Paper 2: Desired Outcomes and Solutions
Renewal Taskforce

March 1, 2012
Introduction

The MS Society of Canada has been here for people affected by MS for over 60 years. We have reason to be proud of our work as an organization and to celebrate the volunteers, donors, researchers, staff and all others who keep those affected by MS at the heart of what they do.

You can see our impact in communities across Canada, where our volunteers and staff provide information, support, funding, educational events and other resources for people with MS and their families.

You can see our impact in the better treatments, and better lives and hope for people with MS that comes from the innovative and world-class research happening across the country.

You can see our impact in the government policies, private industry practices and changed public attitudes, ensuring that people living with MS and their families have the opportunity to participate fully in all aspects of life.

And you can see our impact at fundraising events across the country, where people rally together in support of each other and loved ones.

“The MS Society has been one of my guardian angels…the information, the people, the services…have all given me hope. The fact that research into the cause is ongoing will give future generations this same hope.” —Person living with MS
Why Renewal?

We can take pride in over 60 years of work, but we can’t stop there. We must strive to do what we do well even better. Like many other organizations and due to a variety of factors, we are experiencing a decline in revenue.

In 2011, we had a significant decrease in MS Walk revenue. This directly impacts our ability to fund research as well as services at the community level. With an estimated 1,000 new cases of MS in Canada every year, the demand for support from the MS Society continues to grow, even in times when our revenue is under significant pressure. We need to find ways to meet these needs.

With the launch of the endMS Research and Training Network in 2008, we’ve played a key role in galvanizing over 950 researchers and 65 academic and health institutions to direct focused attention to multiple sclerosis. This success has contributed to increasing interest in MS and a rise in the number of research proposals submitted to the MS Society for potential funding. In 2010, we were unable to fund all recommended research proposals as put forward by our voluntary national medical advisory committee. We need to ensure that we are able to fund all quality research, so that we can continue to pursue a future free from MS.

In addition, since 2008, CCSVI has brought lively and sometimes difficult debate into our organization and nation, resulting in new and important questions for the MS Society related to research and how to best advocate for those affected by MS. We need people affected by MS to know that, no matter what, we are listening, we are here and they remain at the heart of our work.

Organizational change presents challenges and opportunities. While it’s important to acknowledge the challenges we face together, it is also essential that we recognize our strengths. We have an incredible resource available to us: the community of people – volunteers, donors, staff, researchers, sponsors and others – who commit to the mission every day, and their amazing accomplishments over the past 60 years. Collectively we have a formidable amount of knowledge, experience,

“It’s really wonderful to go to the MS Walk and see people I’ve seen year after year and see new faces...there have been years when it’s pouring rain – it doesn’t matter; thousands of people are there with their umbrellas, ready to go! It’s amazing to see the commitment of so many people. We all share the same energy and the camaraderie is absolutely incredible.” — Fundraiser
understanding and skills. Through the Renewal Initiative, we will harness these resources as we journey forward together and move our organization from good to great.
Background and process

The Renewal Taskforce began its work in September 2011 and will submit its final report to the national board of directors in the fall of 2012. This process involves three distinct phases of stakeholder engagement.

**Phase 1 – Information Sharing and Gathering (Sept-Dec 2011).** The purpose of phase 1 was to solicit views on the core issues facing the MS Society and the ideal way these issues could be addressed. In November 2011, feedback on *Paper 1: Desired outcomes and issues* was sought from a wide array of internal stakeholders via a survey (described below).

**We are now in Phase 2 – Solution Building (Jan-April 2012).** The purpose of phase 2 is to generate potential solutions to issues identified in the first phase of the process. These solutions are outlined in this document, and input on this paper will be sought from March to the end of April 2012.

**Phase 3 – Consultation (May-August 2012).** The purpose of phase 3 is to build upon the first two phases, to compose defined scenarios for change. The taskforce will circulate *Paper 3: Renewal scenarios* to internal and external stakeholders in June 2012 for input.

In the fall of 2012, the taskforce will submit a final report of recommendations to the national board. The board will consider this report in formulating budget guidance for the 2013 budgeting cycle, as well as shaping the future of the Society. Should these recommendations be approved, an implementation plan will follow.

For further background on the Renewal Initiative and the taskforce please see Appendix 2.

**Paper 1 survey**

The intention of the survey was to identify the degree of agreement with and perceived urgency for each desired outcome, identify gaps and potential solutions and receive any additional comments related to the desired outcomes.

Individuals and/or groups had the option to remain anonymous or self-
identify their relationship to the MS Society. A number of staff and volunteer teams (e.g. chapter boards, national departments) met to discuss the objectives and compile their feedback.

The survey was open from November 11 to December 16, 2011. Over 300 individuals and groups completed surveys. Some provided additional feedback through renewal@mssociety.ca. Overall, over 200 pages of unedited comments and perspectives were shared.

The taskforce members reviewed the data in its entirety and took this feedback into consideration in their discussions when creating the solutions and Paper 2: Desired outcomes and solutions.

**Survey results**
The survey results indicated an overwhelmingly strong agreement with the four desired outcomes.

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Strongly agree/Agree</th>
<th>Neutral</th>
<th>Disagree/Strongly Disagree</th>
<th>Very urgent/Somewhat urgent</th>
<th>Neutral</th>
<th>Not Very urgent/Not at all urgent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Services</strong></td>
<td>87%</td>
<td>3%</td>
<td>8%</td>
<td>92%</td>
<td>6%</td>
<td>1.5%</td>
</tr>
<tr>
<td><strong>2. Research</strong></td>
<td>88%</td>
<td>4%</td>
<td>7%</td>
<td>90%</td>
<td>5%</td>
<td>5%</td>
</tr>
<tr>
<td><strong>3. Revenue/spending</strong></td>
<td>81%</td>
<td>8%</td>
<td>9%</td>
<td>80%</td>
<td>12%</td>
<td>6%</td>
</tr>
<tr>
<td><strong>4. Structure/Staff &amp; volunteers</strong></td>
<td>80%</td>
<td>12%</td>
<td>6%</td>
<td>79%</td>
<td>15%</td>
<td>5%</td>
</tr>
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While the survey results indicated strong agreement with the four desired outcomes, the survey’s multiple opportunities for open comments highlighted the diverse perspectives within the organization. Some themes associated with particular outcomes will be highlighted in the Solution Building section of this paper.

As well as themes related to the outcomes of programs and services delivery, research, revenue and spending, structure, and volunteer and staff engagement, some cross-cutting themes emerged, including an emphasis on the need for transparency, the critical nature of internal information-sharing and communications and a concern with external communications and the reputation of the organization. Concerns specific to CCSVI and MS was another theme of the survey. Some feedback highlighted common misconceptions, for instance, a perception...
that the MS Society is being influenced by the pharmaceutical industry. The need for ongoing evaluation and consultation with people affected by MS was a prominent theme.
Phase 2: Solution Building  
February - May 2012

Introduction

Feedback from division and chapter board meetings, the Paper 1 survey data, group feedback and emails from renewal@mssociety.ca was used to inform the taskforce discussions that led to the creation of the following solutions and this paper.

“I would like to see a cure someday. I didn’t think of our assets as worthwhile to donate to a charity, however upon taking an inventory with our financial planner, we had more than we realized. The dollars are probably not as important as knowing that I am contributing to finding a cure and enhancing the quality of life for those who have MS today. This is what feels good.” — Donor

Understanding the solutions

The solution-building phase 2 of the Renewal Initiative moves us closer to our desired outcomes, but it does not provide the detail that phase 3 will provide.

Before we can get to the level of detail of phase 3, we need your help in determining how critical the solutions are to achieving the identified outcomes. We also want to hear about what you think the MS Society is doing that is already in line with, or which might bring us closer to, the solutions. We have many strengths to build upon. You can provide this information to us via an online survey or through group discussions. Information about these opportunities for feedback is on page 18.

Someone approaching the MS Society for the first time will see it as one organization, whether they are participating in a fundraising event, calling for information or donating via direct mail. However, the reality of our diverse sets of responsibilities means that the organization embodies many perspectives. Solutions will have different relevance and degree of importance to different stakeholders. The MS Society also has varied practices across the organization. Some solutions may be in place in parts of the organization, while for other parts they may present entirely fresh ways of doing things.
As you read this document, consider solutions from a number of perspectives. Begin with your own and then think about the relevance of a solution to someone else; perhaps someone you know who is living with MS, a caregiver of someone with MS, a long-time volunteer, a new volunteer, a fundraiser, a donor, a researcher or a colleague in another part of the country. Remember that we are all ultimately united by the same mission: to be a leader in finding a cure for multiple sclerosis and enabling people affected by MS to enhance their quality of life.

“Thanks to the MS Society, I received a power chair. Because it has a lift that raises me up to counter height, I am now able to cook, do laundry, and dye textile projects at the sink. I am able to be mobile and be sitting down comfortably. I can go outside on the deck for fresh air and a change of scenery. It has restored my zest for life.”

— Person living with MS
Phase 2: Desired outcomes and solutions

Desired outcome 1: With people living with MS at the centre of our work, the MS Society will deliver high-quality services and programs including influencing positive change through government advocacy and other partnerships that reflect the unique needs of the communities and people we serve.

Issue discussion and your feedback:
The delivery of health care services in Canada is highly complex. The federal government provides some funding for health care through complex provincial and territorial agreements and sets broad, overarching policy directives through legislation and regulation. Meanwhile, provinces and municipalities fund and deliver health care services through a variety of means. People living with MS must navigate the system carefully to find the support they need.

At the same time, the MS Society of Canada conducts crucial work in client services that is not supported through other means, including the provision of information and referral services, support, financial assistance, education, advocacy and wellness initiatives such as social and recreational programs.

Some common themes in survey feedback included the lack of consistency and at times quality control in programs and services, the need for tailoring of programs and services (“what works in one chapter or division does not work in every chapter or division”) and the necessity of consulting with people affected by MS. The need for continued advocacy and particular concerns such as caregiver support and age-appropriate housing were also highlighted. The need to better articulate the impact that programs and services has on the lives of people affected by MS was also of concern.

The complexity of our nation’s social services, the size of our country and the diversity of local resources and realities mean that it is not possible to offer all programs and services with consistency across the organization. The solutions below propose that programs and services other than information and referral (see 1.4) will vary across the organization (1.2). Evaluation will help ensure that our programs and services are of quality and relevance to those we serve (1.6).
Solutions:
1.1 Tailor MS Society programs and services to the diverse realities of people affected by MS, regardless of: the course of the disease, the type of MS; an individual’s relationship to MS, for example, caregiver or child of a person with MS; age; and access to resources, among others.

1.2 Deliver programs and services (e.g., support, social, recreational and wellness/healthy living, individual advocacy, education and funding) that reflect the expressed priorities of people affected by MS in their respective communities.

1.3 Adapt the MS Society’s network of chapters and their geographic coverage to ensure that all Canadians affected by MS have access to programs and services within their respective regions.

1.4 Strengthen the quality of information and referral services through the use of technology to support an integrated, timely and universally accessible information and referral program.

1.5 Mobilize volunteers to support and enhance the delivery of programs and services.

1.6 Evaluate programs and services continuously to ensure that they reflect the expressed priorities of people affected by MS.

1.7 Strengthen community partnerships to leverage program and service delivery, resulting in expanded reach, reduced duplication and lower costs (e.g., adapted community yoga class or community meeting facilities).

1.8 Advocate to governments, corporations, businesses and other non-governmental organizations for improvements and changes that enhance the quality of life for people affected by MS.

1.9 Actively communicate the impact of MS Society programs and services through innovative and compelling stories that will engage and touch people with MS, donors, volunteers, governments and others.

1.10 Deliver programs and services to people living with MS in ways that protect their privacy and independent of their membership in the MS Society.
**Desired outcome 2:** The MS Society will have a research program that can sustainably fund the **best Canadian-led research** focused on MS. The research we fund will directly link to **enhancing quality of life** for people living with MS today and finding **the cause of and, ultimately, a cure for MS.**

**Issue discussion and your feedback:**
The MS Society of Canada provides global leadership in the effort to end multiple sclerosis. Research we’ve funded has resulted in substantial progress in areas such as pediatric MS, early diagnosis through MRI and the relationship between genetic and environmental susceptibility factors, to name only a few. Additionally, with the launch of the endMS Research and Training Network in 2008, we’ve played a key role in galvanizing over 950 researchers and 65 academic and health institutions across Canada to direct focused attention to multiple sclerosis. This success has contributed to increasing interest in MS and a rise in the number of research proposals submitted to the MS Society for potential funding. This puts us in the precarious position of not being able to fund all meritorious research.

A prominent concern in survey feedback was the need to address the (perceived and real) internal competition between services and research. In addition, the realities of the past couple of years with respect to CCSVI and MS highlighted a few themes such as the need for people affected by MS to take part in the MS Society research funding process, and a desire to see more research in the area of progressive MS. The need for better communications related to research – “How does this money spent benefit me and my loved one?” – was also articulated.

“I am very pleased with the MS Society (local and national). I was very depressed when I was diagnosed because I was a promising athlete in hockey and couldn’t believe what was happening. My local chapter made the difference in the world in support. I have nothing but praise for these volunteers and wish one day I can repay them some way or other.” — Person living with MS
Solutions:

2.1 Pursue promising avenues of research including targeted research. Research objectives will include disease prevention, stopping progression, restoring function and improving overall quality of life. Approaches will include laboratory research, human clinical trials and research on aspects of healthy living such as nutrition, vitamin D, exercise and physiotherapy.

2.2 Ensure that people affected by MS are informed about, and know how to participate in, research opportunities, and are engaged in the independent research review process.

2.3 Ensure all MS Society research meets the highest standards through an independent research review process.

2.4 Collaborate with researchers and clinicians at MS clinics to move promising research ideas into standards of care that directly benefit people living with MS.

2.5 Continue to enhance the opportunities for current MS researchers working in Canada and for new generations of researchers.

2.6 Strengthen the commitment of major donors to support new initiatives in MS research.

2.7 Work in collaboration with governments, research-funding organizations, other health charities and industry for increased health research that will benefit all Canadians including people living with MS.

2.8 Continue to collaborate internationally on priority MS research projects, recognizing that high-quality MS research contributes to the wider world of health research.

2.9 Actively communicate the promise and impact of MS Society research through innovative and compelling ways that engage and touch people with MS, researchers, donors, volunteers, government and others.
Desired outcome 3: The MS Society will have a revenue generation and spending model that is sustainable in the long-term and maximizes our ability to deliver on our mission.

Issue discussion and your feedback: Unlike the majority of health charities, the MS Society of Canada does not receive substantial funds from government to help us deliver on our mission. In fact, 97 per cent of MS Society revenue comes from individual and corporate donors. The revenue comes from a variety of sources including pledge-based events, direct mail, bequests, corporations and major gifts. The value of being self-funded is that we are not reliant on the changing priorities of governments, but we are more susceptible to environmental factors such as a poor economy, reduced consumer confidence and higher levels of government and public scrutiny on cost of fundraising issues.

Themes in feedback included the need for examination of the roles and functions between all three levels of the organization to ensure accountability and to maximize revenue generated. In addition, there was concern expressed with respect to a range of expenditures (e.g, fundraising, research, client services and administration) as well as transparency and better communication regarding these costs. Finally, a need for ongoing evaluation of our current fundraising practices and models was highlighted, as well as a need to be more responsive to shifts in our fundraising culture.

Solutions:
3.1 Ensure that research and services always have the highest priority and that both are protected from fluctuations in revenue.

3.2 Enhance the fundraising structure of the MS Society by clarifying roles, accountabilities and measures of effectiveness, and developing clarity in revenue allocation and spending.

3.3 Continue to improve efficiencies in operating and overhead costs.

“My husband has had MS for nearly 30 years so we have used many services and have been involved in many fundraising attended support groups etc. Even though he lives in a care home we still do whatever we can to raise the much needed funds.” — Caregiver of someone with MS
3.4 Continue to refine cost-of-fundraising practices, meeting industry standards while better communicating to the public the need for a predominantly self-funded charity to invest money to raise money.

3.5 Ensure continuous improvement of fundraising programs and practices through evaluation.

3.6 Invest to strengthen community-based fundraising events (MS Walk, Bike Tour) and continuously engage past and new participants.

3.7 Invest in innovative fundraising to propel significant growth in the areas of “do-it-yourself” fundraising, social media-driven peer-to-peer fundraising and mobile fundraising.

3.8 Implement broadly-based fundraising to ensure that the MS Society engages a large number of supporters (e.g., through direct marketing or direct response T.V.).

3.9 Actively encourage and engage the entire MS community, including members and those affected by MS, to support and participate in fundraising.

3.10 Increase revenues through partnership events, sponsorship and cause-related partners.

3.11 Leverage success of endMS campaign to sustain the commitment of existing major donors (both corporate and individual) and secure new major donors.

3.12 Increase government funding in ways that are sustainable and that support the delivery of our mission.

3.13 Recognize that donors are critical to our success, and honour their commitment through work that is worthy of their investments.

3.14 Grow revenue through participation in workplace-giving programs through partnerships such as HealthPartners and the United Way.
**Desired outcome 4:** The MS Society will have an **effective and efficient model of operation and governance** that best serves **those living with MS** and **meaningfully engages volunteers and staff** in **fulfilling our mission**. We will be **united, streamlined** and respectful that **some functions are uniquely executed locally** while others are best carried out regionally or nationally.

**Issue discussion and your feedback:**
Throughout the history of the MS Society of Canada, volunteers have been essential to all that we do. They are at the frontlines, meeting with clients and welcoming participants to MS Society fundraising events. They work diligently, often in the background, providing leadership on boards and committees and connecting us with corporate donors so that we can raise funds for our mission. Supporting this important work are dedicated staff members who have chosen the MS Society as their employer of choice.

Typical of many national health charities, the MS Society’s multi-leveled structure evolved over time. Today, chapters, divisions and a national office co-exist and make decisions on how to best serve our mission. The MS Society currently has over 120 decision-making bodies (i.e. governance boards) including chapters, divisions and a national office. As times have changed, so have we; over the course of six decades, we have grown and evolved in complex ways.

Survey feedback highlighted the need to respect and validate the role of local/regional engagement, the need for meaningful engagement of volunteers, and the need for staff training and support. The importance of a balance between the “personal touch” and streamlined operations was noted. Survey feedback highlighted concerns regarding our complex governance structure, the lack of clarity regarding accountabilities and a lack of levers to ensure alignment of policies and practices. The issue of real estate – whether merging smaller offices or reviewing more expensive office locations – was raised. Finally, the need for improved intra-level (national/division/chapter) communications and a shared sense of purpose was highlighted.
Solutions:
4.1 Define roles, responsibilities and accountability structures at all levels of the organization.

4.2 Reduce the number of governing bodies within the MS Society to decrease complexity, ambiguity and minimize costs while still providing meaningful volunteer engagement opportunities.

4.3 Delegate clear authorities with accompanying accountabilities to the appropriate level.

4.4 Adjust the geographic coverage of the chapter network, to deliver local or regional client services.

4.5 Provide volunteer and employee learning and engagement opportunities.

4.6 Streamline infrastructure management in the following areas: information technology, finance, human management practices, staffing and reporting lines and the MS Society network of offices.

4.7 Implement an internal communication strategy and support system to ensure best practices throughout the organization are shared and widely adopted.

4.8 Evolve policies and structure as necessary to achieve compliance at all levels of the organization to industry standards, such as Imagine Canada’s Standards Program.
Your feedback on this paper

The taskforce is seeking your feedback on the solutions identified in this paper. To provide your perspective, please visit our survey at: https://www.surveymonkey.com/s/RenewalPaper2

All feedback will be shared with the taskforce to inform the development of Paper 3: Renewal scenarios, which will be available in June 2012.

The taskforce also invites feedback from facilitated group discussions. Supporting materials for these discussions will be made available to internal stakeholders through the MS Society intra-web and via email.

“For me, the best thing about camp was everything!” – A child with MS

Contact

If you have any questions about the process, the paper or facilitating group discussions, please feel free to contact Stewart Wong, director of communications and Renewal Initiative at stewart.wong@mssociety.ca or 416-967-3025, or email renewal@mssociety.ca.

Thank you in advance for your input.
Appendix 1: Glossary of Terms

**Cause-related partnerships**
Cause-related partnerships are fundraising campaigns where a company ties a donation to the MS Society to a product or service they sell. These differ from event sponsorships in that cause-related partnerships are often executed at the companies. Some current examples of cause-related partnerships are the annual A&W Cruisin’ for a Cause day, and Mr. Lube Founder’s Day campaigns. Cause-related partners often invest significant resources to market and execute these campaigns.

**Direct marketing**
In direct marketing, the organization directly solicits funds from the donor. This is in contrast to, for example, peer-to-peer fundraising.

**Direct response T.V. (DRTV)**
DRTV involves ads whereby the ‘direct response’ mechanism is to call 1-800 (e.g., World Vision or Save the Children).

"**Do-it-yourself**“ fundraising
DIY fundraising is an option for individuals or groups to create their own custom event to fundraise for the MS Society of Canada. These events and campaigns are created and executed by an individual or groups, with support from the MS Society.

Individuals who use DIY will have the option to select where to allocate their event donations, and their choices include: greatest need, research, endMS campaign or services in their community. Additionally, if a DIY fundraiser is also an MS Society Walk or Bike Tour participant, they would have the choice to move their DIY funds to their respective MS Walk or MS Bike Tour event.

**endMS campaign**
The endMS campaign was born of the need to enhance MS research in Canada. The campaign represents an immediate, dedicated investment not only in advancing Canada’s leadership position in finding a cure, but in capitalizing on this opportunity to emerge even stronger as a community of researchers.

The endMS campaign will raise $60 million to recruit, train, support and retain the next generation of MS researchers in Canada, and to accelerate their research activities to find a cure and improved treatments for MS. The flagship of this investment is the $20 million endMS Research and Training Network.

**HealthPartners**
A partnership of national health charities that mobilizes workplace giving directed towards improving the health of Canadians, offering Canadians the convenience to make donations by payroll deduction.
Imagine Canada’s Standards Program
A Canada-wide set of shared standards for charities and nonprofits wishing to enhance their effectiveness in the fundamentals of governance, paid-staff management, financial accountability, fundraising and volunteer involvement. The Program includes a voluntary accreditation program for organizations wishing to publicly demonstrate they have successfully met the standards through a third-party peer review process.

Independent research review
Independent research review refers to a “peer review process” in research, whereby lay persons affected by MS are included in the review process. This review process is designed to ensure that research supported by the MS Society meets criteria related to quality, relevance and lack of bias.

Industry
In the context of the MS Society, industry refers to health-focused industry (for example, pharmaceutical, technological or other).

Mobile fundraising
Fundraising that makes use of cell phone/smart phone technology, for example, “text to give” fundraising (individuals can donate via text) or mobile-enabled donations forms.

Peer-to-peer fundraising
“Peer-to-peer” fundraising is fundraising conducted from peer to peer, or friend to friend, and in this fundraising age is often supported by sharing “asks” through social media or through other online fundraising platforms (such as our electronic customer relationship management system -- eCRM). The difference between peer-to-peer fundraising and “direct fundraising” is that the organization is not the solicitor, only the beneficiary. The primary relationships exists between peers and not between the organization and the donor.

Persons affected by MS
Refers to those who are awaiting a diagnosis of MS, who have MS, who are a caregiver of someone with MS or who are a close friend and/or family member of someone with MS. These are also known as MS Society primary clients.

Programs and services
The MS Society offers a variety of programs and services to help people affected by multiple sclerosis effectively manage and cope with the disease. While programs and services vary across the country, the main categories offered include:
Information and referral
Support (supportive counselling, self-help groups)
Recreation/social programs/wellness
Individual advocacy
Funding (special assistance programs and equipment loan/funding)
Education

**Targeted research**
A predefined research area of priority. Research that is not investigator-driven but rather is propelled by an evidence-based need for progress in a specific scientific area (e.g., vitamin D research or CCSVI research).

**United Way**
Next to governments, the United Way is the largest funder of the voluntary sector and social services in Canada. Each year, the United Way raises upwards of $480 million, the majority of which is reinvested in local communities to support programs and services directed at improving the social conditions of Canadians.
Appendix 2
Background of the Renewal Initiative and phases

Background:
The Renewal Taskforce was mandated by the national board of the Multiple Sclerosis Society of Canada in August 2011 to “examine all aspects of the MS Society, including its multi-level structure and roles and responsibilities, and to enable the MS Society to effectively and efficiently deliver upon its mission.” The full terms of reference and the taskforce membership list are included as appendices at the end of Paper 1: Desired outcomes and issues.

The taskforce reflects the diverse perspectives and experiences of our work. To ensure a rich and balanced array of interests, membership on the taskforce includes people living with MS, volunteers from chapter, divisional and national levels of the organization, the research community and staff. In phase 2, the taskforce continued to report directly to the national board.

Renewal Process Overview

Updated: February, 2012

Regular updates to national board and communication with stakeholders

Sept - Dec 2011
Phase 1 - Info Sharing/Gathering
Desired Outcomes and Issues

Jan - April 2012
Phase 2 - Solution Building
Desired Outcomes and Solutions

May-Aug 2012
Phase 3 - Consultation
Renewal Scenarios

Sept/Dec 2012
Final Report to National Board

Sept 2012: Final Report

Implementation planning (non taskforce) Sept-Nov

Input from people living with MS

*Internal: boards members, senior volunteers and staff - at all levels
External: research community, volunteers, donors, health professionals, event participants