Beggin' for Budgets: AIDS Service Organizations and the Competition for Funding in Alberta

Eric Berndt

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ABSTRACT

Beggin' for Budgets: AIDS Service Organizations and the Competition for Funding in Alberta

Eric Berndt

Public attention towards HIV/AIDS has shifted away from Western democracies in recent decades towards the global South. AIDS Service Organizations (ASOs) in the West, who were among the first in the world to respond to the epidemic, face increasing competition in relation to accessing nearly all of their traditional sources of funding. Within this thesis, the dynamics of competition for funding among ASOs operating in the province of Alberta is explored. Using Hilgartner and Bosk's (1988) public arenas model, I assume that the processes governing a social problem's rise and fall on the public agenda can be similarly applied to the study of non-profit funding. I introduce the concept of *funding arenas* to describe the location of financial resources available to ASOs in Alberta, and the social processes that influence successful competition therein. Seventeen interviews were conducted (N=17) with Executive Directors and other development staff from all thirteen ASOs operating in the province of Alberta. Content analyses of relevant ASO's funding documents are analyzed in conjunction with interview data. Two broad categorizations of five funding arenas are explored: *government arenas* and *arenas of diverse competition*. Cultural factors surrounding HIV/AIDS, including stigma, present various influences on the fund-seeking process in distinct funding arenas. In a critique of the public arenas model, I challenge the assumption that the objective conditions of a social problem bear little impact on the amount of attention it receives.

ACKNOWLEDGEMENTS

TABLE OF CONTENTS

LIST OF TABLES AND FIGURES

LIST OF ACRONYMS

Acquired Immune Deficiency Syndrome (AIDS)

AIDS Service Organizations (ASO)

AIDS Calgary Awareness Association (ACAA)

AIDS Bow Valley (ABV)

Alberta Community Council on HIV (ACCH)

Alberta Community HIV Fund (ACHF)

Canada Revenue Agency (CRA)

Central Alberta AIDS Network Society (CAANS)

Community-Based Organization (CBO)

Community-Based Research (CBR)

Community Initiatives Program (CIP)

Family and Community Support Services (FCSS)

Gay Men's Health Crisis (GMHC)

Human Immune Virus (HIV)

HIV Network of Edmonton (HNE)

HIV Society of Southeastern Alberta (HSSA)

HIV West Yellowhead (HWYH)

Human Resources and Social Development Canada (HRSDC)

Lethbridge HIV Connection (LHC)

Needle Exchange Program (NEP)

Persons who have AIDS (PHA)

Public Health Agency of Canada (PHAC)

Non-Profit Organization (NPO)

Non-Government Organization (NGO)

Society Housing AIDS Restricted Persons Foundation (SHARP)

Wild Rose Foundation (WRF)

Wood Buffalo HIV/AIDS Society (WBHAS)

CHAPTER ONE: INTRODUCTION

Canadians face all kinds of health challenges. AIDS is only one of them.
Someone battling cancer is just as unfortunate as a person with AIDS.
Who's to say one disease sufferer is worth more than another?
British Columbia Report, Vol. 7 (22): 13 quoting Sharon Hayes,
Port Coquitlam Reform Party Member of Parliament, 1996

Certain human diseases have elicited widely variant responses in society over time. The social implications of AIDS or cancer vary depending on who gets sick, where it happens, and who assumes the burden of responsibility for an individual's health and wellbeing. Questioning the value placed upon one disease sufferer over another, as was suggested by Port Coquitlam Reform Party Member of Parliament Sharon Hayes, illuminates an important set of questions about how the public orients its attitudes to certain illnesses. Specifically, how do certain diseases and their social implications capture public attention? What are the relationships between funding specific diseases and the public attention they receive in a given geographical area?

Reform Party MP Hayes' comments came in 1996 as part of a Canadian federal government all-party panel exploring the extent to which Canada should renew federal funding policies in response to the burgeoning AIDS epidemic in Canada. This was not the first time the federal government had attempted to reach consensus over funding for AIDS. Just eight years earlier, Conservative party federal Health Minister Jake Epp was burned in effigy by AIDS activists, who were furious because of perceived lackluster government responses to the virus (Rayside and Lindquist, 1991). Public outrage finally lead Epp's ministry to the announcement of $116 million that was allocated to community groups to combat AIDS in Canada. In 1996, when it came time to renew

federal money for AIDS, Hayes' suggestion that there was a particular value attached to certain diseases over others, once again sparked outrage among AIDS activists. Activists were stunned when Hayes argued that cancer patients and persons with heart disease were "discriminate[d] against" in favor of those with AIDS (British Columbia Report, 1996:14). Executive Director of AIDS Calgary, Dan Holinda, was quoted in the *British Columbia Report* as responding to Hayes that it was "ridiculous to pit one disease against another. We are concerned about human suffering—for all people" (BCR, 1996: 15). Nevertheless, in 1996, mortality statistics revealed that more people die from heart disease, cancer, and even from digestive disorders than they do from AIDS. In her view, a disproportionate amount of funding was being spent on AIDS, which killed far fewer people (ibid).

In terms of the mortality rates of specific diseases, not much has changed since 1996, when Reform MP Hayes challenged community groups. In 2004, the most recent date for which data are available, Statistics Canada's Mortality Summary indicated that deaths due to AIDS totaled 420 persons (Statistics Canada, 2007: 21-23). This figure is significantly lower than the leading causes of death in the nation, such as cancers (66,947 deaths) or major cardio-vascular disease (72,338 deaths) (ibid). Nonetheless, social scientists have known for a long time that the objective realities of diseases— such as mortality statistics— are rarely indicative of how a given disease comes to dominate the public imagination (Blumer, 1971; Hilgartner and Bosk 1988; Hertog et al., 1994; Armstrong et al., 2006).

When it comes to diseases such as AIDS, the literature shows that mortality rates are "not a consistent predictor " of public attention (Armstrong et al., 2006: 732).

Researchers have argued that when AIDS is compared to other diseases, the impact of *community organizing* and not *mortality rates* plays a greater role in the determination of the types of media attention received (ibid). Further, it has been argued that the extent to which AIDS has dominated the news media over the past twenty-five years must not be taken as an example of how all diseases generate public attention (ibid). Part of the anomaly of AIDS is its status as a relatively new infectious disease, with a one hundred percent fatality rate. Moreover, close social and cultural associations to issues of premature death, sex, injection drug use and (homo)sexuality have elevated the status of AIDS in the public imaginary over and above other diseases (Armstrong et al., 2006; Hertog, et al., 1994).

In Western industrial societies very little research to date has attempted to explore how community organizations formed around AIDS have gained public attention outside the realm of media. For example, rarely has research explored funding acquisition strategies used by non-profit AIDS Service Organizations as a measure of public attention towards the disease. This type of research is all the more relevant in Canada, as struggles for AIDS funding continue to be a source of contention between community groups and the federal government of Canada. On World AIDS Day in December 2007, media reports indicated that federal government funding for community AIDS organizations was being reallocated to the Canadian AIDS Vaccine Initiative, which had been announced in partnership with the Bill and Melinda Gates Foundation the previous February (Galloway, 2007). Liberal MP, Carolyn Bennett wrote a letter to the Foundation informing them that AIDS groups had lost upwards of 37 percent of their

funding in Ontario because the government was more concerned with finding a cure than with AIDS care and prevention services (ibid).

Evolution of Nonprofit AIDS Service Organizations

There are numerous terms used to describe different forms of AIDS Organizations (Altman, 1994). The term nonprofit organization (NPO) is the commonly used term, particularly relevant to issues of funding as it reflects the charitable status of an organization (DiMaggio and Anheier, 1990). NPOs, which are characterized by their tax-exempt status, rely on a variety of external sources of funding in order to operate (Grønbjerg, 1992; DiMaggio and Anheier, 1990; Kramer, 2000; Froelich, 1999). Nonetheless, the term NPO broadly includes universities and hospitals, but does not adequately encapsulate the grassroots, community or social service element often found in AIDS Organizations. Although AIDS Organizations are nonprofits, they differ based on the community-based nature of service delivery.

According to Altman (1994: 34), an AIDS Service Organization (ASO) refers to "all those organizations other than government, which provide services related to HIV." Frontline services provided by ASOs typically include palliative care, education and information provision, as well as support counseling and advocacy for people infected with, at-risk for, or affected by HIV/AIDS. Throughout this thesis, unless otherwise specified, I will use the term ASO since it reflects the manner in which the organizations in my research sample have come to identify themselves.

The establishment of AIDS Service Organizations in the 1980s occurred during a particular historical moment that has largely shaped their progression as nonprofit organizations. In many ways the structure and function of ASOs found in Canada mirror

that of the world's first AIDS Service Organization, the Gay Men's Health Crisis (GMHC) in New York City (Altman, 1994). The GMHC was formed by a concerned group of gay men affected by AIDS in the early 1980s. According to Altman (1994: 30), "HIV has been the trigger for community organizing among previously unacknowledged communities, whether these be sex workers, drug users, or gay men." By 1983, ASOs had emerged in Vancouver, Toronto, Calgary, Edmonton and Montreal (Rayside and Lindquist, 1991). Today there are over one hundred and twenty-five AIDS Service Organizations operating throughout Canada (Canadian AIDS Society Website, 2007).

As non-profit organizations formed around prevention, care/support and advocacy for persons living with AIDS, ASOs exist alongside a myriad of other charitable organizations legally registered with the Canada Revenue Agency (CRA). According to the *National Survey of Nonprofit and Voluntary Organizations* (Statistics Canada, 2005), there are approximately 161,000 nonprofit organizations operating in Canada with diverse missions and mandates. Attempts at conceptualizing how non-profit organizations have been able to generate various sources of revenue have been woefully inadequate. In most cases, existing research focuses on resource dependency without paying specific attention to the dynamics of competition for funding among different and similar groups of nonprofits (see Pfeffer and Salancik, 1978). It is widely acknowledged that an overall shift in the global economy has meant that a rising "third-sector" of non-profit organizations has emerged that possesses the qualities of both public and private institutions (Kramer, 2000; DiMaggio and Anheier, 1990; Kingma, 1997). Since non-profit organizations are largely dependent on rapidly dwindling government funding, there is evermore reliance on strategies to diversify revenue streams to offset the

reductions in government support (Kramer, 2000; Pfeffer and Salancik, 1978; Foster and Meinhard, 2005). Indeed among the 161,000 nonprofit organizations operating in 2003 in Canada, forty-nine percent of their total revenue was comprised of government sources (Statistics Canada, 2005: 5). In 1997, government funding to NPOs hovered around sixty-four percent (Foster and Meinhard, 2005).

The decrease in government spending on nonprofit organizations has created an increasingly competitive atmosphere. Existing attempts to understand how funding is obtained by nonprofit managers and their staff in this climate has failed to tell us anything about the social processes governing the fund acquisition process. Further, there is little information regarding how the specific mission of an organization influences the types of funding available to it. Thus, the purpose of this study is to explore how a consortium of AIDS Service Organizations (ASOs) in the province of Alberta and, those operating within them, have come to generate funding attention for their cause. Specifically, my research addresses the following questions. 1) What are the sources of funding available and what are the strategies non-profit decision makers use to attract attention for them? 2) What are the dynamics of competition between organizations for various sources of funding within the province? 3) What are the broader implications of this research for the study of other non-profit organizations?

Thesis Structure

Within the pages that follow, I provide a review of the literature related to funding and HIV/AIDS. In Chapter Two, I present the theoretical framework best suited to the exploration of how ASOs generate funding. Here I discuss existing theories of nonprofit revenue acquisition and argue in favor of using a distinctly sociological public arenas

6

model (Hilgartner and Bosk, 1988). I introduce concepts elaborated from the model, including *funding arena* and *funding attention*, that I argue offer theoretical insight into understanding how ASOs struggle to keep AIDS on the public agenda.

In Chapter Three, I describe the research design including a description and justification of why Alberta was selected as the site of inquiry. For example, I discuss how over a two-month period I conducted seventeen telephone interviews with Executive Directors, program managers, and other funding operatives working at all thirteen ASOs in the province. In order to generate a full picture of the funding landscape in the province, I further analyze agency-produced documents including, annual reports and audited financial statements. Methodological issues related to my positionality as a researcher and a former employee of one of ACCH's largest ASOs are also discussed in the Chapter.

The analysis presented in Chapter Four includes data from the full spectrum of ASOs operating in the province. Each funding arena is treated individually in order to understand how different competitive strategies are variously developed. Further, Chapter Four presents two intra-provincial comparisons of the province's two needle exchange programs (NEP) and AIDS hospice care facilities respectively. I treat these as case study examples of how certain propositions within the public arenas model require further conceptualization.

Chapter Five discusses two seemingly antithetical recommendations that could inform internal funding policy for decision-makers within ASOs. The first recommendation is antithetical because it suggests moving towards funding partnerships within the faith-based communities who historically have been at odds with the AIDS movement (Allen, 2000; Crimp, 2002; van der Vleit, 1996). The second recommendation suggests ASOs in

Alberta are well positioned to embark upon social enterprise and revenue from non-traditional sources including participation in the market-capitalism. In short, I offer concrete strategies ASOs could use to develop self-sustaining revenue streams while remaining grounded in their various missions and mandates.

CHAPTER TWO: DEPENDING ON PUBLIC ARENAS

The ways in which an epidemic is conceptualized determines the sort of responses which are possible. Dennis Altman (1994: 26)

Research that describes the funding landscape for how AIDS Service Organizations acquire funding within their respective funding environments is scarce. In the West, this has not always been the case. When AIDS emerged in the early 1980s, and until the advent of anti-retroviral therapies in late 1996, research on funding struggles in Western jurisdictions was more prominent (Rayside and Lindquist, 1991; Maticka-Tyndale, 2001). From the late 1990s to the present day, a groundswell of literature has emerged examining funding for the global HIV/AIDS pandemic, particularly in regions of the global South (Halmshaw and Hawkins, 2004 Attaran and Sachs, 2001; Dyer, 2006; Mayhew, 2002; Parker, 2002). Indeed, the global HIV/AIDS pandemic receives a great deal of public attention, which has often come at the expense of attention paid to the ongoing epidemic in Western democracies. According to Barnett and Whiteside (2006:7) this gap has dire consequences considering, "the 'excluded,' the 'third world' can be on the doorstep of the 'first world.' In New York, the Bronx is close to Manhatten; in London, St John's Wood is not far from Tower Hamlets." To add a Canadian example that illustrates how third world conditions co-exist within the first world, the inner-city neighborhood of Victoria Park with its high concentration of homeless shelters, is not far from the affluent and gentrified neighborhood of Mount Royal in Calgary. As public attention shifts away from the so-called first world, the urgency of the AIDS pandemic has not disappeared. Thus, it has become ever more important to develop

conceptualizations that help us understand how funding for AIDS came about and how it can be sustained over time.

In the face of a void in the literature on funding for AIDS Service Organizations in Alberta, I rely on an interdisciplinary range of literature to develop a comprehensive and innovative theoretical framework. I fuse relevant literature on public administration, social problems, community and nonprofit studies, economics, sociology and media studies to contextualize the present inquiry. In the sections that follow, I review dependency theory, which has been the dominant theoretical framework used in the literature to conceptualize how nonprofit organizations acquire funding (McCarthy and Zald, 1977; Pfeffer and Salancik, 1978; DiMaggio and Anheier, 1990; Kramer, 2000). Next, I review the specific research inspired by Pfeffer and Salancik's resource dependence perspective (Gronbjerg, 1991; Froelich, 1999; Foster and Meinhard, 2005; Brilliant, 2000). I argue that while this body of work has been instrumental for helping researchers understand the processes of funding acquisition, and the importance of internal and external characteristics defined therein, it nevertheless fails to pay specific attention to the individual missions and program needs of the organizations it studies. I assert that resource dependency and strategies of revenue diversification are already a reality for nearly all nonprofit organizations. In other words, very few nonprofit, community-based organizations possess revenue streams that are solely dependent on government sources of funding.

As an alternative to dependency theory, I engage a uniquely sociological approach that accounts for the specific funding acquisition strategies used by organizations with HIV/AIDS-specific missions. Hilgartner and Bosk's (1988) *Public*

Arenas Model, offers a framework better suited to understanding the social processes that influence how those working within ASOs navigate their external funding environment and strategize to attract funding attention specific to their various program and operational needs.

Traditional Theoretical Perspectives on Nonprofit Funding

The majority of the sociological literature on nonprofit organizations has focused on their origins and/or functions in society (DiMaggio and Anheier, 1990; Kingma, 1997). Why such organizations exist and how they are different from other institutional forms have become significant foci of inquiry. Research on the functions of non-profit organizations has typically described the ways in which structures are different from those of government or other for-profit organizations (DiMaggio and Aheier, 1990). Recently, scholars have explored how nonprofits that engage in fees for service or other social enterprising behaviours often blur the lines between what can be considered non-profit and for-profit organizational forms (DiMaggio and Anheier, 1990; Eikenberry and Kluver, 2004; Kramer, 2000). Whereas nonprofits traditionally possess functions that support notions of the public good, for-profit organizations behave according to principles of the market (Eikenberry and Kluver, 2004; DiMaggio and Anheier, 1990; Kingma, 1997). The implications of blurred public and private sectors within nonprofit organizations have lead Eikenberry and Kluwer (2004:138) to argue that "an emphasis on entrepreneurialism and satisfying individual consumer self-interest is incompatible with democratic citizenship and its emphasis and on accountability and collective action." Nevertheless, an overall decrease in available public government funding to nonprofits over the past thirty years has resulted in the "rapid growth in commercialization and

competition" among non-profits (Kramer, 2000: 2; see also Foster and Meinhard, 2005). Many nonprofit organizations fall somewhere on either end of the spectrum in a third sector "between the state and economy" (Kramer, 2000: 17).

Contextualizing the macro socio-economic forces that are brought to bear on the nonprofit sector is useful to the task of creating an overall picture of their funding structures. However, much of the literature does little to distinguish between different forms of nonprofit organizations. One exception is the groundbreaking work of McCarthy and Zald (1977) who developed a complex taxonomy of social movement organizations and industries. In their view, social movement organizations "provide an essential means for sustaining and enhancing the work of a social movement. They do this through enabling the degree of resource mobilization necessary to maintain a social movement over time" (Brilliant, 2000: 555). In addition to highlighting the resource mobilization strategies used by social movement organizations and industries, McCarthy and Zald (1977: 1216) further stress the "importance of involvement on the part of individuals and organizations." However, similar to the macro social and economic theories summarized above, McCarthy and Zald's (1977) emphasis on individual involvement within a specific sector of nonprofit organizations lacks the explanatory power to help us understand *how* funding is acquired within specific types of NPOs or their respective environments. Nonetheless, the question of how nonprofit organizations depend on financial resources has been widely addressed in the literature using dependency theory.

Dependency Theory Perspectives

The central tenet of dependency theory is the proposition that "the key to organizational survival is the ability to acquire and maintain resources" (Pfeffer and Salancik, 1978: 2). According to this view, "problems arise not merely because organizations are dependent on their environment, but because this environment is not dependable" (ibid, 3). Yet, Pfeffer and Salancik (1978) argue that researchers fail to pay attention to the concept of the social environment when writing about resource acquisition within nonprofit organizations. Thus, Pfeffer and Salancik (1978:3) conclude that "questions about how resources come to be acquired are left unanswered or are completely neglected."

Using dependency theory, Gronbjerg (1991) has offered one of the more complex accounts of how the structures of non-profit organizations are influenced by the various funding sources. According to her research, "the composition of funding structures, provide[s] the critical context within which nonprofit decision making takes place" (ibid, 8). Her research further describes two key organizational funding structures: the first is one that possesses primary dependence on government, while the second possesses a mixed dependency on government and other sources. Gronbjerg's (1991) research has unquestionably offered critical insights into the relative volatility and stability of certain funding structures. For example, her findings indicate a high level of funding predictability from organizations with a high reliance on government funding, while those relying more on private donations are more likely to experience volatility and instability in their balance sheets (ibid, 21).

Gronbjerg's research is informative in terms of how multiple sources of funding within a given landscape are sought by decision makers working in non-profit organizations. However, there is no clear indication of the interactive effects between the funding environment, the mission or cause of the organization and the strategies of competition found therein. Indeed, little research using dependency theory explores the relationships between the mission or cause of an organization and how the mission can influence the processes of obtaining funding attention. For example, Gronbjerg's (1991) research explores varied missions, ranging from those focused on minority youth, alcoholism treatment and white ethnic populations (ibid, 9). The lack of attention to specific non-profit missions is problematic since it overlooks the strategizing that must occur in response to the landscape of available funding. For example, the pool of funding available to an alcohol treatment centre might be vastly different from that available to an organization providing services to a white ethnic population. The competition for funding is influenced by the mission of an organization, which is critical to understanding not only the various types of funding, but also the strategies used to obtain them.

Foster and Meinhard's (2005) study, explores the influence of the organizational mission on funding diversification to determine the potential impact on women's voluntary organizations. Using a dependency theory perspective, these authors argue that the instability brought about by government funding cuts in the late 1990s forced women's organizations to resort to revenue diversification strategies. They argue that "when resources are abundant and certain, external dependency is not problematic. However, when resources are threatened, organizations adopt strategies to ensure their continued existence" (ibid, 45). Foster and Meinhard explore resource dependency in the

14

context of the fact that almost two-thirds of non-profit organizations are solely reliant on government funding. In order to explore this external funding uncertainty, these authors (2005: 46) assess "gender effects" in order to determine whether being a women's organization bore any particular significance on the funding environment. They hypothesize that "women's voluntary organizations will have fewer funding sources than non-gendered organizations" (ibid, 48). Although, they did not find this hypothesis to be supported, their criteria for that which constitutes a women's organization was broadly defined. For ASOs who have AIDS-specific missions and provide services to marginalized populations the landscape of available funding may vary based on the fit between external funding criteria and specific program needs.

Revenue diversification is often cited as an example of a strategy that supports the basic tenet of dependency theory within non-profit organizations. Organizations seek out diverse revenue streams in order to offset their dependency on single or volatile sources of revenue. Yet as we have seen, much of this research pays little or no attention to the unique and specific missions of organizations under investigation (Gronbjerg, 1991). From a dependency theory perspective a wide spectrum of organizations are studied with little reference to the potential challenges of raising funds for specific social problems. What, if any, influence the mission has upon the external funding landscape and the competition for funding between organizations with similar and different missions are largely ignored. Thus, a complex framework is needed that accounts for the relationships between each interactive effect and the strategies nonprofit managers use within organizations that are formed around specific types of social problems.

Public Arenas Model

The internal funding strategies used by operatives working within nonprofit community-based AIDS Service Organizations and the competition they face for funding are best interpreted using the central propositions in Hilgartner and Bosk's (1988) public arenas model. In order to understand how this model works, and its significance to the present study, it is important to first understand how HIV/AIDS and the community responses to it have developed over time.

According to Carl Milofsky (1988: 187), community-self help groups forming as a response to AIDS represented " [an] attempt to solve social problems through local participation, social action, resource mobilization, and building a sense of community and of geographical identification." While it could be argued that many other similar self-help groups have formed around other illnesses, such as breast cancer (see Casamayou, 2001), AIDS stands apart as an illness with unique social ramifications. The persons currently and historically at-risk for and infected with HIV/AIDS are some of the most marginalized members of society including those living in poverty, men who have sex with men, injection drug users, sex workers and Aboriginals.

The central tenets of the public arenas model emphasize the relationships between the interrelated concepts of *competition, carrying capacity*, and various *principles of selection,* all of which "influence the probability of survival" for the social problem in the public sphere (Hilgartner and Bosk, 1988: 56). The objective conditions of AIDS or breast cancer bear no particular significance to the amount of public attention either will inevitably acquire. This particular constructionist orientation becomes important for understanding how public attention is generated and maintained.

Building upon Blumer's (1971) interactionist perspective, Hilgartner and Bosk (1988) argue that an infinite number of social problems compete with one another within a large network of *public arenas*, broadly defined as public environments ranging from media outlets, government policy makers, to foundation budgets and direct-mail campaigns. It is within these "institutions that social problems are discussed, selected, defined, framed, dramatized, packaged and presented to the public" (ibid, 59). Leaving aside, for the moment, the infinite number of public arenas and the interconnections between them, Hilgartner and Bosk argue that each public arena contains a limited carrying capacity wherein competition regulates "the number of social problems [to be] determined" (ibid, 61). This occurs "not by the number of harmful or dangerous situations and conditions facing society, but by the [limited] carrying capacities of public institutions" (ibid). Objective facts about AIDS, or the number of AIDS cases in particular arenas, does not explain how the epidemic has become a problem worthy of public attention. AIDS is a social problem because society has collectively defined it as such (Hilgartner and Bosk, 1988; Armstrong, et al., 2006; Hertog et al., 1994). The emphasis on public arenas as environments with limited carrying capacities involved in a competitive cycle, demonstrates one similarity with the dependency theory model that also emphasizes how internal organizational survival requires innovative ways to generate resources from the external environment of funding sources.

According to Hilgartner and Bosk (1988: 61), selection principles such as— "the need for drama and novelty; the danger of saturation; cultural preoccupations; and political biases—get played out differently in different arenas." The relationships between these principles of selection and the arenas' carrying capacities are critical to

understanding which social problems garner public attention. Thus, Hilgartner and Bosk (1988: 72) posit that,

> many operatives are familiar with the selection principles of public arenas and they deliberately adopt their social problem claims to fit their target environments…by packaging their claims in a form that is dramatic, succinct, and employs novel symbols or classical theatrical tropes or by framing their claims in politically acceptable rhetoric.

Key to this framework are individual "operatives," defined as "groups and individuals who publicly present social problems" (ibid, 57). In the context of funding for ASOs the term operatives generally refers to Executive Directors, program managers and other funding staff charged with the task of seeking funds for their organizations. Elaborations upon Hilgartner and Bosk's (1988) public arenas model have largely emerged from researchers within the field of communications and media studies. Interpretations of the model have examined how social problems generate public attention within the public arena of the news media. In Hertog et al.'s (1994: 295) study of news coverage pertaining to AIDS, cancer and sexually transmitted diseases between 1980 and 1990, it was discovered that stories about AIDS displaced stories about cancer. These findings tested Hilgartner and Bosk's (1988) proposition that for a new issue to compete for attention, an old issue must be displaced (ibid, 291). Armstrong et al. (2006) found that AIDS remains an anomalous disease that should not be compared to other diseases in terms of generating media attention.

In the present study, the concept of media attention is replaced by a concept I call *funding attention*, defined as those "arena-based techniques" (ibid, 68)—such as writing grant proposals, generating direct-mail campaigns and planning fundraising events that all have the express purpose of generating funding for a given ASO. Drawing on the

public arenas framework, I argue that arena-based techniques necessitate arenas-specific strategies to compete successfully for funding attention. I modify the concept of public attention to include various funding arenas. Separate funding arenas include sources of funding from governments (federal, provincial and municipal), private and public foundations, corporate sponsorships, direct-mail campaigns, fundraising events, individual donations and commercial activity. The funding landscape reflects the external environment in which ASOs find themselves while simultaneously comprising many public arenas as defined by Hilgartner and Bosk (1988).

The public arenas model described above provides ample theoretical direction to support the objectives of my research since it highlights ways to explore internal strategies used by operatives to generate funding attention, including dynamics of competition. In the next section, I explore how the modified tenets of the public arenas model can be translated into a methodology that is well suited to explore the research questions.

CHAPTER THREE: ALBERTA HAS AIDS

Describing the funding landscape of ASOs in Alberta and the strategies used by operatives functioning within them requires the identification of a sampling frame that represents the full spectrum of community-based ASOs in the province. In this section, I begin with a description of the sampling frame, including a discussion of how participants were identified and recruited. Second, I include a full description of the specific characteristics of the sample. Third, I recount the procedures used to explore strategies for acquiring funding attention within the funding landscape of Alberta. Fourth, I operationalize key concepts used throughout the thesis. Finally, I outline some important ethical issues, including my own positionality as a former employee within the sample under investigation.

Sampling Frame

The Alberta Community Council on HIV (ACCH) is a provincial consortium of thirteen ASOs representing all nine Health Regions in the province of Alberta (including Fort McMurray, Grande Prairie, Edmonton, Red Deer, Jasper, Calgary, Banff, Lethbridge and Medicine Hat). Figure 3.0 below illustrates the geographical scope of each of the health regions. Alberta was selected because of its unique and collaborative government funding allocation model: the Alberta Community HIV Fund (ACHF). ACHF was founded in 1994 by members of the local AIDS community movement. The funding structure of ACHF is noteworthy since it is the only one in Canada allowing ASOs to apply to two government bodies using one funding application—every three years. ACHF is comprised of funds from both federal and provincial ministries of health, with community decision-

making input. While ACHF dollars are an amalgam of each government source, it is further

unique in that the ACCH members are involved in the administration of fund dispersal and

stewardship. Funds are dispersed with input from "representatives from Alberta

community-based HIV organizations, [and] persons living with HIV/AIDS" (ACCH

Website, 2007).

Figure 3.0: <u>Alberta Health Regions Map</u>
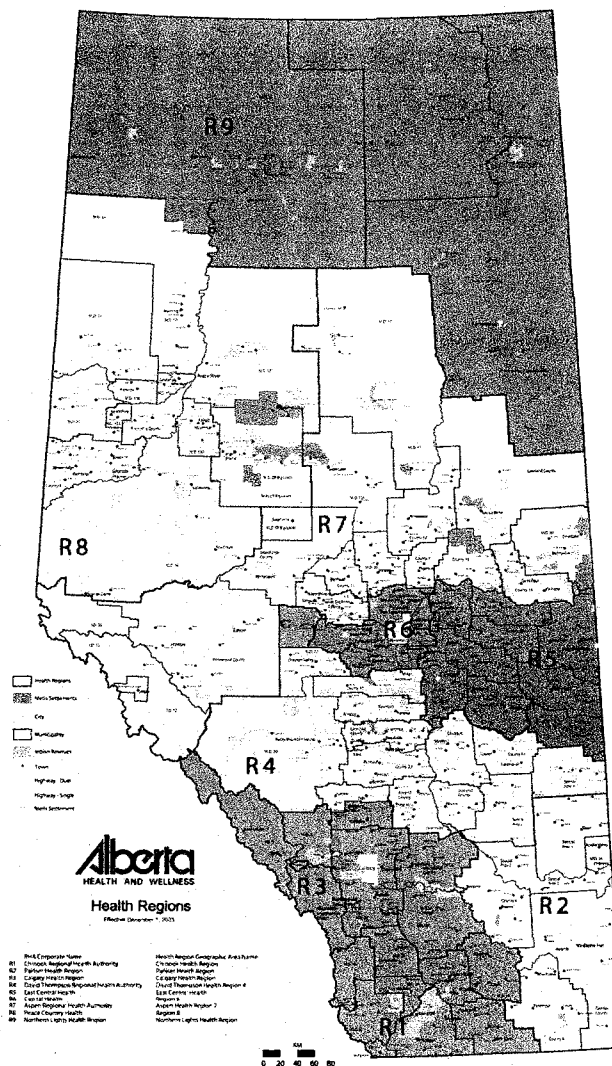
Source: Alberta Health and Wellness Website 2003

21

Figure 3.1 below, visually illustrates the government and community components of ACHF in an organizational chart. The chart is also useful for distinguishing between ACHF and ACCH.

Figure 3.1: <u>Alberta Community HIV Fund Organizational Chart</u>
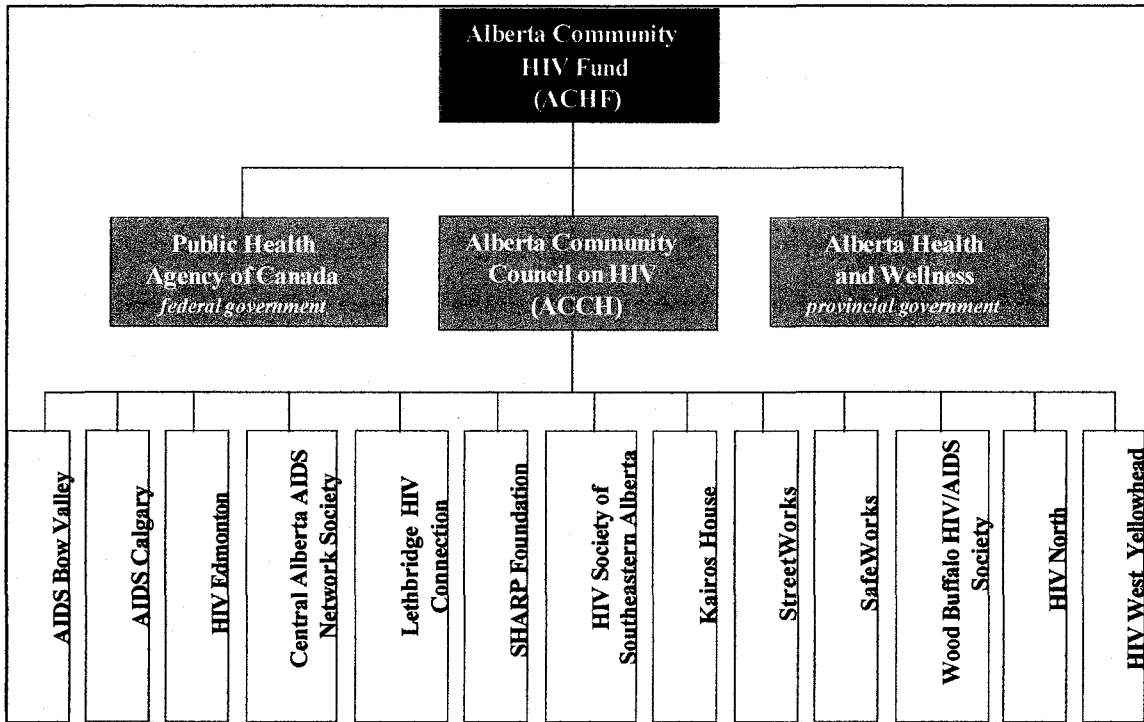
ACCH is an ideal sampling frame as it represents the total amount of community-based HIV-related services offered in the province. Further, the selection of a sampling frame based on geographical area has been used in previous research on ASOs is practical since it provides a total snapshot in one jurisdictional area. It also allows for the possibility of intra-provincial comparisons (Somlai et al., 1999).

There are, however, some limitations to utilizing a sampling frame that focuses on a single province. Primary among these limitations is the inability to conduct inter-provincial comparisons that can yield results similar to those provided by Rayside and

Lindquist (1991), who highlighted emerging responses to AIDS in three provinces—

British Columbia, Ontario and Quebec. Nevertheless, focusing on a single province has

many benefits. First, given the lack of research that has focused on ASOs outside of BC,

Ontario and Quebec, using ACCH as a case study is of particular benefit to those

operating within Alberta. Second, the selection of this sampling frame is especially

relevant considering that Alberta continues to experience higher than average population

increases from within Canada and abroad (Statistics Canada Website, 2006). According

to five of seventeen participants interviewed, Alberta's population increase has placed

particular strain on service provision because more individuals require HIV-related

services. In addition, it has become more difficult to attract and retain staff in Alberta's

highly competitive job market. At least one ASO in the sample had experienced a 100%

staff turnover in a four-month period.

Characteristics of the Sample

The sample in this study includes thirteen ASOs in the province of Alberta

representing the full spectrum of community-based AIDS Service Organization

programming available in the province. The geographical dispersion of the ASOs

included three large ASOs located in Alberta's three largest cities (Calgary, Edmonton

and Red Deer); six smaller sized ASOs located in the Western, Northern and Southern

parts of the province; two needle exchange programs located in Calgary and Edmonton

respectively; and two palliative care/hospice facilities located in Calgary and Edmonton

respectively. ASOs in the sample provide a combination of one or many of the following

HIV-related services: prevention education, support, advocacy, hospice care, and/or

needle exchanges programs.

A total of seventeen interviews were conducted over a one-month period with ASO operatives. I interviewed four program managers, nine executive directors and four fund development staff persons. The seventeen included at least one representative from each of Alberta's thirteen member organizations of ACCH who serve all nine regional health authorities. More than one representative was interviewed from organizations where the size and complexity of the ASO necessitated diverse fundraising programs and areas of expertise.

Research Procedure

Semi-structured interviews of ten to sixty minutes in duration were conducted with participants. All interviews were conducted via telephone and recorded using the speakerphone function on my home telephone with the participant's knowledge and consent. This method proved to be very efficient; it was more time and cost effective than traveling to the various thirteen sites around the province.

I devised a number of recruitment strategies to generate participation in this study. Relying on my pre-existing contacts with former colleagues working at member organizations of ACCH, I received endorsement from the current chairperson of the council to conduct this research. As a former insider within ACCH, I became acutely aware of "the continually negotiated [research] relationship where outsiders sometimes occupy social positions as insiders" (Sixsmith et al., 2003: 579). Indeed, my position as a former employee facilitated a seamless recruitment strategy, since I was able to rely on pre-existing contacts. I address the issue of researcher position in social action research further below.

Through pre-existing contacts, I was put in touch with an employee of ACCH whose specific role within the council is to facilitate research relationships with members of the academic community. This informant agreed to help solicit endorsements from ASO Executive Directors by conveying the goals of my research, including potential benefits of the research to each organization. I provided a statement of research objectives to my informant at ACCH, who subsequently distributed it to the membership of ACCH at one of the council's tri-annual meetings. In addition to the distribution of the letter, I also sent preliminary emails to contacts provided to me by the ACCH informant. In this email I described my research objectives and requested a telephone interview with relevant operatives. Follow-up phone calls were then made to schedule an interview at a time convenient to the participant. I rightly anticipated that given the high volume of work facing ASOs, it would take several follow-up phone calls to solicit participation (Dimaggio et al., 2002). Overall, however, interview participants were intrigued by the nature of my research and eager to discover the funding strategies and overall snapshot of funding available in the province. Key to developing this 'buy-in' from participants was the promise that I would either present my results at an upcoming ACCH meeting, or provide an executive summary of the research to the community.

Prior to conducting semi-structured interviews with research participants, I also undertook an extensive document review of each agency's published funding documents, which included the collection of audited financial statements and annual reports. In some cases these sources were posted directly on the agency's website, in other instances a telephone call or email was necessary to request the documents be sent by post or emailed. Annual reports and audited statements were particularly useful in determining a rough

sketch of the landscape prior to conducting the interviews. In the aforementioned

documents, agencies are often required to list their funders either by logo (annual report) or

in the statement of financial position (audited statement).

When preparing to undertake this research I also searched organizations

incorporated with the Canada Revenue Agency (CRA) Information Returns (see Froelich,

1999). CRA Information Returns are an indispensable data source since they provide a

standardized description of each source of funding accrued by each organization. The

document reviews, CRA data and interview data complimented one another because they

created a full picture of the funding landscape. Appendix A outlines the agencies searched

at the CRA Website as well as annual reports, and audited statements consulted. For two

of the needle exchange programs and one of the hospice care programs, the CRA returns

were less useful as these ACCH members operate as part of larger organizations, such as a

local health region or a large faith-based organization. I explore these organizations further

in Chapter Four. The decision to focus my analysis on the 2005-2006 fiscal year cross-

section originated from many factors. First, this was the most recent year for which data

were available when I began the project. Second, it was during the 2005-2006 fiscal year

that members of ACCH actively lobbied the provincial government to increase its

contributions to ACHF. They were successful and for the 2007-2010 multi-year cycle to

ACHF, Alberta Health and Wellness increased their funding by the amount requested.

Definition and Operationalization of Key Concepts

In order to understand each of the sources of funding available in the province as

distinct *funding arenas*, the *competition* that occurs for them, and the *selection principles*

deployed to attract *funding attention*, each of these concepts require definition and

operationalization. According to Hilgartner and Bosk (1988: 59), public arenas are defined as "institutions [in which] social problems are discussed, selected, defined, framed, dramatized, packaged and presented to the public." In the context of the funding landscape in Alberta, I extend the meaning of this concept to include funding arenas identified as: government sources (including ACHF), smaller government grants from foundations or municipalities, corporations, private donors (through special fundraising events), and social enterprises. When understood as funding arenas, each of these sources of funding are seen as forums for various framed and packaged "social problem-claims" in which operatives compete for funding attention (ibid, 61).

Funding attention is defined as the ability of organizations to generate funding from any of the public arenas described above. For example, generating funding attention involves various "arena-based techniques" and strategies ASO funding operatives use when attempting to generate funding attention (Hilgartner and Bosk, 1988: 68). These techniques can be as diverse as writing a grant proposal, having an informal conversation with a funder, or holding a special event where individual donors purchase tickets. Competition is conceptualized as contests for fiscal resources that occur within distinct funding arenas. Competition can occur between ASOs within one or several funding arenas. Similarly, competition can occur between ASOs and other non-AIDS related nonprofits within one of several funding arenas.

Funding operatives working within ASOs who compete successfully are skilled at understanding various principles of selection, including demonstrating an ability to convey drama and novelty, as well as an ability to appeal to broad cultural and mythic themes that

27

potential donors might find appealing. Using this framework my interview guide explores

the following propositions posited within Hilgartner and Bosk's (1988: 72) model:

> 1) Each particular arena has its own local selection principles that depend on its institutional characteristics, political allegiances, and occupational culture. These local factors also influence selection.

> 2) Many operatives are familiar with the selection principles of public arenas, and they deliberately adapt their social problem claims to fit their target environments.

With respect to the first proposition, specific questions in the interview guide were used to

assess the local factors influencing selection: (1) 'What are the specific characteristics of

your organization and local environment that enable you to attract funding attention?' (2)

'To what extent do you feel you are in competition with other ASOs for various sources of

funding in your community?' 'What about competition from other charities?' In terms of

the second proposition, questions were designed to assess which selection principles, if

any, were used to attract funding attention from various arenas. These queries included:

'How does the HIV/AIDS cause influence your organization's ability to raise funds?'

'How do you frame your proposals in order to compete successfully?' 'What strategies do

you use?' Further, each operative was asked to comment on their relationships with

various funders, including ACHF, corporations, foundations and individual donations.

This latter question was designed to assist in providing a better understanding of how

funding requests are targeted within distinct funding arenas.

In addition to using interview data to test Hilgartner and Bosk's (1988) propositions

noted above, I also relied on data collected during the document review. Similar to

research conducted by Froelich (1999) and Gronbjerg (1991), I documented the source

and amount of funding available for each organization using audited statements and

annual reports. In this way I was able to validate interview data, as well as create a more

in-depth analysis. Where specific funders were referred to in the interviews, I reviewed the funding documents to ensure accurate funding amounts. An Excel spreadsheet was created to identify and categorize the different sources of funding, which helped organize the large volume of data. Following Meinhard and Foster (2005: 51), I categorize organizational size as small (those with budgets of $100,000 or less), medium (those between $100,001 to $799,999), and large (those as $800,000 or more). Overall budget information can be found in the total revenue section of the audited financial statement, or the 4700 line of the Information Return from the CRA.

Social-Action Research

Throughout the course of this study the advantages of conducting research on a group with whom I had previous personal and professional experience became clear. My previous employment at one of the organizations in my sample provided me with a high level of access to the research participants, a point to which I return below. Prior to engaging in this research I was well aware of the perception that, as a former employee, I might possess a specific bias in relation to the subject. Thus, I resolved at the outset of my data collection phase that it was impossible to ignore my position in relation to those I sought to understand. I adopted Phoenix's (1991) assumption that "researchers are not objective observers of social contexts and interactions, but are members of society who have specific social locations and who bring particular orientations to bear on their research" (quoted in Sixsmith et al., 2003: 581). My social location as a former funding operative and sociology graduate student had to be closely reconciled. Undoubtedly, my insider status offered specific benefits when negotiating interviews with participants. Being

an insider also alleviated potential suspicion that could arise if I were an outsider investigating detailed aspects of an organization's finances.

CHAPTER FOUR: ANALYZING THE FUNDING LANDSCAPE

*Fundraising has been and continues to be a problem. So many hundreds
of non-profit agencies are in this city – and each one is as anxious as we
are to find some cash to maintain and enhance their programs.* Report
from the Chair – (2005-2006 HIV Edmonton Annual Report: 2)

This chapter begins with a detailed description of the funding landscape for ASOs

in the province Alberta. I describe five main funding arenas in the Alberta landscape:

ACHF, non-ACHF government, individual/special events, corporate and earned revenue.

Within each funding arena I analyze the dynamics of competition and strategies used by

ASO funding operatives to gain funding attention. By organizing the data around specific

funding arenas, a clear picture of the process for generating funding attention is

presented. Table 4.1 below presents each funding arena and the ASOs that have acquired

funding during the 2005-2006 fiscal year. After each funding arena has been analyzed, I

provide two intra-provincial comparisons of organizations that possess similar missions. I

highlight each of the province's two needle exchange programs (NEP) in order to

demonstrate the utility of key selection principles proposed by Hilgartner and Bosk

(1988). In a similar fashion, I compare each of the province's AIDS hospice care

facilities located in Calgary and Edmonton respectively. Finally, I close the chapter with

a summary of key findings that illustrate distinct types of competition operating within

each arena.

ANALYSES OF FIVE FUNDING ARENAS

The Alberta Community HIV Fund (ACHF)

The first funding arena I will discuss is the Alberta Community HIV Fund. The

Table 4.1: <u>Funding Arenas where ASOs have acquired funding in Alberta's Landscape 2005-2006</u> (N=13 ASOs)

ASO	(1) ACHF	(2) Non ACHF Government	(3) Individual Donations/ Fundraising Initiatives	(4) Corporate	(5) Social Enterprise
1. HIV Edmonton	✓	✓	✓	✓	✓
2. AIDS Calgary	✓	✓	✓	✓	
3. Central Alberta AIDS Network	✓	✓	✓	✓	✓
4. AIDS Bow Valley	✓	✓	✓	✓	✓
5. HIV West Yellowhead	✓	✓	✓	✓	
6. Wood Buffalo HIV/AIDS Society	✓	✓	✓	✓	
7. Lethbridge HIV Connection	✓	✓	✓	✓	✓
8. HIV Society of Southern Alberta	✓				✓
9. HIV North Society	✓	✓	✓	✓	
10. Society Housing AIDS Restricted Persons	✓	✓	✓	✓	✓
11. Kairos House	✓		✓		
12. StreetWorks	✓	✓	✓		
13. SafeWorks	✓	✓			

ACHF is,

> a joint community/provincial/federal fund disbursement model developed through consultation with representatives from Alberta community-based HIV organizations, persons living with HIV/AIDS, the regional health authorities, and provincial and federal health departments. (ACCH Website, 2007)

Within the disbursement model, federal and provincial government health department

officials collaborate with select members of ACCH to develop eligibility criteria for

funding applications and allocations.

Selection and participation of ACCH members in the disbursement process involves the election of an executive committee that is mostly comprised of Executive Directors at member ASOs.

In order to be eligible for funding, ASOs must write one proposal to ACHF every three years. Data from the Canada Revenue Agency indicate that for ten of the thirteen ASOs, monies from ACHF are their largest source of revenue. As can be seen in Table 4.1 above, all thirteen of the ASOs in the sample receive monies from ACHF.

The ACHF funding criteria requires ASOs to provide a detailed accounting for a complex set of epidemiological and demographic characteristics reflective of their region of the province. ASO funding staff must demonstrate a need for programming that responds to the characteristics of the regional environment. Table 4.2 below provides an example of the regional environment in each of the nine health regions where ASOs operate. Organizations that apply to the ACHF must frame and package their proposals in order to reflect and demonstrate their response to the various needs within their respective regional environments including HIV prevalence and incidence. For example, in Table 4.2, we see that the Calgary and Capital Health Regions (rows three and six) have the highest HIV incidence and prevalence rates (columns C and D) in the province. Thus, ASOs in these areas are expected to offer a diverse array of support and prevention-based services, and as a result they receive the largest funding allocation.

Table 4.2: ACHF Regional Environment Chart

Regional Environment

	TOTAL	A	B	C	D	E	F	G	H	I	J	K
Region	W. Ave	Pop	Area	HIV Inc.	HIV Pre.	Abor.	STI	Prisons	Youth	Hep C	New	Low I
1 - Chinook	3.99%	4.82%	3.93%	2.02%	1.87%	8.81%	3.88%	4.90%	5.03%	2.97%	1.71%	4.72%
2 - Palliser	2.99%	3.14%	6.00%	3.83%	2.57%	0.75%	2.30%	1.77%	3.18%	2.00%	0.90%	2.82%
3 - Calgary	30.54%	38.29%	5.95%	38.91%	41.41%	15.71%	32.78%	21.56%	35.34%	34.56%	51.01%	35.51%
4 - David Thompson	9.23%	9.13%	9.28%	2.22%	3.75%	11.91%	8.58%	31.87%	9.35%	10.94%	2.07%	7.53%
5 - East Central	2.27%	3.44%	5.10%	0.60%	1.34%	1.07%	1.97%	0.00%	3.25%	1.69%	0.47%	2.72%
6 - Capital Health	29.99%	31.21%	1.79%	45.56%	42.32%	17.77%	35.35%	28.83%	30.53%	36.21%	41.16%	37.67%
7 - Aspen	7.88%	5.50%	20.75%	3.83%	4.39%	21.58%	5.09%	0.00%	5.84%	5.48%	0.98%	4.68%
8 - Peace Country	6.83%	4.20%	18.66%	2.62%	1.82%	11.90%	5.34%	11.07%	4.65%	4.35%	0.85%	3.20%
9 - Northern Lights	6.28%	2.29%	28.54%	0.40%	0.54%	10.51%	4.71%	0.00%	2.83%	1.81%	0.86%	1.14%

| Weighting | 100% | 15% | 15% | 10% | 10% | 50% | | | | | | |

TOTAL	% of weighted average of columns A through K
Column A	% of Alberta Population according to Alberta Health Wellness Population Registry File, March 31, 2004
Column B	% of Alberta Geographic Area according to Alberta Health and Wellness, April 1, 2003
Column C	% of HIV Diagnosis in Alberta as reported to Alberta Health and Wellness - 2003, 2004, 2005
Column D	% of persons in Alberta accessing Southern Alberta Clinic as of 2005 and Northern Alberta Clinic, 2005
Column E	% Persons Self Identifying as Aboriginal according to 2001 Census Data by region
Column F	% of STI Diagnosis in Alberta as reported to Alberta Health and Wellness - 2003, 2004, 2005
Column G	% of Incarcerated Persons in Alberta according to Alberta Justice (Provincial, Youth, Remand - ave #'s @ Month End 1st 1/2 of 2005, CSC # of offenders 2002, 2003, 2004
Column H	% of Alberta Population under 30 according to Alberta Health Wellness mid-year by new region, May 14, 2003
Column I	% of Hepatitis C Diagnosis in Alberta as reported to Alberta Health and Wellness - 2003, 2004, 2005
Column J	% of New Comers to Canada
Column K	% of Population in private households with low income

Source: Alberta Community HIV Fund Communiqué, June 2006

Each proposal submitted to ACHF for operational funds must account for objective characteristics in the regional environment. For example, the percentage of the regional population that is Aboriginal (column E) must be taken into account when crafting proposals to the ACHF. From a public arenas model perspective, Hilgartner and Bosk (1988: 70) argue that "the level of attention devoted to a social problem is not a function of its objective makeup alone but is determined by a process of collective definition." Here we see community ASO funding operatives and government representatives participating in the collective construction of such characteristics as Aboriginal populations and HIV incidence and prevalence rates as objective in order to justify fund allocation.

In addition to responding to the epidemiological realities of the AIDS epidemic in their respective geographical regions, ASO staff are also expected to provide evaluative research that demonstrates the efficacy of the previously provided services. Evaluative research refers to the outcomes that a particular ASO may have achieved prior to applying for funding. Evaluation of outcomes includes complex systems of objective measurement including the administration of "questionnaires, interviews, tracking clients after they leave a program, data management and analysis" (Easterling, 2000: 483). In order to be eligible for funding from ACHF, ASO funding staff must include their applications, previous outcomes in serving a particular population. Here again we see an example of the collective definition of objective realities, this time with a whole evaluative methodology apparatus.

Proposals that can demonstrate solid knowledge of emerging priorities in the regional environment, as well as statements of previous outcomes, will have the greatest chance of successfully competing within this part of the funding landscape. As an Executive Director from one of the larger ASOs advised:

> *We have the best proposal to ACHF because it is the best researched. I make sure that we have thoroughly outlined why we have the greatest need, based on the populations most in need.* (ID A017)

Representatives from eight of the thirteen organizations I interviewed, repeatedly noted the importance of addressing the epidemiological realities of the epidemic and using evaluation as a strategy for ensuring that ACHF money would come their way. Another Executive Director from a medium-sized organization took great pride in her ability to craft her organization's ACHF application, *"people keep telling me that my applications are very well researched and written,"* she said (ID A013).

My data do not appear to support Hilgartner and Bosk's (1988:71) proposition that the use of theatrical and dramatic tropes are necessary strategies for cultivating funding attention within this particular arena. Instead, proposals to ACHF are presented in compliance with collective defined eligibility criteria, which require collaborative construction of the objective realities of the epidemic within a given regional area. The ACHF eligibility criteria reveal that funding decisions are made based on 'objective facts' through research and not through dramatic and theatrical presentations of them.

ACHF funding is consistently seen as the most stable source of funding since it is offered on a multi-year basis. According to Froelich (1999), fiscal stability occurs and long-term planning is possible when non-profit organizations can secure multi-year government funding. At the time of data collection for this project, ACHF funding had just been renewed through 2010 for each of the thirteen ASOs in the sample. The multi-year funding allocations are seen as more stable and beneficial in the longer term, as one representative from a smaller ASO indicates:

> *So, you know, you can plan programs, [with ACHF funding]. I can do things that are going to cross over from year one to year two and know that I am going to have the money in my budget for the second year rather that worry that we're going to get funded. (ID A006)*

ACHF funding is viewed as more stable than other funding arenas since it allows for longer term planning and sustainability, which has multiple impacts on service delivery. Indeed, many of the smaller ASOs described their reliance on ACHF funding as critical to the survival of their organizations. As one Executive Director from a medium-sized ASO pointed out, *"if there's no government support for specific projects, I would advocate for it of course, but I wouldn't try to keep the project alive without government support"* (ID A013).

Despite the heavy dependence on ACHF funds, there remains a perception among many ASO operatives, particularly those working in collaboration with government bureaucrats, that the Public Health Agency of Canada (PHAC) component of ACHF is not allocating funds with adequate transparency or fairness. As one Executive Director stated, *"the way they award money is very arbitrary"* (ID A002). Another Executive Director at one of the province's larger ASOs was more direct in his appraisal of the federal government allocation of the funding:

> *I just think that if there was any funder I would like to replace, it would be PHAC. Because they are just not transparent. Because they never really know what's going on. And they're not really interested in creating a way to solicit community feedback.* (ID A001)

The frustration voiced by ASO funding operatives about issues related to transparency and fairness of funding allocations from government funding supports another proposition found in the public arenas model. According to Hilgartner and Bosk (1988:72), various "networks of operatives populating public institutions... form communities that center around particular problem areas." Each of these operatives may experience conflict or consensus with one another over funding decisions, but in doing so "the operatives who work in a department may have symbiotic relationships with one another" (ibid, 73). The symbiosis generated by conflict means that in the development of their divergent perspectives on the social problem, operatives from each public arena "generate work for one another...[where] their activities collectively raise the prominence" (ibid, 68-69). The collaboration that occurs between federal government representatives and ASO funding staff within the ACHF arena ultimately means that AIDS becomes a problem of elevated status in the public.

One Executive Director at a medium sized ASO who works closely with representatives from the PHAC, and its provincial counterpart Alberta Health and Wellness, described her exasperation with how funding decisions in the joint community/provincial/federal funding partnership occur. This exasperation can be seen in a portion of the interview excerpted below:

> R: ACCH spends a lot of time working with the ACHF. I was in a leadership position for the last funding cycle. It was a freakin' brutal and long exhaustive, tonnes of time sort of experience. For me, I was actually involved in writing the funding criteria. It was huge. It ran through the ACCH membership and then the fuckers [ACHF] didn't even use it.
>
> I: I have heard a bit about that.
>
> R: (laughter) So you know, the other thing is that the ACHF is becoming less and less community-based and they're becoming more prescriptive with their funds, 'you should do this work', rather than responding to funding applications to fund what community feels is best to do in their community. (ID A005)

It is particularly revealing that, in her view, the government representatives within this funding arena are becoming more 'prescriptive' in their funding decisions, thereby supposedly ignoring the needs of the community. These findings are contrary to similar research conducted by Froelich (1999), who suggests that stable government funding rarely displaces the overall goals of an organization's mission. Nevertheless, the collaboration required between government and community representatives illustrates how opposing factions will develop "alternative ways of framing the problem" (Hilgartner and Bosk, 1998: 70). In previous decades, the gap between conflict and consensus among government and members of civil society around the AIDS issue was much wider than it is today. Nonetheless, the dynamics of competition in the ACHF arena involves community and government collaboration where collective definitions about the objective nature of the epidemic can be contested.

In terms of strategic competition for ACHF funding, each ASO applying for

funding in this arena has a general idea of what amount of money to expect prior to the

submission of their applications. When the carrying capacity of the funder is disclosed,

there are important ramifications for program planning. For the 2006 fiscal year, over

three million dollars were distributed to thirteen organizations (ACCH Website, 2007).

ASOs who know the amount of money they are going to receive over a three-year period

can plan their programming because they know what to expect. Competition for these

funds was also limited due to the wide geographical dispersion of ASOs, as one program

manager advised, "*we are the only game in town*" (ID A016). Thus, agencies are not in

direct competition with one another due to the fact that in nine of thirteen cases, the ASO

is the only organization providing HIV/AIDS specific programs in their municipal

regions. Instead competition is encouraged on a time-limited basis, as one ACCH

executive committee member offers,

> *You know, we try to actually create an environment where they understand that*
> *they are competing. Because if they don't understand that they are competing for*
> *funds, then they won't write good applications. It only happens once every three*
> *years, so there's a ramp up of competition then a ramp down.* (ID number A005)

An increased level of competition is experienced during specific times in a multi-year

cycle. According to Hilgartner and Bosk (1988:72), "each public arena has a

characteristic rhythm of organizational life that influences the timing of its interactions

with social problems, thus affecting selection." Thus, the encouragement of competition

for ACHF funds during a specific time in the cycle is seen as precipitating better

proposals that compete more effectively.

Finally, the ACHF funding arena requires fund acquisition strategies that adhere

to the objective conditions of the epidemic. Despite the challenges ASO funding staff

experience with transparency from the Public Health Agency of Canada, ACHF funding is the most stable source of funding in Alberta's landscape. Collaboration among government and community representatives in this arena make ACHF one of the most unique funding models in Canada. As we shall see in the next section, the dynamics of competition within non-ACHF government funding arenas are less collaborative, yet require similar strategies for securing funding attention.

Non-ACHF Government Funding Arenas

Government funding arenas outside of ACHF are also major contributors to the budgets of ASOs in Alberta. Various municipal, provincial and federal departments provide funding to eight out of thirteen organizations in the sample. Two of the thirteen organizations were ineligible to apply for non-ACHF government funds based on their internal funding structures and organizational characteristics. An analysis of the two ineligible ASOs is included in the intra-provincial comparisons at the end of this chapter.

Table 4.3 identifies individual funders in the non-ACHF government arena and describes the number of ASOs that have successfully obtained financial resources therein. The table is useful to ASO funding operatives since it also illustrates the possible funders were proposals could be submitted.

Table 4.3
Eligibility of Non-ACHF Government Funding available to ASOs (2006)
(N=10 non-ACHF government funders)

Non-ACHF government funding arena	Number of Organizations Potentially Eligible for Funding[1]	Number of Organizations Receiving Funding (2006)
Alberta Lotteries and Gaming (Provincial)	11	5
Human Resource and Social Development Canada (Federal)	11	5
Wild Rose Foundation (Provincial)	11	4
Alberta Human Rights and Citizenship Commission (Provincial)	11	2
Family and Community Social Services (FCSS) –Calgary (Municipal)	2	2
City of Edmonton (Municipal)	3	1
City of Lethbridge (Municipal)	1	1
City of Calgary (Municipal)	2	1
Canada's Drug Strategy (Federal)	N/A	1
Alberta Human Resources and Employment (Provincial)	11	1

Procurement of funding from the ten funders outlined in Table 4.3 involves strategies similar to those for ACHF, but with much less community input in decision-making about funding allocations. Preparing proposals that not only adhere to eligibility requirements, but also adequately respond to the objective conditions of the epidemic are paramount to success. In the quote below, one Executive Director outlines a process that

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[1] Eligibility is based on the criteria found on the websites of each funder, as well as interview and document data of ASOs. All things being equal, eligibility is considered whether or not organizations had the capacity and/or need to apply to a given non-ACHF government funding arena.

typifies much of what other ASO funding staff indicate is their internal strategy for

securing grants from non-ACHF government funding arenas:

> *All of our proposals go through a process where the staff, it might be two of us, or it might be three or four, come up with a concept for programming. We may do this with or without a funding source in mind, sometimes we're proactive sometimes we're reactive. We will flush it out. Pull together whatever lit search or research we've got lying around, or online, come up with the proof to justify giving us the money. Create any partnerships or relationships that we need to, or expand current partnerships, um then we'll write and decide the funding to go after.* (ID A005)

There is a delicate decision-making balance when it comes to being 'reactive' or

'proactive' in the pursuit of funding from non-ACHF government arenas. A program

manager in another ASO claims that being reactive is the norm because, "*funding*

opportunities come along and we don't often have time to respond" (ID A003).

Similar to the ACHF arena, packaging and submitting proposals to non-ACHF

government funding arenas that highlight the objective conditions of the pandemic is

often key to achieving success. Where the non-government ACHF funding arena differs

from ACHF, however, is that eligibility criteria are constructed without consultation from

the community. There are no mutually defined criteria based specifically on the objective

conditions of the HIV/AIDS movement. Non-ACHF government funding sources vary

based upon the duration of the grant and the types of expenditures allowed, and are

typically shorter term and expected to be spent within a fixed time frame with little

opportunity for renewal. In contrast, ACHF funding permits the use of funding for

operational and infrastructural needs – office space, telephone, and personnel – and is

especially earmarked for HIV/AIDS programming. The following excerpt from an

interview with the Executive Director of a larger ASO illustrates some of the frustration

ASOs feel in relation to attempts to secure non-ACHF government funding:

R: A significant challenge is in trying to prevent or respond to funders who only want to [fund] project or program-based funding. You can't carve off a piece of work, and do it well without having the rest of the infrastructure.

I: Kind of like here's twenty thousand [dollars] solve world hunger?

R: Yeah, but don't spend any money on pencils. Or supervising the staff, or auditing the books that pay the staff, so it's pretty brutal and I think we're moving closer and closer to that. (ID A005)

This quote also highlights some important points with respect to the distinction between project and operational funding. Whereas ACHF allows more readily for office supplies in the budget and other important infrastructural operational needs, funders who are project-based, such as most of those often found in non-ACHF government funding arenas, are less likely to fund these budget line items. Often the project-based funders in non-ACHF government funding arenas insist on seeing the impact of their grant, and thus are less interested in funding infrastructural items often required to meet project needs. Another Executive Director outlined her frustration with small grants often offered by non-ACHF government funders:

Short term project-based funding that is under 50 thousand (K), is the easiest to obtain for my organization. I could go to a funder and say I want to do this, it's a one-time initiative, I need 25K and it will be done in 12 to 16 months. You can get gaggles of that kind of funding. The dilemma for me is that we can be innovative out the ying-yang and we could write funding proposal after funding proposal and get five little grants worth 25K to 50K but you have to be conscious of the vacuum that you leave with the communities and with the people. It's almost unethical for us to get 25-50K for a human rights program if we can't offer it for at least a three-year period on a consistent basis. It really hurts clients and communities if you set them up and you provide inconsistent services. (ID A001)

The impact of short term funding on the delivery of effective services underpins the instability of the funding landscape outside of the ACHF funding arena in Alberta. Nevertheless, staff from those organizations seeking such funding attention indicate that being innovative is critical to competitive success. Similar to ACHF funding,

interviewees reported that emphasizing the drama and novelty of the epidemic in their regions is less important than constructing and conveying the objective facts of the epidemic in the research and evaluative components of their proposals.

The availability of other sources of government funding depends upon the type of programming for which funding is sought. An AIDS organization is unlikely to be successful applying for funds to a federal funding agency that deals exclusively with children and women, and so must rely on funding that fits its particular mandate. The connection between specific programming needs based on the individual missions of nonprofit organizations is missing from the existing literature. My findings further indicate that ASO funding staff persons are highly skilled at producing "alternate ways of framing the problem" (Hilgartner and Bosk, 1988: 70) when it comes to securing non-government ACHF funding. Defining HIV/AIDS in such a way that fits the eligibility criteria of a given funder in this arena is critical for competing successfully. For example, over the past number of years the AIDS movement in Alberta, like elsewhere, has begun to re-conceptualize HIV/AIDS as a human rights issue (Canadian HIV/AIDS Legal Network Website, 2007). While adopting a human rights perspective is not done solely in order to secure funding, this alternate way of defining the pandemic has consequences for the availability of non-ACHF government funding. For example, the Alberta Human Rights Commission Education Fund has become a viable funder from which two ASOs in the province have recently secured project funding for human rights programming.

Overall, the dynamics of competition for non-ACHF government funding is less apparent considering that funders in these arenas rarely disclose their carrying capacities, or the number of total applications they receive. Thus, it becomes difficult for funding

staff at ASOs to ascertain whether or not applying for a grant is worth their efforts. However, a distinction can be made in terms of the competition between ASOs and between ASOs and non-AIDS specific charities.

There were no instances where ASO funding staff indicated they experienced competition for non-ACHF government funding from other ASOs. While this does not necessarily indicate a lack of competition, it does reveal some of the general eligibility requirements of certain non-ACHF government funders. For example, Alberta Gaming, who funds five ASOs for various projects around the province, has very broad eligibility guidelines to receive funding, including having a charitable status and providing any type of community service. Broad guidelines from certain funders in this arena mean that the specific programs or agency missions are not of paramount interest.

In terms of competition between ASOs and non-AIDS specific charities seeking financial support from funders *with* specific eligibility criteria in the non-ACHF government funding arena, the relationship between program need and the cause of an organization must be underscored. For example, there is likely to be little competition between an ASO and an organization that advocates against drunk driving. Further, the types of programs for which ASOs seek funding do not easily fit non-ACHF government funders' requirements when they have more stringent funding criteria. As we shall see in the next section, a much more complex web of competition occurs as we explore non-government sources of funding in the landscape.

Individual/Special Event Fundraising Arenas

In 2003, approximately 8.9 billion dollars in individual donations was made to nonprofit organizations in Canada (Statistics Canada, 2006). Data from the Canada

Revenue Agency indicates that net revenue from individual donations to thirteen ASOs in Alberta totaled just under $732,000. Individual donations were made to ASOs either via participation in fundraising initiatives or through direct-mail campaigns soliciting donations from prospective donors. The dynamics of competition in this funding arena are multi-factorial and involve numerous relationships and strategies among different actors in the landscape. In this section I address fundraising strategies utilized to attract donations from special event fundraising initiatives and individual donors.

The AIDS movement in North America has relied heavily on individual support from members of affected communities since the emergence of the epidemic some twenty-five years ago (Altman, 1994; Maticka-Tyndale, 2001). Indeed, the origins of many ASOs began with small fundraisers held in the gay community. In those early years, many gay men would often drop off cash donations anonymously to ASOs as a way to avoid a paper trail of support, which could potentially 'out' them as affiliated with an AIDS organization. However, as many ASOs commemorate their twenty-year anniversaries, the stigma associated with donating money to an AIDS charity has largely dissipated among previous and existing donors. Stigma still persists in Alberta's funding landscape; however, this stigma is much more prominent within the corporate funding arenas, discussed in a section below.

When raising funds from special fundraising initiatives, the most successful ASOs are larger and thus can allocate staff resources to planning and executing events. Those organizations with fewer than six staff members held very few, if any, large-scale fundraisers. During the 2005-2006 fiscal year nearly all of the ASOs held some form of special event that was intended to raise funds from individuals and corporate sponsors.

The types of fundraising projects delivered and the strategies used to deliver them are as diverse as the number of ASOs in the province. Table 4.4 outlines the diversity of the types of fundraising initiatives in the province between 2005-2006 within the individual fundraising arena. Column one describes the methods of revenue generation including selling theatre/gala tickets, flowers or hair-cuts all of which are social activities that ASOs engage in to appeal to individual compassion. The table demonstrates the various methods used by ASOs that translates event attendance to revenue generation.

Table 4.4: Types of fundraising initiatives and frequency of participating ASOs (2006)

Fundraising Event	(1) Method of Revenue Generated	(2) Frequency of Organizations Participating
AIDS Walk for Life	-individual pledges -corporate sponsorship	7
Spring for Life	-flower sales	3
Loonie Frisbee film Night	-ticket sales	1
UofA Public Forum	-voluntary donations at door	1
Fashion Show	-ticket sales, donations, silent auction	2
Tin Cans	-spare change	2
Hot Times	-voluntary donations at door	1
Rodeo Clean Up	- voluntary donations at door	1
Cut-A-Thon	-hair cuts	1
BONDS, A play/fundraiser	-theatre tickets sales	1
Tantra's Martini Challenge	-Partial from bar/door	1
Human Rights Film Festival	-free	1
Vagina Monologues	-theatre tickets	1
Movies in the Park	-free	1
Direct-Mail Campaigns	-charitable donations	5

From selling flowers to staging elaborate gala spectacles, a great deal of innovation and planning is expended in the pursuit of potential corporate and individual donors in this arena. Fundraising projects are designed to offer some kind of good or service to individual donors. Unlike the early years when only cash was donated, ASOs now have complex procedures for processing individual donations including through such mechanisms as the acceptance of major credit cards, web donations and personal cheques.

In addition to generating revenue through fund raising events, operatives view these projects as an opportunity to raise awareness about their organization. As one Executive Director from a smaller ASO explains,

> *This year, I made a conscious decision not to really pursue any large fundraising ventures and that was solely based on the fact that in my experience I know you can't garner support or money from the community unless you build the reputation of the agency...We do have in the works now a few free fundraising-like events to help build our profile, but that's it. What we are doing is we are having film festival in October, and the film festival is on human rights. It's going to be over three days and we are screening nine films. It is completely free to the community. If you want to make a donation at the door you can, that's once again to brand ourselves.* (ID A0014)

The strategy here is to offer a fundraising event that elevates the profile of his organization instead of a large-scale fundraising initiative that generates revenue. The importance of awareness-raising as key to successful fundraising projects was emphasized repeatedly by many of those operatives who engaged in them. For example, another Executive Director explains,

> *I've been thinking that we often think we have created awareness [through our special events] so at least we've done something. I think this helps with the frustration of those who tell you 'no' they are not going to sponsor your event.* (ID A013)

The same operative spoke further about the awareness components of a nationally

organized fundraising campaign that her organization recently participated in. *Spring for*

Life is an event organized through the Canadian Foundation for AIDS Research

(CANFAR), Canada's only national AIDS Research Foundation. For the *Spring for Life*

campaign, CANFAR secures media sponsorships, designs marketing materials, and

supplies and ships gerbera daisies to ASOs across Canada that pre-order them. The ASO

is only required to recruit volunteers and identify local venues to sell the flowers,

enabling the ASO to keep the profits from sales. The same Executive Director as quoted

above further explained her viewpoint about the *Spring for Life* campaign,

> *We see it as a much more positive campaign than the [AIDS] Walk. There is a lot*
> *of joy and colour and smiles involved with flowers. It's also less time consuming*
> *and relatively easy to sell flowers, because it's a small cost and everyone has*
> *someone who likes flowers... I think one of the great things about Spring for Life*
> *is that you can sell them flowers and they do not have to think about the cause,*
> *which is good and bad. You think people will buy flowers to avoid stigma, but it's*
> *really just fun. They sometimes miss the awareness component. (ID A013)*

Much of the groundwork carried out by CANFAR prior to the event allows agencies

participating in *Spring for Life* to reduce the time and resource constraints they

experience when it comes to fundraising projects. During the time covered by this

research study, three of thirteen organizations had participated in *Spring for Life* while

two more were planning to participate in the following fiscal year. The quotation above

illustrates how selling flowers may not create awareness about the cause, which is often

the intention of funding operatives attempting to raise funds in this arena. Nevertheless,

the stigma associated with AIDS can also be avoided when no cause specific awareness is

generated in initiatives such as *Spring for Life*.

One rural program director, who is the only employee of her organization, described her strategies for raising funds from individuals while also raising awareness and revenue for her organization:

> *We really struggle in my (rural) community, when we have our own event...So often the nightclubs will, if we wanna host them, we host a sex toy party in a nightclub and they just give us the proceeds for the door that night. Regardless of whether people were coming to our event that night, or just going to the bar, we get the money anyway. This way we always seem to make more money when we go to places where people already are, rather than trying to get them to come somewhere specifically for us.* (ID A006)

Holding fundraisers in establishments where people are already gathered is an ideal way to generate awareness and donations, while decreasing the time and resource constraints associated with hosting large-scale fundraising events.

Devising time and resource-efficient strategies for raising money from special fundraising initiatives is significant as we consider the decline of individual support for the cause over the past number of years. For example, in the 2005-2006 Annual Report of one of the larger ASOs, the Board Chair for the organization outlines his disappointment that the AIDS Walk once attracted thousands of participants and is now "lucky if 300 people show up" (Report from the Chair, 1). Interestingly, the Executive Director of another of the province's largest ASOs declared that she *"would like to get out of fundraising events altogether"* (ID A001). According to her, the amount of time and resources spent on executing fundraising events is disproportionate to the amount of net revenue generated.

In terms of donations generated from individuals, direct-mail campaigns are the most common strategy used by funding staff at ASOs. From a public arenas model perspective, direct-mail is defined as "packaging social problems vividly, emotionally,

and concisely in letter-form (Hilgartner and Bosk, 1988: 66). According to these authors, individuals as well as institutions possess limited carrying capacities. As such, when direct-mail letters are crafted, ASO funding staff must draw-upon the surplus compassion of targeted individuals. Surplus compassion is a concept related to the master status an individual holds in society (ibid, 59). For example, sexual orientation can be considered a master status. Given the historical (and present-day) associations between homosexuality and AIDS, it stands to reason that gay men are among the most likely to donate money for AIDS since it appeals to the surplus compassion of their master status. Once the priorities of an individual's master status has been satisfied, "there may be very little surplus compassion left over for social issues with less personal significance" (Hilgartner and Bosk, 1988: 60). Five of thirteen organizations executed direct-mail campaigns to generate funding without the aid of outside consultants.

There are limited carrying capacities among individuals who participate in special event fundraising initiatives. The same could be said for those who respond to direct-mail campaigns. It is further difficult to estimate the carrying capacity among those who attend or might potentially attend a special event or respond to a direct-mail campaign. In many cases, the ASOs themselves do not collect this data. However, a 2004 survey of charitable giving indicates that approximately eighty-five percent of Canadians made a financial contribution to a nonprofit organization over a twelve-month period, totaling 8.9 billion dollars (Statistics Canada, 2006). In the case of AIDS, many ASO funding staff are aware that certain social groups, particularly gay men or those affected or infected with HIV, are the ones who possess the necessary surplus compassion to attend fundraising events or to make private donations.

There was consensus among ten of the thirteen organizations in the sample that private donations and special event fundraising are the more difficult types of funding to attract. In terms of special event fundraising, the amount of overhead costs incurred when producing events often means that ASOs may just 'break-even' on an event raising little, if any, net revenue. In terms of individual donations, it is difficult to maintain financial support from individuals for the AIDS cause when the urgent emergency that many saw in the 1980s and 1990s has declined. Shifts in an individual's surplus compassion may stand in the way of maintaining financial support in this section of the landscape over time.

Corporate Funding Arenas

Corporate financial support for ASOs has shifted in recent years away from the epidemic in the West to that occurring in the developing world (Parker, 2002; Dyer, 2006). Within the funding landscape in Alberta, a distinction can be made between those corporations with an obvious tie to the AIDS movement – such as pharmaceutical companies – and those organizations with less obvious involvement in the movement. However, for any corporation, the carrying capacity is the 'bottom-line' of the corporation, or how much money they are willing to donate for charitable purposes.

For most pharmaceutical companies, allocations given to the community are based on a formula that looks at the number of individuals infected with HIV/AIDS in distinct geographical regions. Similar to ACHF and non-ACHF government funding arenas, in order to be eligible for funding the objective epidemiological realities of the epidemic must be accounted for when submitting proposals. However, unlike ACHF funding where the carrying capacity is clearly disclosed to ASOs prior to their

submission of proposals, not every pharmaceutical company is forthcoming or

transparent in disclosing the amount of total money they are expected to allocate in a

given year.

In oil-rich Alberta, there is a great deal of discussion among ASO funding

operatives about how to engage the oil companies that might not appear to have as

obvious a connection to the AIDS cause. Attracting the attention of a corporation without

obvious ties to the AIDS movement requires dramatic and novel strategies. As one rural

ASO Executive Director explains:

> *There's this woman from this one oil company that's very conservative. She's from Saskatchewan and I know exactly what to say to get her onboard with me. I'm blunt and I am to the point. I tell her that in her oil company that men are leaving their bunkers in the middle of the night and crawling over to their male friend's bunkers and having [unprotected] sex! And she just finds that absolutely interesting.* (ID A014)

Due to the Executive Director's desire to keep the name of the oil company confidential

because of ongoing negotiations, I was unable to determine whether or not the blunt

approach was successful. Nonetheless, if men employed by the oil company are having

unprotected sex with each other, then such activities and their consequences offer an

obvious rationale for the oil company to donate to the cause. The use here of dramatic

and novel descriptions of covert homosexual behaviour among employees illustrates how

"interest groups constantly look for new images and new ways to capitalize on current

events to inject urgency into their presentations" (Hilgartner and Bosk 1988: 62).

For other corporations without obvious ties to the AIDS cause, complex strategies

are similarly developed to generate funding attention. In many instances these strategies

involve attempts to link a corporation's values to fit the goals of the ASO. An Executive

Director at one of the larger ASOs in the province revealed her strategies for engaging

one of Canada's largest banks:

> *The other thing we do is a lot of research on corporation sponsors who are much harder to get to come onboard for a cause like HIV/AIDS. But we try to build a case for support and why people [corporations] would want to donate to our organization... It's just about trying to figure out what the return on investment is for the corporation and how we can help their marketing or business expansion.*
> (ID A001)

The development of a case for support that matches a corporation's values with ASO

goals is a delicate balancing act. In many ways it is easier to make a case for support

when the target audience is youth. In another of the larger ASOs, bank sponsorship is

successfully secured by linking their youth programming to the sponsorship request. The

same Executive Director offers her explanation as to why she has been successful:

> *The truth is, the reason all the banks fund youth stuff is because they know those youth are going to need a bank account when they're 12 [years old] and they know if they get them hooked in to, you know, the Royal Bank when they're twelve [years old] the chances of them having the same account in fifteen years are pretty high.* (ID A001)

The above quote demonstrates that when youth are the primary focus of philanthropic

giving by corporations, ASOs must create a compelling case that appeals to the target

audiences of the corporation. Further, because there isn't a direct link between the banks

and her organization, trying to find a novel way to convince the bank to invest in her

ASO is critical.

Whether or not a case for support is made via an informal conversation or through

pre-existing corporation granting guidelines there is a common perception among

interview participants that corporations place a disproportionate emphasis in their

granting criteria on families and youth. For ASOs whose organizational survival requires

long term and stable funding for prevention programs including, but not limited to, sex

workers, men who have sex with men, and injection drug users, this is a significant

barrier to ASO operatives applying to corporations. One Executive Director at a larger

ASO opines:

> *I think from a Northern or Western context, at the end of the day, you just can't get away from the idea that HIV is about gay people, especially in a conservative province like Alberta. So it's about sexual diversity, it's about gayness, it's about poverty and injection drug use. So how do you package that to the Royal Bank of Canada?* (ID A002)

In Hilgartner and Bosk's public arenas model (1988), the role of politics and

culture is important to the process of ensuring a social problem remains on the public

agenda. According to these authors, the "social problems that can be related to deep

mythic themes or broad cultural preoccupations have a higher probability of competing

successfully" (Hilgartner and Bosk, 1988: 71). However, in the corporate funding arena,

ASO funding operatives are clear that issues such as homosexuality, drug use and poverty

are a significant hindrance to the successful acquisition of corporate financial support.

The stigma associated with marginalized populations may appeal to broad cultural

preoccupations in the public imaginary, yet this does not necessarily translate into the

successful acquisition of corporate support. Most ASO representatives responded to

questions about their attempts to seek funding attention from corporations with, *"What's*

the point? They all reject us anyways" (ID A005) or, *"why bother? They only ever fund*

fuckin' women and children" (ID A004). In the corporate funding arena, the role of

stigma cannot be underestimated. Thus, further elaborations of the public arenas model

could benefit from further specifying which cultural preoccupations contribute to the rise

and fall of social problems in various arenas. I further address the question of stigma and

cultural preoccupations in case studies of organizations dealing directly with injection drug users and AIDS infected persons at the end of this chapter.

Perhaps one of the most revealing aspects of the pursuit of the corporate dollar relates to the level of competition felt by those who pursue it. Hilgartner and Bosk (1988: 70) are clear that competition occurs "between substantively different problems" as well as "within each substantive area." In terms of the latter, where ASOs compete with each other in the corporate arena, one program manager stated that he would not share his plan for generating corporate support with other ASOs because he did not want other ASOs in the province to steal it. And yet another program manager advises,

> *I think that one of the hurdles we have to face that when we are sending a proposal over to KPMG, or TD Bank or whatever, is that HIV Edmonton already has the proposal in, AIDS Calgary already has the proposal in and they are asking to have a grandfathered event supported again. And from my history from the field of fundraising I do know that companies are more likely to support proven events as opposed to risking it on a new venture.* (ID A014)

According to this program manager, it is often fruitless to apply to corporations for event sponsorship, because the larger and more established ASOs have already done so. As another program director advises, "*It is extremely difficult being a rural, Northern ASO in Alberta because we are having to compete against Edmonton and Calgary and Red Deer to some extent*" (ID A016). Here we see that smaller rural ASOs perceive themselves to be in competition with larger urban ASOs for corporate funding. Unlike ACHF and non-ACHF government funding arenas, the geographical location of the ASO has little influence on the level of competition perceived by ASO funding operatives in the corporate arena. Competition for corporate dollars occurs regardless of whether or not the ASO is the only non-profit in its region delivering HIV/AIDS-related services.

Not only do ASOs perceive themselves to be in competition for funding with one another, they are also well aware of the competition for corporate funding from non-profit organizations with substantively different missions than their own. As one fund developer advised:

> *Breast Cancer is a huge cause here in Calgary. I don't mean to seem cold, but they say everyone is affected by Breast Cancer. I feel the same way about HIV/AIDS. But in order to get corporate Calgary or other places onboard, it's tough because we're not the trendy fad right now.* (ID A003)

Indeed, five out of seventeen interviewees specifically mentioned breast cancer fundraising campaigns as a large competitive threat to their own fundraising pursuit for AIDS programming. For the Executive Director at one of the three largest ASOs in the province, the fund development campaigns of breast cancer are admirable. She states,

> *It would be lovely to have an entire corporate Board [of Directors], but I don't think AIDS Organizations are there because we really focus on the GIPA Principle.*[2] *I don't think we'll become the big breast cancers of the world. My Board is really interested and excited about funding and we're moving towards a big fund development movement, like breast cancer has.* (ID A017)

Although the level of competition between ASOs and charities with non-HIV/AIDS specific mandates is not the focus of this study, it is revealing that breast cancer is seen as a specific competitive threat. According to Hilgartner and Bosk (1988:71) "problems that have achieved some success are constantly in danger of undergoing a decline and being displaced." Interview data seem to support this proposition inasmuch as AIDS charities have experienced some success in terms of generating funding attention from corporations, yet are anxious that they may be displaced by breast cancer charities. In the

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[2] The GIPA Principal stands for Greater Involvement of People living with HIV/AIDS. GIPA implores AIDS organizers to develop strategies which involve greater inclusion of people with AIDS in the decision-making processes at all levels of program planning including fund development.

next section, I describe a newly emerging funding arena where competition occurs under completely different circumstances than previous arenas in the funding landscape.

Social Enterprise Arenas

The fifth funding arena under examination is similar to individual and corporate arenas because of the level of competition found within it. Over the past decade new strategies of revenue acquisition that combine altruism with market-based profit motive have emerged in the nonprofit sector (Dyer, 2006; Cannon and Fenoglio, 2000). To this end, nonprofit organizations are beginning to blur the lines between profit and non-profit in one form or another through the raising of funds via commercial activities. Strategies using this approach have "no agreed-upon name, no single approach, and no one person in charge" (Cannon and Fenoglio, 2000: 2). However, terms such as 'social entrepreneurialism', 'caring capitalism' and 'social enterprise' have variously been used to describe "the application of business franchise approaches to non profit associations" (Froelich, 1999: 259). While each of these designations has more or less the same meaning, I use the term social enterprise as it adequately captures the aspirations and current activities of the ASOs in this study.

Among the sample of ASOs studied, six out of thirteen deployed some kind of social enterprise as means to generate revenue. Please see Table 4.1 on page 32. Two more organizations were actively seeking similar opportunities as a way to become more self-sustaining. Data from the Canada Revenue Agency indicates that a total of $89,250 was raised between five organizations using variations of a social enterprise during the timeframe under review. Although this figure does not represent an enormous amount of

money, it does indicate a willingness of ASO managers to fuse profit-making activities with the pursuit of altruistic social good specific to HIV/AIDS.

With respect to ASOs in Alberta, a distinction can be made between social enterprises which support the ASOs mission and vision, and those seeking profit or commercial strategies outside of their specific missions. For example, one of the smaller sized ASOs located in a tourist hub sells condom-packs to businesses that distribute them to their employees at payday. Although selling condoms generates under $2,000 per year for the organization, the enterprise fulfills the values of the organizational mission. On the other hand, some ASOs in the province engage in enterprises that appear to have very little to do with the social mission of the organization. For example, two ASOs accrued revenue from rental property, and two others received interest on investments. Whether or not the social enterprise somehow contributed to the overall mission of the organization or not, any profits generated are channeled into the organization to support programming needs.

In the face of increasingly unstable government funding arenas, and a shrinking pool of corporate and individual donors, social enterprise offers new opportunities for growth. As an Executive Director whose organization is in the planning stages of developing a social enterprise explains,

> *A large portion of our funding comes from the government and that's a risk for the organization. On one level we need to diversify our revenue base and we can continue to do that by applying for other grants and foundation dollars and through our fundraising efforts. But I think that one of the things we want to do is create a level of self-sufficiency by looking at our organizational assets and seeing if there is anything we can package and take to market.* (ID A003)

For this Executive Director, developing a social enterprise that reflects her organization's assets has the potential to create self-sufficient revenue thereby reducing the risks associated with dependence on government and foundation funders.

It is important to note that organizations embarking upon social enterprise strategies often experience shifts in organizational structure and process, particularly in the administrative realm, where they must incorporate the new source of revenue into their accounting processes and social missions (Froelich, 1999; Gronbjerg, 1991; Dees, 1998). Moreover, Froelich (1999: 258) argues that, "whereas private contributions are considered a rather sacred source of nonprofit support, commercial activities or social enterprises are often viewed as sacrilegious." Froelich's assertion is supported by Eikenberry and Kluver (2004), who argue that an increased reliance on any kind of profit-making activity occurs at the expense of a non-profit's social mission. As such, any emphasis on competition and market forces results in the weakening of civil society (ibid).

Nonetheless, funding staff at ASOs in Alberta engaging in social enterprises to generate funding see it as a way to liberate themselves from the constraints of the traditional funding arenas. In fact, none of the operatives in the sample believe that there would be a corrosion of civil society as a result of their engagement in social enterprise. Rather, generating funds through social enterprise is seen as potentially lucrative to ASOs. Considering that some element of competition is present in all funding arenas, it seems likely that the carrying capacity of goods or services sold in the market have the potential to precipitate high levels of self-sustaining income. As a fund developer at a medium sized ASO states, the largest dilemma faced is often finding ways to convince

staff and other stakeholders to embrace *"different ways of thinking and establishing a more entrepreneurial mindset in the agency"* (ID A001). In Chapter Five, I outline further strategies ASO managers can use should they choose to develop social enterprises in their own organizations. In the following section, two case studies are presented which further highlight the utility of the public arenas model for studying ASOs.

INTRA-PROVINCIAL COMPARISONS

Needle Works: Funding Needle Exchanges

In this section I outline key similarities and differences between Alberta's two ASOs that primarily offer needle exchange programs (NEP), respectively located in Calgary and Edmonton. I provide a comparison of the NEPs in order to illustrate how each funding arena in the landscape influences the operations and working conditions of two seemingly similarly mandated programs. This comparison offers an opportunity to explore how cultural and social issues relating to injection drug users may influence the funding structure at each organization. As we saw when it comes to strategies in the corporate funding arena, marginalized persons do not always end up at the top of the list of funder's granting priorities.

Although ACHF is an amalgam of federal and provincial funding, neither of Alberta's NEPs are eligible to receive any money for their services from the federal government. In Alberta, the funds that each NEP would have received from the federal government are compensated for in the ACHF funding model by the provincial government. The absence of federal funding for NEPs from the federal Public Health Agency of Canada (PHAC) reveals an inconsistency in their granting policies and

practices. As partners in the ACHF funding model, PHAC requires ASOs to respond to the regional funding environment by accounting for the objective epidemiological realities of the epidemic. However, when it comes to NEPs and the individuals they serve, the proportion of HIV transmission via unsafe needle use does not appear to compel PHAC to fund NEPs. It is important to note that the lack of funding for NEPs has occurred during both Conservative and Liberal governments in Canada. Yet, according to Hilgartner and Bosk (1988: 64), "current trends in political culture affect the selection of social problems." Thus, the reasoning behind PHACs decision to avoid funding NEPs remains unclear. Nevertheless, lack of federal funding is virtually the only similarity between each of Alberta's NEPs and is eclipsed by the myriad of differences in their respective funding environments.

The needle exchange program in Calgary is one of three ASOs in the province for which ACHF dollars are not the largest source of funding. The Calgary Health Region is the largest contributor to the overall budget of Calgary's NEP. The funding received from ACHF is the only other source Calgary's NEP receives. As one of the program managers from the Calgary needle exchange explains,

> *the dollars from the [health] region will always be there so even if we lost ACHF money, we would still have the money from the region and are thus sort of employed forever as employees of the health region.* (ID A011)

The sense of job security experienced by funding operatives in this Calgary ASO is certainly not shared by the NEP in Edmonton. Unlike the situation in Calgary, ACHF funding is the largest source of funding received by the needle exchange program in Edmonton. This creates a great deal of organizational and human resource instability for

those managing the program. As one of the program managers working at the NEP in Edmonton describes in the following exchange:

> *R: ACHF takes care of 2/3 of our funding and 1/3 comes from Capital Health, but that comes as a grant as opposed to Calgary where they're part of the Calgary Health Region.*
>
> *I: What do you do to attain that grant?*
>
> *R: That's been ongoing and it's based a lot on personality and on connection because Capital Health sits on our organization's council so they're always aware of where our funding needs are so it happens without application. We're not part of the capital health region, but we get some funding from them. (ID A011)*

The key differences between the funding structures in each city and the various levels of involvement from the local health regions engender vastly distinct working conditions.

As the a program manager working in the NEP in Calgary advises,

> *I'd much rather work here than there, because we're part of a [health] region so everything I do is recognized as a nurse working anywhere in the region. I have a pension, benefits, and seniority. So if I choose to go somewhere else I don't loose any of that and I'm paid better. (ID A012)*

In Edmonton, the lack of significant funding from the Capital Health Region reveals vastly different working conditions than Calgary. As one of the program managers in Edmonton reveals,

> *I'm going to have a really difficult time attracting nurses [to work at my organization]. Wage is a huge issue across the province and when you have so few nurses to begin with, trying to convince them to come work for you for a whole lot less money, is a huge challenge. (ID A011)*

While each of the organizations above undertakes virtually the same missions, the funding and organizational structures specific to each create vastly different working conditions.

Strategies for raising funds from non-ACHF sources are restricted in both

organizations based on their affiliation with a regional health authority, although

Edmonton's NEP was able to hold small fundraisers if they were organized by a third-

party. Edmonton's NEP program manager further explains,

> *The medical students [at a local university] decided to have a big fundraiser for us. They started a leadership forum to build leaders with a guest speaker and asked students to donate their change to attend this thing. A number of them did, but then the main speaker got up and told everyone that needle exchanges don't work.* (ID A011)

Holding a fundraiser for a NEP where the guest speaker challenges the program's

efficacy illustrates the challenge in raising funds for controversial programs, such as

needle exchanges. As Hilgartner and Bosk (1988) posit, issues that appeal to broad

cultural and political themes may have a greater chance of competing in the public arena.

While this may be true, it is unclear which political themes and cultural preoccupations

elevate certain causes. Clearly, injection drug use and funding responses to it are political

and cultural issues of interest and controversy, but this does not necessarily translate into

the acquisition of large scale funding attention from funding arenas outside provincial

and local governments. As we shall see when we compare the funding structures of AIDS

hospices in the next section, cultural preoccupations and deep mythic themes can have a

positive impact on the acquisition of funding attention.

AIDS Hospice Care Programming

A further intra-provincial comparison can be made between each of the Hospice

Care facilities located in Calgary and Edmonton, respectively. Similar to the needle

exchange programs, the funding structures of both of these organizations do not follow

the typical trends of high dependence on ACHF dollars. Further, these organizations

primarily provide care and support, unlike other organizations in the sample, which, offer

a spectrum of prevention, support and advocacy services. In Edmonton, the majority of

funding for the hospice care facility comes from private donations made in faith-based

communities, whereas the facility in Calgary derives the majority of its revenue from a

single endowment and corporate donations. The inclusion of faith-based fundraising for

AIDS raises interesting questions about how political and cultural preoccupations

facilitate or restrict overall funding attention.

Edmonton's hospice operates under the umbrella organization of Catholic Social

Services, which administers hundreds of social services in the Edmonton area. It may

appear paradoxical that a Catholic social service agency would be so willing to fund an

AIDS hospice considering some of the historical tensions between the Catholic church

and AIDS activists in North America (Allen, 2000: Crimp, 2002). However, a fundraising

employee working for the AIDS hospice explains that Edmonton's facility was founded

by a prominent Catholic Monsignor in late 1980s,

> *When the program started back in 1987... the agency took some resistance from the community because, 'why as a Catholic agency, in particular are we supporting this issue?' And the message from our Founder [the Monsignor] was that 'we reach out to people of all faiths and cultures, this is a group that's in need, and the community isn't responding and something needs to be done.' (ID A010)*

The unlikely alliance between gay men dying of AIDS and the Catholic church in 1980s

Edmonton is truly unique when one considers the historical relationship between them

during the early years of the epidemic in other parts of the world (Crimp, 2002; Altman,

1994; Allen, 2000). Indeed, when AIDS first arrived in the early 1980s prominent

Catholic officials, especially in the United States, were quick to label "AIDS [as] God's

65

righteous response" to homosexual sin (Allen, 2000: 123). It is noteworthy that although the Catholic church was a major contributor to the marginalization and stigmatization of gay men dying of AIDS in most parts of the world, church officials in Edmonton managed to lay the foundation for an AIDS hospice that is still successfully operating today.

The AIDS hospice in Edmonton receives funding from two sources: the ACHF and private donations from individuals who donate to Catholic Social Services through a program called Sign of Hope. Sign of Hope is a direct-mail campaign targeted to approximately 8,000 current and potential donors. According to Statistics Canada (2006), religious or faith-based organizations, such as Catholic Social Services, are the largest beneficiaries of individual private donations in Canada. In fact, of the $8.9 billion given to charities in Canada, approximately forty-five percent of those were given to religious organizations.

A fund developer at Catholic Social Services estimates that the Sign of Hope campaign will generate $2.1 million dollars in 2007, which is slightly higher than their total revenue from this source in 2005/2006. The AIDS hospice is not the only Sign of Hope recipient, but must share donations with over one hundred other organizations operating under the umbrella of Catholic Social Services. The AIDS hospice program director describes how her organization obtains its portion of this funding from Catholic Social Services,

> It's [Sign of Hope] not a formal application per se like we'd have to do for an external funder. It's just saying "we need this amount of money to operate again this year." And there's an allocation committee within our agency that decides if we [Hospice Program] need it and get it, and we always have gotten it. (ID A010)

In contrast to the processes of providing objective research and evaluation statistics to demonstrate programming need in other funding arenas, the process for ensuring a portion of Sign of Hope dollars is allocated to the AIDS hospice is significantly informal. The fund developer who fundraises for over one hundred programs including the AIDS hospice, describes the competition involved when raising funds for diverse program needs,

> *I mean there are just so many charities in the community and I think that one of the things that makes most difficult for us is that we are not one single issue. So there are many causes, many needs in the community that we need to communicate to get support for.* (ID A010)

Despite the challenges of raising funds for multiple causes through the Sign of Hope campaign and the potential for competition from other charities, the fund developer expresses how the existence of the AIDS hospice does little to hinder donations from her faith-based constituents,

> *Quite frankly, from a fundraising perspective, I don't think we face a huge challenge at this point in time. Despite those early years of resistance from the community, [our hospice] really helps us to gain support and to raise funds. Because I think people respond to the cause, and HIV is quite a well-known cause and for that reason it helps us gain [financial] support.* (ID A010)

The funding of Edmonton's AIDS hospice seems to defy much of our thinking about the relationship between faith-based communities and people suffering from AIDS whose "lifestyles" are often anathema to church doctrine. Indeed, cultural preoccupations about homosexuality, death and dying seem to positively influence funding for the AIDS hospice in Edmonton. In contrast to Edmonton's AIDS hospice funding, Calgary's AIDS hospice has a somewhat tense relationship with church groups. As Calgary's AIDS hospice Executive Director offers,

Believe me, when you're looking at the church factor, we've had churches call us up and ask us about our gays and our gay agenda that exists with people who have HIV/AIDS. Then we're saying "what agenda?" People still call us and ask if we were to abandon the gays they would give us a $100,000. And I say 'of course not.' (ID A009)

Unlike the support provided by faith-based donors to Edmonton's AIDS hospice, the Calgary hospice struggles when it comes to its relationship with faith-based communities where preoccupations associated with homosexuality appear to hinder processes of raising funds. The comparison between Calgary and Edmonton's AIDS hospice indicates that cultural preoccupations may compel a donor to support a cause in one city, whereas similar programs in another city face greater challenges because of the same cultural preoccupations in another city.

From each of the intra-provincial comparisons of each of Alberta's hospice care facilities and needle exchange programs, it is clear that cultural preoccupations do not uniformly increase the probability of successfully acquiring funding attention. In Chapter Five, I elaborate on the theoretical implications of uneven cultural preoccupations for the utility of the public arenas model.

KEY FINDINGS

In this section I assess the similarities and differences between each of the five funding arenas. I further analyze the factors affecting funding attention in each arena including the dynamics of competition, the objective conditions of social problems, and the role of drama and stigma on the processes found therein. Understanding the manner through which funding is obtained in distinct funding arenas has direct implications for the organizational survival of ASOs and their service users.

It is widely recognized that without the financial support provided within the ACHF arena, nearly half of the ASOs in Alberta would cease to operate. Recent media reports have once again illuminated concerns over the Conservative federal government's decision to reallocate their portion of PHAC funding away from the community (Galloway, 2007). Participants in this study championed the multi-year structure of ACHF funding that allows for longer-term program planning. When compared to non-ACHF government funding arenas, where we see greater emphases on short-term project based funding, the ability to guarantee long-term budget planning through ACHF is critical to maintaining effective services.

Despite differences in duration and availability of funding within ACHF and non-ACHF government arenas, each of these arenas can be further categorized together as *funding arenas of government collaboration and community impact*. In the ACHF arena, collaboration between community members and representatives of the federal and provincial government is fundamental to developing mutually agreed upon funding criteria.

The collaboration between community and government creates a collective definition of HIV/AIDS and the appropriate means to respond to it. Conditions within the ACHF arena where HIV/AIDS specific financial resources are available, facilitates competition that is exclusive to ASOs. Non-profits that do not possess HIV/AIDS-specific mandates are ineligible to compete in this arena. Thus, the ACHF is considered the most stable source of funding.

Within the non-government ACHF funding arena there is competition between other non-profits and ASOs. However, the fact that this arena is similarly comprised of

government institutions make the processes of funding attention similar to ACHF. In order to compete for ACHF and non-ACHF government funding, eligibility criteria such as responding to epidemiological reports and providing outcome evaluations are influential factors that impact upon successful acquisition of funding attention. According to Hilgartner and Bosk (1988: 58), when social problems are prioritized at the top of the public agenda "the extent of harm (as measured by any particular set of criteria)" does not influence whether or not the problem will remain on the agenda. The findings specific to ACHF and non-ACHF government funding arenas indicate that, contrary to Hilgartner and Bosk (1988), the objective conditions of a social problem like HIV/AIDS, including community impact demonstrated through evaluation, are critical components of the process of obtaining funding attention.

In the case study of NEPs in Alberta, my data show that despite the overwhelming epidemiological evidence suggesting that unsafe injection drug use is a leading cause of cause of HIV transmission, the Public Health Agency of Canada does not accept funding proposals in support of this service. While their rationale for doing so is beyond the scope of this project, the intra-provincial comparison of the needle exchange programs points to the manner through which various funding arenas may influence ASO operating budgets and program delivery. Without PHAC funding, the NEPs must seek financial support from within other funding arenas.

Outside government funding arenas of collaboration and community impact, the remaining three corporate, individual, and social enterprise arenas contain the most similar conditions of competition. The three remaining funding arenas may be further categorized as *arenas of diverse competition*. ASOs compete rigorously with other

nonprofits for funding in diverse and overlapping ways. The strategies used to generate

funding attention, and the dynamics of competition within each funding arena, vary based

on what Hilgartner and Bosk (1988:71-72) call "selection principles" including the

utilization of dramatic and novel ways of framing AIDS. Further, given the cultural and

political associations with HIV and AIDS, social stigma can play a significant role in

these arenas.

Within the corporate arena there is a limited pool of available funders that are

willing to support local HIV/AIDS-related programs and an unlimited number of

potential problems that require funding attention. ASO funding operatives use dramatic

and novel strategies to engage corporate funding representatives by bluntly describing

aspects of the pandemic. There remains a significant amount of social stigma surrounding

HIV/AIDS where corporate representatives are especially reluctant to support HIV/AIDS

related programs that often support marginalized populations, such as sex workers,

injection drug users, and/or men who have sex with men. Hilgartner and Bosk (1988: 71-

72) claim that social problems that "can be related to deep mythic themes or broad

cultural preoccupations have a higher probability of competing successfully." However, it

is unclear which specific cultural themes lead to successful competition in a given

geographical area.

The comparison of the AIDS hospices in Calgary and Edmonton reveal that

homosexuality, for example, can both impede and facilitate the acquisition of funding

from individual donors. Calgary's AIDS hospice has encountered difficulty with its

individual donor base in terms of its largely gay clientele. Further, when competing for

corporate funding preoccupations surrounding injection drug use or poverty prove to

have stigmatizing effects that prevent ASOs from successfully acquiring funding attention within this arena.

Hilgartner and Bosk, (1988:70) are clear that "there is competition for space between substantively different problems, as priorities are set as to which problems are important and merit public space." ASO funding operatives have to contend with potentially stigmatizing cultural themes specific to their cause when they compete with other charities in non-ACHF funding arenas. The arena where competition is felt most acutely is among individual donors who 'show they care' with their hard earned money by attending an AIDS Walk or donating to an annual campaign. The competition for individual donations is among the most sought after, especially when it occurs between two cause-similar nonprofits. For example, interviewees most commonly referred to breast cancer charities as a significant threat to their individual and special event donor base. Recent comparisons of cancer, AIDS, and STDs in communications studies indicate that AIDS should not be considered alongside other disease problems because of the social and political factors which surround it (see Armstrong et al., 2006; Hertog et al., 1994). However, for ASO funding operatives the competition for individual and special event donors necessitates the development of novel and dramatic ways that appeal to surplus compassion. Understanding the manner by which surplus compassion can be translated into cash donations to ASOs is important to re-invigorate a flailing AIDS movement that has experienced a decline in funding from individuals and special event attendees. There is a particular degree of apathy since public attention towards AIDS has shifted from the first to the third world (Parker, 2002). Perhaps part of the difficulty is that there is no longer a visible struggle for AIDS funding as there once was (Allen,

2000; Rayside and Lindquist, 1991). Finding newer ways to engage people to care about AIDS on a local level is paramount to developing effective responses to stopping the spread of the virus.

Within the arenas of diverse competition, social enterprise is emerging as a potentially lucrative funding arena available to ASOs. Social enterprise utilizes the benefits of for-profit competition while remaining tied to altruistic non-profit goals (Dees, 1998). Whereas ASOs compete with each other as well as other non-profits for funding attention within individual/special event and corporate funding arenas, social enterprise initiatives broaden the scope of competition to include for-profit market competition. In the face of shrinking government funding and highly competitive corporate and individual funding arenas, the potential to develop long-term and sustainable funding through social enterprise is promising.

Finally, the classification of arenas of diverse competition and arenas of collaboration and community impact are not mutually exclusive. For example, corporate funders require ASOs and other non-profits to demonstrate community impact based on their respective funding criteria. The classification of funding arenas does, however, demonstrate the multi-factorial influences brought to bear on resource dependent ASOs, their staff and service users. In the following chapter I explore the theoretical implications of using the public arenas model on the study of nonprofit organizations as well as the concrete strategies ASOs can use to compete successfully.

CHAPTER FIVE: DISCUSSION AND CONCLUSION

Research will receive far more kudos for publishing in a refereed journal than for devising imaginative ways of reporting back to the people whose lives are being assessed—means that even well intentioned researchers merely reinforce existing discrepancies of power. Dennis Altman, 1994: 126

In this chapter I discuss the theoretical contributions of my research findings including a critique of Hilgartner and Bosk's (1988) public arenas model. I also comment on the model's utility for the study of nonprofit fund-seeking processes and potential areas for future research. Following the theoretical discussion, I offer practical policy recommendations aimed at ASO funding staff responsible for ensuring a well-resourced AIDS movement in the province of Alberta.

Theoretical Contributions

My research applies a uniquely sociological approach to the study of non-profit funding by emphasizing and elaborating the social aspects of competition for fiscal resources. The public arenas model presents a framework assuming "that public attention is a scarce resource, allocated through competition in a system of public arenas" (Hilgartner and Bosk: 1988: 55). My research reconfigures this proposition in the model and introduces the related concept of *funding arenas* that exist in a system of competition for *funding attention*. In doing so, my analysis moves beyond existing theories that focus on the need for fund diversification and points to the importance of the social processes that influence competition. Each non-profit organization competes for fiscal resources within funding arenas specific to their social missions and mandates. The funding arenas available to an AIDS Service Organization may differ greatly from those available to, for example, an animal welfare organization. Further, the constellation of social issues

surrounding a particular social problem necessitates distinct strategies for acquiring funding attention in different arenas. For example, when it comes to keeping HIV/AIDS on the public agenda, the competition for individual donor or corporate sponsorship funding is just as important as the number of times the disease is mentioned on the evening news. In funding arenas specific to HIV/AIDS, my research shows that stigma and other cultural preoccupations about homosexuality, drug use, and poverty may influence the attention seeking process, a point I return to below. Competition for funding is an interesting measure of public attention that highlights diverse funding arenas as units of analysis that contribute to understanding how non-profit organizations organized around social problems remain on the public agenda. Further applications of the public arenas model could explore competition among specific sets of social problems, as well as between those with comparable social implications.

In addition to applying the public arenas model as a framework for understanding the dynamics of competition among resource-dependent ASOs, my research also presents a critique of various aspects of the model. The primary critique of the model is Hilgartner and Bosk's (1988: 70) assumption that "the extent of harm (as measured by any particular set of criteria)" does not influence whether or not the problem will remain on the agenda. My findings in relation to ACHF and non-ACHF government funding arenas indicate that the objective and measurable conditions of the epidemic are significant variables that influence the levels of funding attention generated by an ASO. ASOs must respond to HIV incidence and prevalence epidemiological data as well as present measurable outcomes as part of the eligibility requirements within these arenas. Thus the objective conditions of a social problem may play a more significant role in

specific arenas than is often considered. Further research could explore how funders inhabiting government funding arenas come to formulate their funding decisions. While my research has explored recipients of funding, future studies could explore funders themselves in order to understand the premium placed on the objective conditions of a social problem in a given arena.

A further critique of the model can be made in relation to the proposition that "social problems that can be related to deep mythic themes or broad cultural preoccupations have a higher probability of competing successfully" (Hilgartner and Bosk, 1988: 71). There is no shortage of cultural and social preoccupations surrounding HIV and AIDS including (homo)sexuality, drug use, and poverty. My research findings caution, however, that not all cultural preoccupations or deep mythic themes enhance attention to a particular issue in a uniform manner. Instead, cultural preoccupations are variously experienced across geographical space and within distinct funding arenas. For example, the relationship between homosexuality and AIDS may compel gay men and other affected communities to personally donate to the cause. However, within corporate arenas there remains a significant level of stigma and discrimination that can hinder an ASOs probability of successfully competing with other less controversial charities. ASO funding operatives develop strategies such as the use of drama and novelty in arenas where diverse competition is present including corporate and individual arenas. In the following section, I explore concrete strategies borne out of this analysis for how ASO operatives can keep the mandates of their organizations on the agenda within various funding arenas.

Strategy Recommendations

ASO funding operatives working at AIDS Service Organizations in Alberta are highly knowledgeable about the appropriate principles of selection required when competing for funding attention from within various funding arenas. Decreasing funding commitments from governments is a concern for all non-profit organizations that rely heavily on fiscal support within this arena (Foster and Meinhard, 2005). Within arenas of diverse competition a great deal of time and energy is spent determining the best strategies that will precipitate the highest levels of funding attention. In order to assist the ASOs who participated in this research and others, I elaborate on two practical recommendations that could assist in the generation of sustainable revenue sources to support program and service delivery budgets.

Leveraging relationships with faith-based communities

Individual donations made to non-profit organizations in Canada totaled $8.9 billion in 2004. Over forty-five percent of this total came from faith-based organizations. Thus, it appears that there is a relatively large carrying capacity in this funding arena. ASOs in Alberta would be well positioned to continue to pursue relationships with faith-based communities. Yet, the question remains how do ASOs in the 21st century leverage existing relationships or begin new ones with faith-based communities who are some of the largest sources of charitable giving in Canada? Part of the answer lies in building relationships over time. Indeed many of those who received donations from faith-based organizations noted that they had done so after many years of maintaining relationships with one another, without necessarily making requests for funding. Thus, an ASO operative could make an informal presentation to a church group about their programs

77

and services without necessarily asking for funds until more trust has been built up. The concept of surplus compassion is also critical to understanding why faith-based communities might donate to an ASO in Alberta. Indeed, the AIDS hospice in Edmonton, which receives the bulk of their funding from faith-based communities, does so by leveraging compassion for the less fortunate when appealing to the surplus compassion of potential donors. Finally, it may take a shift in perception among operatives, who may not see the opportunity available in forming funding relationships with faith-based communities.

Exploring non-traditional funding arenas

ASOs in Alberta remain heavily dependent on government funding to sustain their program and operational budgetary needs. Decreases in government funding have been felt across the entire nonprofit sector and ASOs are no exception. Recent data show that government funding allocated to all nonprofit organizations hovered around sixty-four percent in 1997, but dropped to forty-nine percent in 2003 (Statistics Canada, 2005; Foster and Meinhard, 2005). The risk of ASO's heavy dependence on, and uncertainty of, government sources necessitates an exploration of new funding arenas that could reduce this dependency.

One potential arena that ASOs in Alberta have begun to explore is the development of social enterprise to generate self-sustaining revenue. Indeed, five out of thirteen ASOs in Alberta already engage in some form of commercial activity. However, further development of strategies to attract revenue in this arena is recommended. Certainly, the concept of generating revenue via entrepreneurial means seems antithetical to our understandings of traditional nonprofit funding structures that have typically relied

on charitable donations and grants (Cannon and Fenoglio, 2000). Yet, traditional sources of funding have proven to be unpredictable (Froelich, 1999). Among nonprofit organizations who have developed social enterprises, many best practices have emerged which could aid ASOs in their own pursuit of funding in the market arena.

According to Johnson (2000), an important first step to planning a social enterprise is ensuring that there is both a willingness and capacity to do so among all stakeholders within an organization including, staff, clients, board members and operatives within various funding arenas. The literature suggests that barriers to achieving consensus among stakeholders include a commonly held belief that "doing social good and making a profit are mutually exclusive" (Johnson, 2000: 4). Starting a business that can generate a profit to fulfill a social mission does not have to be an antithetical endeavor. Indeed, recent examples of the fusion of profit and philanthropy to fight AIDS in Africa have received a great deal of public attention (Dyer, 2006). For example, the RED Campaign is a social enterprise that successfully "blurs altruism, profit motive and consumer appeal" (ibid, 1). Through a series of RED retail items sold at the GAP, Converse, and American Express, among others, proceeds are channeled to the Global Fund to Fight AIDS, Tuberculosis and Malaria. While RED is an example of a large scale social enterprise that incorporates collaboration with numerous high-profile businesses and requires high-level financial management, ASOs in Alberta already possess many of the important partnerships needed to undertake similar initiatives through their involvement in the local corporate funding arena.

Given the existing strain on staff time and resources in the pursuit traditional sources of funding among ASO operatives in Alberta, the development of a successful

social enterprise might involve further collaboration with existing ACCH members. A committee of those ASOs interested in further developing their social enterprises could be formed, similar to existing committees at ACCH. Within a potential social enterprise committee, strategies could be developed to determine how the social enterprise could be executed. The wide-breadth of innovative fundraising initiatives that solicit donations from individuals are already in place to assist in planning an enterprise that meets ASOs social mission while generating profit. For example, selling flowers or partnering with businesses to raise funds are excellent first steps in developing a list of potential avenues through which to generate funding outside of traditional sources. Further, Johnson (2000: 13) suggests that developing "inter-sectoral collaborations" is critical to bridging the knowledge gap between those who have business expertise with ASO operatives who possess the knowledge of the social mission of their organizations. In addition to building capacity within the business community, this may greatly assist many ASOs who are "missing useful financial expertise, above and beyond basic bookkeeping skills" (ibid, 13).

Whether or not ASOs choose to develop social enterprises or further their relationships with faith-based communities, my research demonstrates the highly complex interconnections between actors in various funding arenas. Using a public arenas perspective is useful to Executive Directors, program managers and their staff who seek funding in often unstable and unpredictable funding arenas. The analysis presented here offers a cross-section of the funding landscape during a finite period. In order to obtain a greater understanding of how funding attention rises and falls within a specific area, future research could be conducted exploring changes in various funding arenas

over time. Further research is also needed that documents the carrying capacities of specific funding arenas, most specifically individual donors. Those working within ASOs would greatly benefit from a further understanding of the limits of an individual's surplus compassion for HIV/AIDS and related issues. For example, how will the rise of HIV infection rates among heterosexual women (in certain places) impact women's surplus compassion towards AIDS as compared to other issues to which they may wish to donate their financial attention?

Conclusion

AIDS is now well into its third decade having touched virtually every corner of the globe. During this time, the majority of public attention towards the disease has shifted away from gay men with AIDS in the West towards orphaned children in Africa (Parker, 2002). In many ways, the struggles of AIDS activists in the first two decades of the epidemic have begun to wane. The urgent need for radical activist strategies to ensure that PHAs have access to basic care/support and prevention services has largely dissipated and been replaced by highly sophisticated ASOs capable of providing for previously unmet needs. Funding sources that were once unattainable to ASOs in the 1980s and 1990s have more or less become woven into the budgets of ASOs in operation today. Indeed, ASOs receive and compete for much of the same funding attention as do other less controversial NPOs and often must adhere to the same funding guidelines. Whether or not these similarities between ASOs and other NPOs are indicative of any kind of progress in the AIDS movement depends, in part, on the public's surplus compassion, government will, and innovation in the internal funding policies of ASOs.

Nonetheless, understanding the processes under which ASOs generate public attention

through funding will become increasingly important as the epidemic wears on.

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APPENDIX A

List of Relevant Funding Documents

Annual Reports/Audited Financial Statements

AIDS Bow Valley Financial Statemnt April 2006 – March 2007
AIDS Calgary Annual Report 2006
AIDS Calgary Audited Financial Statement, March 31st, 2006
Central Alberta AIDS Network Society April 2005 –March 2006 Annual Report
HIV Edmonton—Annual General Meeting June 19th, 2006
HIV Edmonton Society Financial Statement March 31, 2006
HIV West Yellowhead Annual Society Report 2005/2006
HIV West Yellowhead Annual Society Financial Statements
Lethbridge HIV Connection Soceity 2005-2006 Annual Report
The SHARP Foundation Annual Report 2006

Canada Revenue Agency- Registered Charity Information Returns
http://www.cra-arc.gc.ca/tax/charities/online_listings/canreg_interim-e.html

AIDS Calgary Awareness Association 2005/2006
Central Alberta AIDS Network Society 2005/2006
Lethbridge HIV Connection Society 2005/2006
HIV/AIDS Society of Southeastern Alberta 2005/2006
HIV Edmonton Society 2005/2006
HIV North Society 2005/2006
HIV West Yellowhead 2005/2006
The SHARP Foundation 2005/2006
Wood Buffalo HIV/AIDS Society 2005/2006