



Huntington's Disease
Society of America

2022-2026
STRATEGIC PLAN



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ACKNOWLEDGEMENT

We are deeply grateful for the input and inspiration of the Huntington's disease community, who once again, actively shared their feedback to shape the Huntington's Disease Society of America's new Strategic Plan. From online surveys to one-on-one comments, countless individuals contributed their vision for the organization and provided great detail about what "improving life with HD" means to them. This input directly informed HDSA's plans for the next five years as presented in this document.

HDSA remains an organization of families for families, because of your passionate participation in making sure that HDSA accomplishes the help and hope that our families need. Thank you.

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BACKGROUND

In 2012, the Huntington's Disease Society of America released its first Strategic Plan. Developed by the HDSA Board of Trustees with the input of the HD community and scientific and clinical advisors, the five-year plan was a new approach and bold commitment to the fight against Huntington's disease (HD) for the organization. It provided specific goals, strategies and tactics for what the Society would be accomplishing, as well as when and how.

The Plan clarified the Society's mission – to improve the lives of people with HD and their families – and it articulated an aspirational vision – a world free of HD – that inspires every member of the HD community. Additionally, it answered key questions about HDSA's purpose. Long-debated topics such as whether to continue funding HD research, what types of community-based services to provide and the importance of organizational growth were addressed, and a clear course was charted which put HD families at the heart of every decision.

Having a Strategic Plan for HDSA meant a deliberate shift from simply “hoping” for better care and a cure to planning for it. Measureable goals were established that challenged every aspect of the organization's mission work and business operations. Long enough to see impact but short enough to allow for specificity, the five year plan guided HDSA through a period of growth and impact unique to the organization.

The work that resulted from the Plan has been inspiring. Within months of its launch, HDSA Chapters and Affiliates nationwide were identifying components that they wanted to work on in their own communities. This ripple effect of implementation jump-started the plan's achievement and paved the way for the accomplishments that would take place in the coming years.

The second Strategic Plan for the period of 2017-21 built upon that growth and added to the momentum. The seven strategic goals matured to be more specific in their family-focused outcomes. The strategies were more deliberate, pushing HDSA to address persistent unmet needs, such as long term care and youth support. The tactics required increased collaboration and built on organizational strengths and reach.

The strength of the plan facilitated unparalleled growth for the Society in 2017 through March of 2020 as all areas of HDSA's mission portfolio expanded in reach and impact. Financially, 2019 was the most successful fundraising year on record with revenue of more than \$12.4 million. This allowed increased investments throughout the Society, but most notably in the HDSA Centers of Excellence program and research funding.

What had been a hopeful springboard into accomplishing more strategic imperatives with the turn on the decade, quickly pivoted to being an essential backbone of security as the COVID-19 pandemic took hold in March of 2020. Because of HDSA's deliberate strategic planning, the Society had the finances, operations and people to seamlessly shift to protect resources for its mission programming.

Despite a nearly thirty percent drop in revenue between 2019 and 2020 due to the impact of COVID-19, HDSA did not reduce any mission spending in 2020. In fact, the Society awarded more grants in 2020 than the year prior and had enough momentum to continue to add to these investments and build back stronger in 2021.

While COVID-19 detoured HDSA from the original plans for 2020 and 2021, it reaffirmed HDSA's resilience and brought new focus to the visionary goals that will make the most impact for families affected by Huntington's disease for the next five years.

INTRODUCTION

The HDSA 2022-26 Strategic Plan is a fresh look at what matters to HD families. Rather than continuing on the decade-long path of seven goals mirroring the organizational programs and operations functions, the Strategic Planning Committee took a step back to analyze what matters most for those affected by HD and set new mission goals to meet those needs.

The result is a Strategic Plan defined by three overarching mission goals that represent the hallmarks of HDSA's culture and impact: Care, Cure and Community. In equal parts, this triad represents the truest commitment to improving the lives of everyone affected by Huntington's disease now and for future generations.

Importantly, the goals are simply defined and progress in their accomplishment is easy to measure. We know what good care, curative treatments and strong communities looks like. In this plan, we have a focused path to reach them.

Fundraising, financial management and operations remain as underpinnings essential to accomplishing our mission work. However, they are no longer the goals of HDSA. They are business necessities that allow us to continue to be the world's leading public, non-profit dedicated to supporting families affected by Huntington's disease, and they provide the backbone and resources for how we accomplish our mission goals. In short, they are the 'how', not the 'why.'

Most importantly, HDSA's new three goals align with the founding vision of Marjorie Guthrie who challenged families affected by HD to "do something" by coming together to provide help for today and hope for tomorrow. It is only with the wisdom, grace and perseverance of HD families that exemplary HD care can be known, new therapies to treat HD developed and the entire community rise to create a healthier future.

WHO WE ARE: THE FUNDAMENTALS

Our Vision: *A world free of Huntington's disease.*

A vision statement is the broadest, most aspirational dream of an organization. It functions like a “north star” to guide and inspire the future directions of what HDSA hopes to achieve. Our vision statement represents our overarching commitment to the ultimate goal of eradicating Huntington's disease.

Our Mission: *To improve the lives of people with Huntington's disease and their families.*

The mission of the Society is a concise, active statement of the Society's work. In comparison to the vision statement, it describes the Society's purpose and who will benefit from it.

Included in the mission statement is the expectation that everything that HDSA does align with and support accomplishing it. To this end, all of HDSA's programs – advocacy, community support, education and research – are critical to our collective efforts to improve the lives of everyone affected by Huntington's disease, not just for today's families but also for future generations.

Given the hereditary nature of Huntington's disease, improving care for future generations has a direct impact on those living with HD now. As a result, the HDSA mission is always forward-focused.

Our Moonshot: *Disease-modifying therapies for HD are accessible to all families.*

The moonshot statement is a practical application of HDSA's mission and vision. In order for us to eliminate the burden of Huntington's disease for future generations, what does HDSA need to make sure happens?

We believe that when all families have access to disease modifying therapies, we will feel “free” from Huntington's disease. Inherent in this statement is the expectation that “disease modifying” means that the progression of HD will be slowed or stopped in a manner that makes HD a manageable and not deadly disease. Additionally, this achievement is only accomplished when all families reasonably have access to it, including being able to afford it.

Our Community

In the truest sense, HDSA is the home for those impacted by Huntington's disease, which includes individuals symptomatic with the disease, those at-risk, and the families and friends who are caring for people with HD. From the youngest affected by juvenile-onset HD to the grandparents who have lost spouses, children and care for grandchildren who carry its burden, we are driven to serve *everyone* who is affected by HD.

Many audiences contribute to the Society's ability to care for and support a cure for HD families, and they constitute our secondary community. These include:

- ✧ *Providers* – Care providers, like clinicians, mental health professionals, genetic counselors and social workers who provide medical attention.
- ✧ *Researchers* – Anyone who is conducting research that will improve the understanding of HD and assist in the scientific development of treatments and a cure.
- ✧ *Volunteers* – Everyone who gives of their time or expertise to support the mission of HDSA.
- ✧ *Donors* – Financial contributors to HDSA.
- ✧ *Legislators & Regulators*– Any member of local, state or federal government. This includes elected officials and members of regulatory agencies, like the Food and Drug Administration and Social Security Administration.
- ✧ *Pharma & Biotech Industry* – Corporate developers of therapeutics to treat Huntington's disease.
- ✧ *Health Insurers & Payers* – Organizations who determine the financial accessibility of families to HD treatments and care providers.
- ✧ *Media* – All authors of public content and news, online, in print and through broadcast (TV, radio and streaming).
- ✧ *Influencers* - Thought leaders in the realm of public opinion who are vital in raising awareness of HD.

The backdrop for these categories of audiences is the general public with whom we seek to raise general awareness of Huntington's disease and therefore influence public understanding of the needs of our HD families.



PLAN OVERVIEW

The 2022-2026 Strategic Plan is organized around three main goals which are the core elements of HDSA's mission impact. These goals are the essential areas of our work which, in equal measure, are imperative to HDSA's ability to accomplish its mission.

1. **Ensure access to the highest quality care for all those affected by Huntington's disease.**
2. **Accelerate the development of treatments for Huntington's disease.**
3. **Support and empower the HD Family.**

For each Goal, strategies are identified to reach the stated aim. Specific objectives for each strategy articulate the plans for accomplishment.

GOAL #1: Ensure access to the highest quality care for all those affected by Huntington's disease.

HDSA is committed to ensuring that all HD affected families have access to the highest quality of knowledgeable and compassionate care. By expanding geographic reach, increasing access to trained personnel and embracing new technology, we are focused on enhancing the care network nationwide and fostering a model of care that is patient-focused and family-informed.

Additionally, best practices in HD family care must span the entire progression of the disease, as well as its impact throughout generations. From support for the youngest members of the community to care options for those in its final stages, we look across the entire family journey with a firm commitment to improving the quality of life for HD families nationwide.

To accomplish this goal, eight core strategies have been identified:

1. Expand access to HD-experienced clinical care.
2. Enhance social services and support resources.
3. Improve access to long-term care facilities skilled in HD.
4. Increase access to counseling on key HD-related decisions, including genetic counseling and preimplantation genetic diagnosis in vitro fertilization (PGD IVF).
5. Grow network of and resources for HD specialized ancillary services, including occupational therapists, physical therapists, speech language pathologists, and nutritionists.
6. Pass legislation that directly improves the quality of life for HD families.
7. Expand access to HD benefits in health insurance coverage.
8. Reduce discrimination towards people with HD.

The objectives which align with these strategies include the continued development of the HDSA Center of Excellence program, expansion of age-appropriate support available to our youth, launch of a new online curriculum and learning practices for ancillary care providers, and the

implementation of best practices for HD care in long-term care facilities. Additionally, these resources will be complemented with strong educational tools on topics including genetic testing, disability and the potential for genetic and social discrimination.

Goal II: Accelerate the development of treatments for Huntington's disease.

We know that the shared hope of the HD community is that care for Huntington's disease will be better in the future than it is today. To achieve this, HDSA remains focused on accelerating the development of treatments for HD. Our scientific efforts complement the work of the global HD scientific community with deliberate focus on answering questions related to the human biology of HD and building the careers of young investigators.

With these five strategies, we are confident that we can most effectively and efficiently support the development of therapeutic tools to help manage HD:

1. Support scientific innovation to inform disease understanding and ensure they are translated into treatments.
2. Ensure a pipeline of new HD researchers.
3. Increase the role of HD families in drug development.
4. Fuel clinical research by ensuring active engagement in clinical studies.
5. Educate the community about the importance and impact of HD research.

In addition to directly supporting research through HDSA awards, such as the Human Biology Project, Berman/Topper Career Development Award and Donald A. King Fellowships, we are committed to educating our community about scientific news and the role of families in advancing all areas of HD science. Researchers and families working together will bring treatments forward, and HDSA will be a vital connector to breakthroughs.

Goal III: Support and empower the HD Family.

"Family is Everything" is more than a slogan at HDSA. This goal reflects the priority of supporting and empowering all HD families to our fullest extent.

In harmony with goals one and two, this goal emphasizes connecting individuals affected by HD to expert care resources and communities of support. Then, we must invest in our volunteer base so that we can further expand our impact. Our volunteers represent the spirit and purpose of our Society, deliver important services and support, and ensure our growth.

We are committed to providing the appropriate training to our volunteers, supporting them with resources, and consistently showing appreciation for their good work. The fundamental strategies that will be implemented to increase our volunteer base are:

1. Ensure all HD families can access appropriate community support.
2. Expand HDSA's organizational reach.
3. Identify and cultivate new volunteers.
4. Develop and retain knowledgeable HDSA leaders and volunteers.
5. Strengthen the organizational dialog and operations.
6. Expand awareness of HD and HDSA.

As the largest non-profit organization dedicated to serving the Huntington's disease community, it is imperative that HDSA maintain its credibility and serve as a comprehensive hub for the entire community.

Operational Underpinnings

The ability to accomplish each of the Society's three goals depends on the sound operational underpinnings of a non-profit organization that communicates exceptionally, operates with sound financial management, builds a diversified and sustainable fund development portfolio and invests in its people.

While these operational areas are not how HDSA defines success, it is understood that in order to achieve the goals that move our mission forward, we must maintain investments in these foundational areas.

- ✧ *Communications & Marketing:* As the largest non-profit organization dedicated to serving the Huntington's disease community, it is essential that HDSA maximize its position as the primary source for all news, information, resources and education related to Huntington's disease. Our excellence is directly tied to our ability to be up-to-date and relevant, so that all those who come to us find the trusted resources they seek and need.
- ✧ *Financial Management:* In order to provide for today and allow us to plan for tomorrow, the Society must operate in a manner that ensures its long-term health. We know that fiscal responsibility breeds trust that motivates our donors and allows us to achieve our mission. To accomplish this, we remain committed to timely payment of our financial obligations and to building the organization's operational reserves, so that we are a more stable, autonomous organization.
- ✧ *Fund Development:* HDSA's programs are made possible by the financial support of our community, individuals, foundation and corporate supporters. In order for the Society to provide more advocacy, care, education and research, we must grow our fundraising. From national campaigns to local special events, the Society is committed to increasing donations annually while keeping fundraising costs low.

- ✧ *Human Resources:* People - volunteers and staff - are at the heart of HDSA. In order for HDSA to continue to be at the leading edge of positive change for HD affected families, the Society must invest in its talent and support its community of volunteer leaders. Additionally, we represent and advocate for all people, regardless of race, ethnicity, gender identity, sexual orientation, disability status of country of origin, and we commit to take action within our organization and community to promote an inclusive, equitable and accessible health system.

So that as long as there are families affected by Huntington's disease, HDSA will be a trusted resource, partner, advocate and pioneer for them.

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HDSA Strategic Plan 2022-26: Implementation Guide

GOAL #1: Ensure access to the highest quality care for all those affected by Huntington’s disease.

1. Expand access to HD-experienced clinical care.
2. Enhance social services and support resources.
3. Improve access to long-term care facilities skilled in HD.
4. Increase access to counseling on key HD-related decisions, including genetic counseling and preimplantation genetic diagnosis in vitro fertilization (PGD IVF).
5. Grow network of and resources for HD specialized ancillary services, including occupational therapists, physical therapists, speech language pathologists, and nutritionists.
6. Pass legislation that directly improves the quality of life for HD families.
7. Expand access to HD benefits in health insurance coverage.
8. Reduce discrimination towards people with HD.

Tactic (how)	Benchmark (why)	Indicators of Success (measures)
Increase HDSA Center of Excellence network.	While the HDSA COE network has grown significantly, there are still many pHD who do not access these services.	Number of families receiving care at COEs.
Build consensus-driven guidelines for HD diagnosis that are non-movement specific.	Current diagnosis is based on a confidence scale primary defined by motor symptoms.	Ensures proper treatment and access to support and disability resources.
Create set of best practices across multi-disciplinary team.	No standard definition of quality HD care exists.	Standardize quality and delivery of care.
Increase use of telemedicine across disciplines.	Since the emergence COVID-19, telehealth has revolutionized access yet HD services only sporadically maintain this platform.	Reduce burden of care, increase use of ancillary therapies to improve QOL.
Encourage system wide trainings for COE affiliated PCP and neuro practices. Increase education about COE program within affiliated practices.	Awareness of the HDSA COE program and importance of HD expertise is limited, even at COEs.	HD specific training through affiliated practices will increase network of care.
Encourage partnerships with COE affiliated PCP and neuro practices.	Awareness of the HDSA COE program and importance of HD expertise is limited, even at COEs.	Tap into networks of loosely affiliated practices to reach more patients.
Develop Fellowship program for psychiatrists.	Mental health access is extremely limited for HD families beyond the HDSA social worker network and COE based mental health professionals.	Increase the number of HD knowledgeable psychiatrists.

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Update Physician's Guide to Management of HD, Understanding Behavior, and other current publications to reflect changes in testing, payment, treatment, etc.	The PG is considered the bible for HD care and treatment. It is currently 10 years old.	Improve and expand educational resources for professionals.
Host community-based educational events to support HD families and strengthen relationships with local providers (i.e. HDSA Annual Convention, HDSA & Me).	Community-based events provide essential support and information to HD families.	Number of attendees.
Continue to build Youth Social Worker program.	Young members of the HD community have unique needs. Supporting impact has positive impact on the entire family.	Outcome reports on number of families helped, topics of support and social worker time.
Grow Youth Mentor program.	One-on-one support for HD affected youth addresses critical mental health and family support needs.	Number of participants. Mentors and mentee surveys.
Relaunch Support Group Facilitator program to retrain and strengthen relationships with all HDSA Support Group facilitators.	Formal training is conducted once, when a new facilitator is identified. There is a need for more ongoing management and support of this important role.	Consistent relationships with all facilitators. Outcome reports from SG's including meeting information and number of attendees.
Increase scope and impact of HDSA Social Workers, by improved compensation, increased time in the community, and continued training (including Professional Training at Convention.)	Social workers are the backbone of community-based care for HD families. With limited resources, these positions turn-over too frequently and families are underserved.	Greater retention. Increased budgets for more service hours.
Develop educational series on HD targeting community based providers. Work with accredited agencies or become an accredited source for ACCME learning units.	High demand for novel, up to date, online learning for clinical professionals.	Psychiatrists, neurologists, PCPs are all audiences for learning. ASHA, APTA, Nat's Asso of Nutr. Profess, nursing, all require CEs.
Strengthen community-based resources (either COEs or Chapters/Affiliates) to support more social workers.	Currently either no HDSA funded social worker or limited COE social workers in: WY, NE, NV, NM, MS, GA, ND, SC, WV, VA, MO, NC, SC	Increased retention of SWs Decreased vacancies Indicators in SW reporting (Apricot) metrics

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Continue to develop disability resources and trainings for social workers to help provide the best comprehensive care to families.	Despite HDSA expertise, awareness and utilization of resources remains low.	Families access disability benefits more quickly.
Develop disability guide to help families better understand and access legal and financial support services.	Legal and financial services have very specific timelines and deadlines that are often overlooked by families so they miss the opportunity for services and benefits when they actually need them.	Families have improved financial and health security.
Create financial planning materials and section on website with links to national and statewide resources, templates, etc.	Legal and financial services have very specific timelines and deadlines that are often overlooked by families so they miss the opportunity for services and benefits when they actually need them.	Make financial planning a point of discussion early on by providing easy access to tools and resources.
Create more interactive website that will allow an HD family to create its own roadmap for resources, information, etc.	The volume of information on HDSA.org is often overwhelming to navigate.	Fewer delays in accessing services and improved utilization of HDSA resources.
Develop HD LTC resource center to support families.	There are limited LTC facilities with dedicated HD beds (find #s) and training specific to caring for pHD.	Improved referral process/placement rates in LTC
Seek higher reimbursement rate from CMS for HD patients in LTC facilities.	Low reimbursement prevents LTC facilities from taking HD patients.	Higher rate will expand access for all HD families.
Expand in-services and encourage HDSA SWs to meet with LTC facilities in catchment area even when no HD patients in residence.	LTC facilities often choose not to take HD patients because they lack of understanding of the disease.	Educating administrators and supervisors about HD may increase access.
Create home assessment tool that can be utilized across disciplines.	Often, families talk with an HDSA social worker one time, collect information and then are lost to the system. Efforts are needed to strengthen the bond and provide tailored resources for families that engage them in the HDSA care network.	Improve QOL for people with HD and their families by connecting them to HD care earlier and more consistently.

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Expand use of telemedicine for genetic counseling.	More and more COEs are using telehealth to support genetic counseling & testing. Data regarding these programs are forthcoming and can guide best practices.	Improve access to genetic counseling and testing for those who seek it.
Develop educational materials about family planning options including PGD/IVF.	Many HD families are not familiar with family planning options.	Increase awareness of and access to PGD/IVF resources for those who seek them.
Work with SSA to change diagnostic criteria for disability, approving standardized measures (ie: UHDRS) for assessment, and reassess SSDI listing for HD (from convo btwn JS and CF)	The HD Parity Act has been before Congress for (find #) of years and remains a priority. Beyond this piece of legislation, future goals could include addressing issues with SSA, making it easier for pHD to access benefits.	Increased application approval frequency Decreased necessity of appeal Decreased time for decision
Work with other disease organizations to roll back state licensing restrictions and reimbursement rates in order to expand access to mental health	During the pandemic, HHS expanded telemedicine use, reimbursement rates and licensing across state borders to address the health emergency. Many states have re-instituted licensing but this could be an area where HDSA could impact mental health.	Improved access to mental health services.
Determine what durable equipment should be covered by CMS. Advocate with CMS to include in standard coverage.	Persons with HD may have different durable equipment needs that are not covered by Medicare or Medicaid. Broda chairs and beds (or like) are not covered, specialty walkers and other assistive aids are frequently not covered.	Increase access to DME.

GOAL #2: Accelerate the development of treatments for HD.

1. Support scientific innovation to inform disease understanding and ensure they are translated into treatments.
2. Ensure a pipeline of new HD researchers.
3. Increase the role of HD families in drug development.
4. Fuel clinical research by ensuring active engagement in clinical studies.
5. Educate the community about the importance and impact of HD research.

Tactic (how)	Benchmark (why)	Indicators of Success (measures)
Support community enrollment/participation in observational studies that provide new insights into the underlying mechanisms of HD and early stages of symptoms progression (HD Trialfinder.)	Access to patient friendly trial information is fundamental to successful recruitment.	Faster recruitment for HD trials.
Award grants for novel approaches to understanding basic disease mechanisms, innovative studies in human research participants, and development of treatments for HD.	Research funding for HD scientists is limited and imperative to improving understanding of HD and potential therapeutic opportunities.	Knowledge gained from HDSA funded studies.
Provide opportunities (grants, mentorships) for early career professionals.	Financial incentives to engage and retain young scientists in HD is vital to the future of the field.	Recruitment and retention of new scientists to HD study.
Provide grants within COE program to encourage QOL projects.	Few funding opportunities exist to study practical interventions that support QOL for HD families.	New strategies for QOL support for HD families.
Provide research grants to undergraduate students to incentivize mentorship of undergraduate researchers and to provide experiences that will interest and develop new talent to joining the field.	Financial incentives to engage and retain young scientists in HD is vital to the future of the field.	Recruitment and retention of new scientists to HD study.
Create a community registry as a forum to collect community input, patient reported outcomes, and insight into the patient and trial participant experiences through a community registry.	Current observational studies and natural history information is based on CROs.	PROs has the potential to improve care and speed drug development.

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<p>Pair community members with opportunities to provide direct input in the clinical trial/drug development process via HD-COPE.</p>	<p>Patient engagement is widely recognized as critical to the drug development process, including regulatory review.</p>	<p>Improved efficiency and meaningfulness of clinical research and drug development process.</p>
<p>Maintain an up-to-date, user-friendly database of all HD trials actively seeking community participants via HD Trialfinder.</p>	<p>Clinicaltrials.gov is too cluttered and cumbersome for HD families.</p>	<p>Increase awareness of clinical research opportunities to support trial recruitment.</p>
<p>Develop program to ensure meaningful patient engagement is formalized in all HD clinical trials.</p>	<p>A definition of meaningful patient engagement would ensure consistent partnership with the community.</p>	<p>Improved efficiency and meaningfulness of clinical research and drug development process.</p>
<p>Streamlined and timely communications with the community on HD research activities via the research blog, tailored online community (PLM), and "Research in the Pipeline" web page; ongoing support of/collaboration with HD Buzz.</p>	<p>HD families are often overwhelmed by the volume and complexity of science information relevant to their needs.</p>	<p>Improved understanding of HD science is critical to managing expectations of drug development and engaging families in clinical research.</p>

GOAL #3: Support and empower the HD family.

7. Ensure all HD families can access appropriate community support.
8. Expand HDSA’s organizational reach.
9. Identify and cultivate new volunteers.
10. Develop and retain knowledgeable HDSA leaders and volunteers.
11. Strengthen the organizational dialog and operations.
12. Expand awareness of HD and HDSA.

Tactic (how)	Benchmark (why)	Indicators of Success (measures)
Increase media coverage of HD and HDSA.	Greater public awareness supports development, volunteer and mission programs.	Quantity and quality of media coverage.
Publish materials to highlight HDSA’s programs and resources online, on social media and via traditional means. (Year in Review, Annual Report, The Marker, HDSA Today, etc.)	Increased awareness of HDSA programming is essential to connecting families to much-needed resources.	Audience reach, user surveys.
Maximize impact of online tools (from website in general to specific materials available) by providing a user friendly (and disease accommodating) interface.	Online resources are the most accessible tools available to support HD families and HDSA volunteers.	Web traffic, utilization measures and satisfaction surveys.
Conduct volunteer participation study to evaluate retention, frequency of involvement and unmet interest areas.	A survey is needed to fully assess the needs and scope of volunteer engagement programming.	At least 75% of Chapter & Affiliate leadership participates in the survey.
Host regular CAC and regional volunteer leadership meetings to strengthen mentor network (including Leadership Day at Convention)	CAC members are under-utilized in their role.	Improved communication between CAC and volunteer leaders. Greater engagement from chapter & affiliate board members.
Develop internal communication resources for HDSA staff and volunteers to support “one HDSA.” (This Month @HDSA).	Regular communication strengthens the HDSA community and builds organizational knowledge.	More timely adherence to deadlines and improved satisfaction in volunteer roles.
Launch HDSA University (HDSAU) to provide volunteers with knowledge and skill to lead HDSA locally.	The HDSA extranet requires updating and learning is passive. Clear need for an active learning platform.	Greater volunteer retention.

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Work with CAC to update HDSA Chapter & Affiliate agreements.	Current agreements are from 2015.	Improved understanding of organizational operations and volunteer roles.
Develop new volunteer recruitment program and toolkit.	Local volunteers often struggle with how to convert donors and event participants to volunteer roles (and not just at the Board level.)	More Chapter & Affiliate volunteers. Increased succession planning capacity among Chapter & Affiliate Boards/Committees.
Implement nationwide volunteer recognition program.	We cannot thank our volunteers enough.	Improved volunteer retention.