



ANNUAL REPORT

2008–2009

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Table of Contents

Introduction	2
Advocacy	3
Cinical Services	4
Applied Knowledge Program (AKP)	5
Research	6
Governance	7
Finances and Funding	8
Financial Activity	10



OPT Community Relations “Condom Roadies” reach out to festival attendees at the Pemberton Festival.



OPT's Community Relations team at the Pemberton Festival.

Options for Sexual Health is usually described as a service organization, delivering clinical care public education and professional training to British Columbians across the Province. Our public face is generally in our clinics, in classrooms and conference rooms, and community health and wellness events. Less apparent is the work that goes on to promote and protect reproductive rights, and to ensure that we maintain the excellence and expertise of our presence in communities. In 2008-09 OPT made significant advances in our capacity to meet that challenge.



ADVOCACY

Worrisome Challenges to Reproductive Choice

In 2008, four Private Member's bills were introduced in the House of Commons involving threats to established reproductive rights. Private Member's bills rarely succeed, but the nature of these initiatives raised particular concern about the support they might receive. All involved proposed amendments to the Criminal Code. Although all four died on the Order Paper in the winter, there is every possibility that they will re-appear in time. One was incidental because it covered ground already in the Criminal Code, but the other three were explicit in their intent and for this reason we are describing them briefly in this report.

Bill C-338 proposed making a criminal offence any effort to procure or assist in the procurement of a “miscarriage” after the twentieth week of pregnancy. This Bill had significant implications for the status of the fetus in law, with its reference to the “child” and proposed severe restrictions on the right of a woman to decide whether to continue a pregnancy.

Bill C-484 proposed making it a criminal offence to harm an unborn child in the course of committing another offence. The language and implications of the bill signaled a change in legal status of the fetus and opened the door to bizarre definitions of pregnancy.

Bill C-537 proposed making it a criminal offence for an organization to refuse employment to a medical professional or educator because of that person's belief in the inviolability of “the human organism at any stage of development, beginning at fertilization or creation”. This Bill threatened all organizations that support reproductive choice, and sought to extend the definition of person to an undefined point of “creation”.

The President and Executive Director sought meetings with all BC Members of Parliament and Senators to register OPT's concern about the bills and to urge protection of reproductive rights. No representative of the Government would agree to a meeting with OPT; members of the other parties who met with OPT were clear in their opposition to the bills and their commitment to the rights issue.



OPT partners with WAVAW and Good Company Communications to print youth-friendly materials to promote the Super Power Program.

CLINICAL SERVICES

Shifting Demographics and Changing Roles

2008-09 was the first year that the number of client visits to OPT clinics declined compared to the previous year. The drop was not drastic – about 10% - but it signaled changes occurring in the makeup of the population and changes in the contraceptive choices women are making. Here are some of the factors involved:

- The demographics of the province have changed. Young women make up about one third of our clinic client base. The 10 to 14 year age group is an important pool of prospective clients from which OPT clinics attract clients as they move through adolescence. The size of that group has been shrinking over the past decade. Although there has been an 8% increase in the 15 to 19 age group over the past decade, the change has been concentrated primarily in the Lower Mainland: over half of communities served by OPT clinics elsewhere in the province have experienced a drop in numbers over the same period.
- Even with price increases implemented in 2008, sustained affordability of OPT's contraceptive products made it easier for our young clients to purchase several months' supply at a time. This reduced the number of client visits they made over the year.
- In adult clients, OPT saw a noticeable increase in the popularity of intrauterine devices over previous years. Clients who opt for this contraceptive method don't need to return to us for a long time!
- Enhancements in the services offered by the public health service, particularly with respect to the provision of "free" contraceptives to youth, also had an impact on OPT's client numbers in 2008-09.

In 2005, the Provincial government introduced changes in the scope of practice of nurses so they could provide direct care related to contraceptive and sexually transmitted infections management. After several years of inactivity, the move to implement these changes began in earnest in 2008. OPT participated in professional working teams tasked with the development of standards of nursing practice to support the new role. OPT was, in fact, the only non-government service agency included in this process, and had much to contribute thanks to the high quality standards developed for OPT clinics. As the year closed, OPT and the BC Institute of Technology had reached an agreement in principle on a unique collaborative venture to provide BC nurses with the academic training and professional assessment required for their certification in the new scope of practice.

OPT participated in the BC Cancer Society's first annual campaign to improve Pap testing rates in the Province. Our contribution was enhanced by the fact that several more OPT nurses received Pap test training through the BC Women's Hospital and Health Centre.



THE APPLIED KNOWLEDGE PROGRAM (AKP):

“He who does not research has nothing to teach.” (proverb)



Community Relations volunteers get a “condom relay” game going with a crowd.

The Applied Knowledge Program grew out of work led by the staff of OPT’s Provincial Office, who were facing mounting challenges in organizing, verifying and applying ever larger quantities of clinical, theoretical, and experiential information coming into the organization, and in making use of current and emerging communication technologies to share and apply the information.

Implementation of AKP involved several activity streams:

- To give structure to the new program, the existing Education Services group, the information technology manager, the Sex Sense Line team, and OPT’s communication group were brought together under two Co-Directors.
- Education activities were consolidated to include both field education in schools and communities and the training of OPT volunteers.
- Two new functions were launched: a research coordinator to guide OPT’s growing involvement in national and local research; and a leader (dubbed our “Chancellor”) to advance the vision of OPT as a source of enriched learning and professional development in sexual and reproductive health.
- Development was started on two new products aimed at delivering high quality education and information to interested audiences. One was OPT’s own version of a program commonly called SAR (sexual attitude reassessment). We’ve called it CAVE – Comfort, Attitudes and Values Evaluation. An important feature of CAVE is the way it is nuanced and structured to respect and meet the needs of the variety of audiences OPT serves. The other, mentioned above, was the course curriculum required for registered nurse certification in contraceptive and sexually transmitted infection management.
- Our ability to communicate with others was enhanced with an impressive new marketing kit for sexual health education, further expansion of the OPT web site, and a highly effective display array for use at community events and conferences. A comprehensive communication strategy emphasizes the need to increase OPT’s name recognition beyond our program identifiers.



RESEARCH

Building Capacity and Experience

OPT was selected as one of four collaborating sites in a Public Health Agency of Canada project to develop national indicators of sexual health across the life cycle. 2008-09 activity was devoted to design of the protocol for a pilot study in a youth cohort. OPT is the only non-academic site in the group, a situation that presents a marvelous opportunity to build research skills and capacity in the organization and make enriched use of our network across the province. We also face some challenges in terms of the kind of research infrastructure that academic institutions have available. In this regard the Board of Directors decided to establish a research ethics review board, and set a policy framework for guiding OPT's research activities now and in the future. As well, OPT continued in our role as the Community Partner with the UBC Research Chair in Youth Health. business of the occasion.



Award recipients group photo at 2008 AGM



GOVERNANCE

Balancing Geography and Common Purpose

OPT's Provincial Board of Directors adopted a policy governance model of oversight of the organization in the late 1990s. Since then, The Provincial Board has given close attention to defining and refining the powers delegated to Branch Boards, and to strengthening its relationship with Branch Boards in terms of consultation on policy, accountability to one another, and connectivity in a widely geographically dispersed organization. In 2008 the Board dismantled the Regional Representative component of its structure, which had lost some of its effectiveness as the organization grew in size and complexity, in favour of a network of Provincial and Branch Board Liaisons that provide more direct, focused, and personal relationships between Branches and the Provincial Board.



A few Board members brainstorming during one of the small group sessions at the 2008 Board strategic retreat.



FINANCES AND FUNDING

OPT ended the 2008-09 fiscal year with an operating deficit of \$160,912, representing 5.6% of the expenditure budget. Total expenditures were reduced from the previous year by \$30,000, but this reduction failed to keep pace with a decline in revenue of some \$208,000. The drop in revenue was attributed mainly to lower earnings from education services, contraceptive sales and medical service commissions, and to reduced United Way grants. As well, OPT management elected not to apply any of the gaming money received at year end to reduce this deficit, opting instead to conserve the entire amount for activities in 2009-10.



OPT Annual Clinical Perspectives on Sexual Health attendee peruses the resource table.

One area in which expenditure significantly exceeded the budget was professional development for staff and volunteers. To some extent the difference was a function of organizational growth, but in the main the additional expenditure was discretionary, related to building the skills needed to develop and deliver the new CAVE program, maximize our web capabilities and enhance the on-line learning experience of our staff, volunteers and clients.

OPT's net assets dropped slightly in 2008-09 from \$787,820 the previous year to \$782,698. The bulk of those assets were held in the form of cash and short-term investment certificates.

One significant change that occurred in 2008-09 involved United Way funding. United Way organizations across BC completed an intensive process of mission and priority review, as part of a national effort to address growing demand for support and constraints on revenues.



OPT is a member of several United Way organizations in the province, and has been a recipient of funding from them. Our challenge in the 2008-09 funding cycle was to demonstrate OPT's alignment with the new priorities of the various United Way organizations. In many cases the priority shift was from health to social supports in the community. We were successful in expressing our connection to that shift in all but one case (for example, we can no longer use some United Way funding to support clinical services, but we can use funds for youth education and training of social service workers). Elsewhere we received a range of responses from full funding to reduced support. We thank the United Ways of the Lower Mainland, Central and Northern Vancouver Island, Trail and District, Cranbrook and Kimberley, and Campbell River for their support.



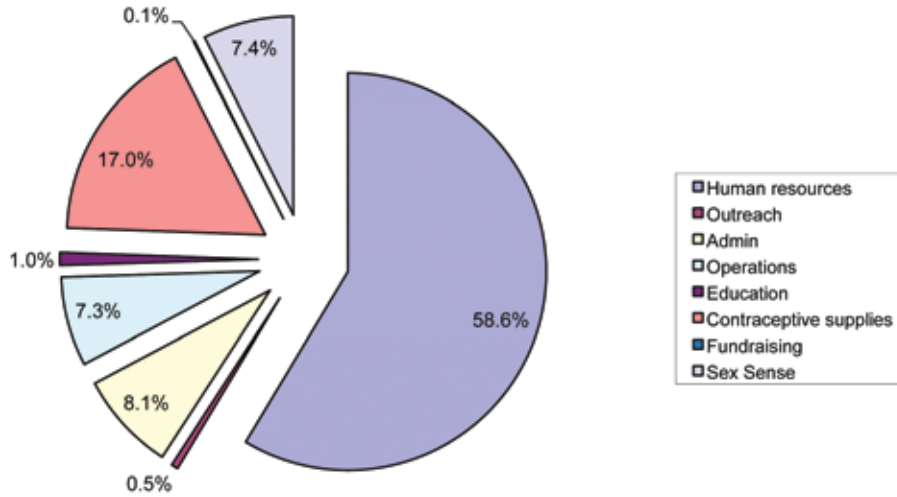
OPT Community Relations brings a sexpert to an event near you!

OPT's school-based sexual health education program suffered a setback during the year with a decision by the provincial gaming authorities to disallow use of OPT's gaming grant to subsidize classroom education. The decision was based on a determination that the Province already funds sex education in schools through grants to school boards. In the final analysis, the loss of the gaming subsidy did prompt some school boards to find the additional funds, although a number of others continued to assert that they had no money for OPT's services. We were unsuccessful in our efforts to clarify with the Minister of Education the context and importance of funding for sexual health education.

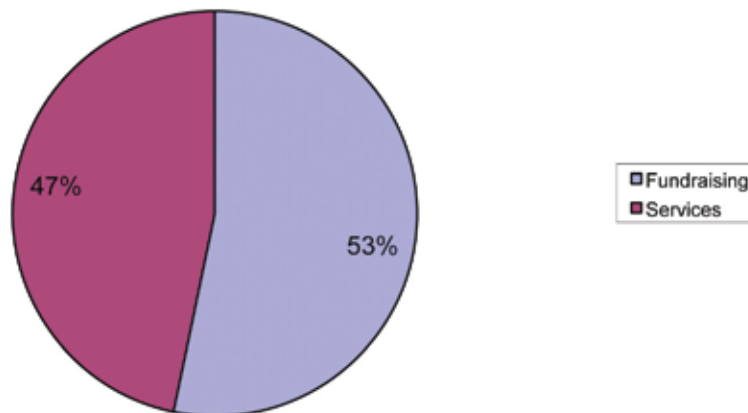


Financial Activity

EXPENSES
April 1, 2008 - March 31, 2009

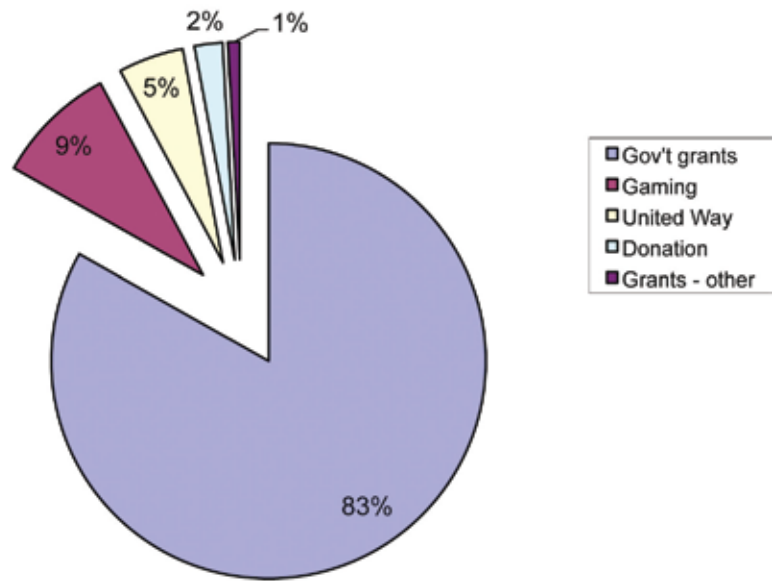


REVENUE SOURCES
April 1, 2008 - March 31, 2009

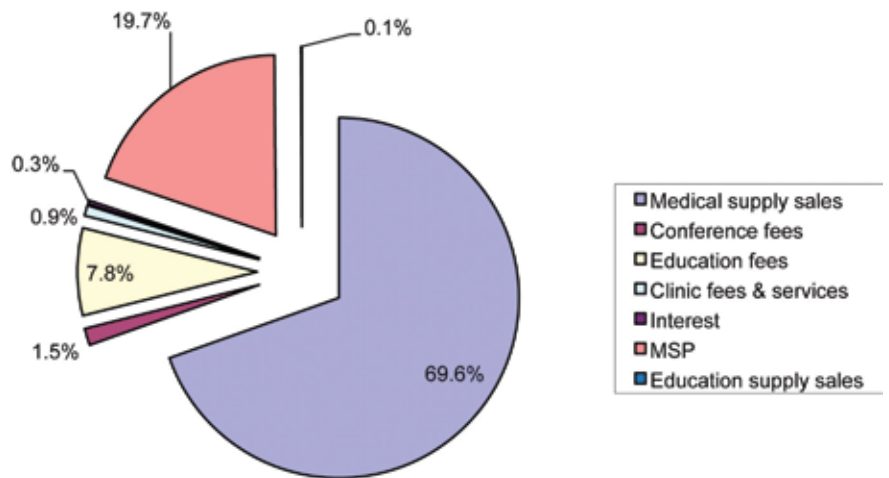


BREAKDOWN OF REVENUE TYPES

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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