic, which shares space in the local public health unit.

The Kelowna Branch cemented its standing as Opt's 2009 Branch of the

Year by opening a new satellite clinic in West Kelowna, to serve that growing community. The Branch gathered impressive community endorsement for the new venture.

Opt has a diverse structure through which we deliver services and maintain community relationships. Golden brought to 14 the number of Opt branches managed by community boards. Collectively they oversaw service delivery in 18 clinics. Another 10 clinics were operated through staff-run branches, and one, the East Kootenay Branch, operated five clinics on a regional management model. 13 clinics in the north were run by the Northern Health Authority under the aegis of a partnership agreement with Opt. The Provincial Office directly administered nine clinics in the Metro Vancouver area.







Applied Knowledge

Enhanced Scope of Nursing Practice in Sexual Health Becomes a Reality



Our BCIT -Opt team: Clockwise, from top left: Ron Johnson (BCIT), Yvonne Moritz (BCIT), Reina Van Lagen (BCIT), Joy Becker (Opt), Shanti Gidwani (SGM Consulting for Health), Greg Smith (Opt), Adrian Wang (BCIT), Carly Haddon (BCIT), Nicole Pasquino (Opt), Bonnie Murray (Opt), Jessica Peart (Opt). Missing: Julie Ali (BCIT), Danielle Chard (Opt).

In 2005 the BC Government changed the scope of practice of registered nurses so they could provide more sexual and reproductive health services in their own right — services previously reserved for physicians. The new scope of practice took effect November 1 2009, under the governance of the College of Registered Nurses of BC. Through the combined efforts of Options for Sexual Health and the BC Institute of Technology's Specialty Nursing Program, every

nurse in the province practicing in the specialties of contraceptive and STI management was given the opportunity to complete the required certification process by the government-imposed deadline of October 31. Shortly afterward, BCIT offered the first of a continuing series of courses for nurses wanting to extend their scope into the new areas. Opt provides the content and instructors for the courses.

Opt welcomed the change for several reasons: it saves the health system money, it improves access to sexual health care especially in rural and remote areas, it enriches job satisfaction for nurses, and it frees physicians to provide other services only they can provide.









The problem was that the Government provided no mechanism for paying nurses for this new work. Neither Opt nor the nurses themselves could bill the Medical Services Plan (MSP) like physicians do. With the change Opt lost a quarter million dollars of critically important MSP revenue that was essential to pay our nurses.

So what should have been a good news story all around was threatened by the potential loss of Opt clinics serving a third of our clients in communities across the province because of the revenue shortfall. Through a stressful winter, Opt pressed the Ministry of Health Services to put replacement funding in place: the Ministry finally agreed, but only on a one-year basis. A more durable solution still needs to be found.

There was a bright moment in the experience. The Helen and Fred Bentley Awards are given through the Canadian Federation for Sexual Health for excellence of achievement by Federation members. We were very proud to receive the 2009 First Place award for our

contribution to the certification of registered nurses in sexual health practice in British Columbia.



Jolanta Scott-Parker, the Executive Director of the Canadian Federation for Sexual Health, presented the 2009 Helen and Fred Bentley Award to Executive Director Greg Smith and Provincial Board President Carmen Venturi at Opt's 2009 Awards Ceremony



Applied Knowledge

Better Tools for Sexual Health Educators and Other Professionals

An Opt Sexual Health Educator needs to have more than a set of teaching skills. We expect our educators—and the others we train and certify—to embrace a set of principles and ideals that support safe, open and confident learning about sexual health and expression. Over the past few years, Opt has painstakingly

developed the training curricula that embody those values. 2009 was the first full year in which we were confident in offering comprehensive, tried and tested educational programs for providers of sexual health education, information and counseling.

One program offered was the first cycle of CAVE courses. CAVE is a Comfort, Attitudes and Values Evaluation process that helps sexual health professionals develop their ability to provide supportive



Our newly certified sexual health educators celebrate completing their program.

and non-judgmental care, counseling, and education. The CAVE course is a prerequisite to Opt's certification program for sexual health educators, and its three tiers are designed to provide teachers, health care providers, and others with the appropriate level of challenge and knowledge to meet the requirements of the work they are doing.

Through the first round of CAVE Opt had invaluable advice and critique from two members of the American Association of Sex Educators, Counselors and Therapists. AASECT is a kind of gold standard for the approach Opt developed.

Here's what one participant had to say: "CAVE was an amazing opportunity for self growth, learning, and bonding. We all have sexual hang-ups and yet we are often not given the chance to explore what those are in a safe and supportive space. CAVE 301 was an opportunity to explore those hang-ups and learn from them while being supported by knowledgeable and caring facilitators. I came out of the workshop feeling more sexually free and celebrating my sexual self. I can't wait to do another one!"







In all, 159 persons took Opt's professional training courses; they included 17 new and certified sexual health educators for BC communities. The school sexual health education program reached over 14,000 students. Parent education sessions attracted 165 participants. Thousands more took advantage of Opt's popular *Becoming an Askable Adult* booklet.

There is also a clinical component to Opt's education programming. Our larger clinics offered training, resident, and practicum experiences for physicians and nurses.

The BC Cancer Society launched a major Pap test promotion campaign in 2009. Funding associated with the campaign allowed Opt to increase the number of our nurses trained to do Pap testing, particularly in the more rural and remote areas of the province.

Better Tools for Opt Staff and Volunteers

Opt is not just in the business of educating others. In 2009-10 the organization committed over 10% of its wage and salary bill to professional development for staff, and trained dozens of volunteers through an intensive interactive online training course facilitated by a staff member dedicated to the task. During the year the entire content of the course was referenced to facilitate secondary study. Our 2009 clinical update conference was attended by 106 Opt professional staff and 24 non-Opt physicians and nurses. The conference included 13 presentations and workshops by internationally recognized experts in sexual and reproductive health.

Opt also completed development of an Intranet serving all staff, the Board of Directors, all Branch boards, and program volunteers. The intranet provides timely updates of information, reports, and other resources and facilitates communication among 688 individuals across the organization.





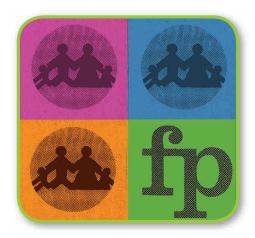




Preparing For Gold

The Olympics had some impact on Opt. In what may have seemed a counter-intuitive move, Opt reduced services at the Whistler clinic and prepared to increase them in neighbouring Squamish, where many of our regular clients moved for the duration of the Games. For months prior to, during, and after the Olympics all non-Olympic sponsor advertising was removed from public transit in the area. This meant that Opt's bus advertising, a major communication strategy for us, was unavailable.

Opt also began preparing for another kind of gold – a golden 50th anniversary in 2011. Opt started in February 1961 as the Committee on Population, at a time when contraceptive products and counseling services were illegal in Canada. We have a lot to celebrate! The Opt Board of Directors decided to mark the occasion with a series of events, with two new awards and with an advocacy initiative aimed at promoting publicly funded universal access to contraception in BC. By the end of 2009-10 planning was well under way.



Logos for the Family Planning Association, OPT's precursor, from the late '60s and early '70s.







Financial Activity

Treasurer's Report

One continuing goal of Opt has been to increase the proportion of revenue attributable to income generating activities such as the sale of contraceptives, medical services commissions and educational service fees (earned revenue). The changes in nursing scope of practice had a significant impact on that goal in 2009, reducing the overall proportion of earned revenue in the budget from 57% to 49%.

Opt ended the 2009-10 fiscal year with an operating deficit of \$88,260, 3% of total expenditures of \$2,895,965. Three expenditure items in particular contributed to the situation. One was an adjustment of salaries to bring them in line with BCNU rates, to introduce more competitive program management pay levels, and to raise the minimum wage rate in Opt to \$15 an hour. The second was an increase in the amount expended for rent and utilities in new and existing locations (it is interesting to note, though, that over time the cost of rent and utilities for the whole organization was only 5% higher in 2009-10 than it was in 2001-02). The third was higher costs in support of increased field education activity.

On the revenue side, Opt saw a 225% increase in revenues generated by education activities. The increase was attributed primarily to fees from the training courses offered, and transfers from BCIT to Opt for work carried out on the nurse certification project. The revenue picture was also influenced by a 6% drop in revenues from contraceptive sales reflecting continuing changes in the profile of Opt clients, and increased access to public health youth clinics.

Opt's auditors, Manning Elliott Chartered Accountants, made two observations related to Opt's inventory management practices. One concerned minor discrepancies in the annual inventory count. The other concerned gaps in the system for matching documentation on purchase orders with subsequent delivery and invoicing. Both matters were addressed immediately.



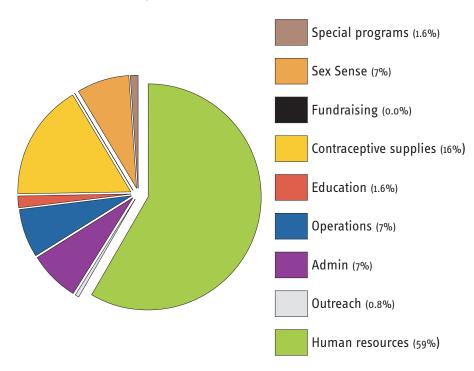




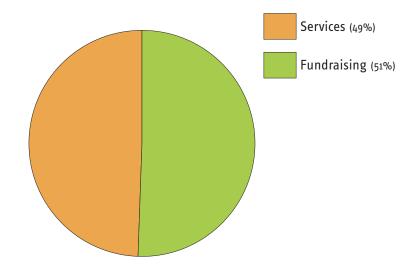


Financial Activity

ExpensesApril 1, 2009 – March 31, 2010



Revenue Sources April 1, 2009 - March 31, 2010

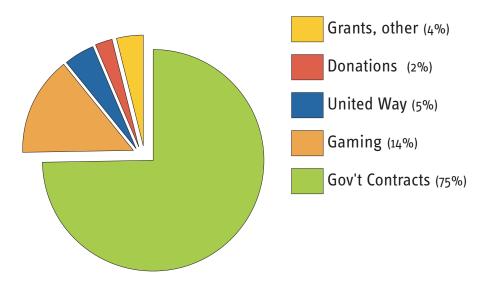








Breakdown of Revenue Types Fundraising

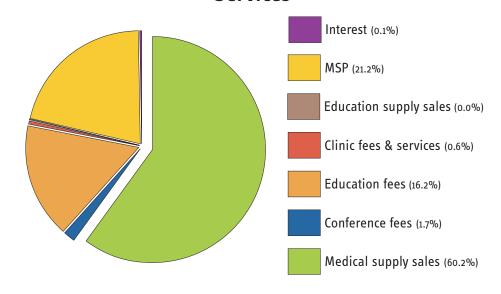








Services



This annual report can be found at www.optionsforsexualhealth.org/about-opt/annual-reports

Be sure to visit our websites: www.optionsforsexualhealth.org bc.wontgetweird.com

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