Collective Action Community Change

A Report Amplifying Community Voices

by the Women and HIV/AIDS Initiative (WHAI)

WHAI Women & HIV/AIDS Initiative

Land Acknowledgement

WHAI acknowledges that this work has been conducted on the various unceded, occupied lands, traditionally belonging to the many First peoples across Ontario, including the ancestral and current lands of a diverse range of First Nations, Metis and Inuit peoples. We honour the many treaties, views, and practices of First people living on this land now and throughout history. We ground our ongoing work in listening, reflection and actions of solidarity in support of movements of justice and self-determination for First Nations, Metis and Inuit peoples in Ontario. We bridge our immigrant experiences and histories on the land with feminist transnational movements seeking freedom from settler occupation and colonialism.

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Acknowledgements

The Women and HIV/AIDS Initiative (WHAI) thanks and acknowledges the many people who lent their time, voices and insights towards determining WHAI's Priority Areas for Collaboration.

We are immeasurably grateful to the many cis and Trans women, 2-Spirited and Non-Binary Femme people who lent their time and wisdom to this process, telling us about their lives and their vision for change. We also thank the community partners who shared their experiences and ideas for collaboration to enhance our collective work together. We recognize the dedicated efforts of WHAI Coordinators, supported by a strong network of Executive Directors and Managers, who meaningfully engaged their local communities in this work and shared their learnings with great detail, context and care. This consultation has been thoughtfully informed by multiple community knowledge holders, by WHAI Advisory members, and steered by the WHAI Provincial team. These collective insights have been instrumental in every step of the process.

WHAI is deeply thankful for the numerous voices that have shaped what has been a truly community-based consultation. Thank you for laying a strong foundation for WHAI's future work grounded in collective action for community change.

The incredible stories gathered to inform WHAI work would not have been possible without the contributions of:

Gucchie, Sherodee, Sierra Brown, Lindsey, Lea Druer, Alek, Joanne Schingh, Melina Hayik, Melanie, Brandy Jackson, Care Bear, Susan, Sarah Hickmott, Linda, Brandy Boyle, Tweets, Tannis Lemmon, Minerva, Dara, Haley, Spandana Ch, Korna, Steacy Drummond, Diana Hughes, Moreen, Cindy-Lou Brisebois, Ash O'Brian, Penelope, R. Reid, Tibs, Kathleen, Cathy O'Reilly, Binti, Marisa, Michele Cilcus, Brittany Cameron, Pheonix, Mkwa Giizhis, Heather Dawn Stowell, Cathy, Suzie Q, Tracy, Johanne, Chloe, Thandi, Ntshenisi Ndhlovu, M.J, A.B, Rose, B., heather, little rock & roll, mama bear, anna, jellybean, julie N, pat brown, jill tremblay, L.F., rhoda, linda, peach, Mayatwofeathers, Butterfly & Asian and Migrant Sex Worker Support Network, Smomo, Donna Row, Akosua Gyan-Mante, Mina Do, Kelly Westfall, Sarah S., Iye Sanneh, Margaret Boyes, Cynthia Legacy, Sue, Sam, Melissa A, Ashley C, Kathleen Bird, Meagan D, Adebola A, Jill Koebel, Joy D, Chantal C, Rai Reece, Elene Lam, Sarah Switzer, Alison Bray, Abigail Kroch, Mercy Gichuki, Donna Joyette, Lori Chambers, Vijaya Chikermane, Sarah Kaukinen, Lisa Toner, Buttercup, Roberta Timothy, Claudia Medina, Mina Kazemi, Giselle Dias and the many others who are not named here, but whose contributions are immensely valued.

Who We Work With & What We Mean By "Women"

WHAI seeks to be informed by and amplify the experiences of those who face structural discrimination and exclusion, impacting HIV risk and the health outcomes of those living with HIV. As such, our work focuses on engagement with cis and Trans women, 2-Spirited and Non-Binary Femme people who are living with HIV, African, Caribbean and Black (ACB), Indigenous, or newcomers, who use drugs or substances, have experiences with violence and / or have been / are incarcerated. Within these communities, our work includes those who are pregnant or parenting, living with different abilities, and span from young adults to seniors.

Throughout this document the term 'women' is written in **colour** to remind us of the importance of prioritizing and centring communities of **women** who face disproportionate structural risk factors related to HIV, as well as being a reminder that gender is not binary, and the importance of thoughtfulness towards inclusivity for Trans, 2-Spirited, and Non-Binary femme people in WHAI work. Identities are capitalized throughout, except "cis." This is to remind us of the privilege and space afforded cis people, and to support the amplification of identities outside gender-binary constructions.

1.0

Summary

In 2021 the **Women** and HIV/AIDS Initiative (WHAI) began the process of province-wide consultations with cis and Trans **women**, 2-Spirited and Non-Binary Femme people to focus its work to reduce HIV transmission; enhance community capacity to address HIV; and create environments that support **women** in their HIV-related experiences. In keeping with the principles of collective action for community change, the consultation process was thoughtfully designed to be participatory, inclusive and creative, amplifying the wisdom and leadership of **women** who face intersecting and structural barriers to sexual health. The focus of this process was specifically **women** living with HIV, who identify as African, Caribbean, Black (ACB), Indigenous, newcomers, who use drugs or substances, who have experienced violence and/or incarceration, and/or who sex work.

The consultation process was planned in collaboration with the WHAI Network, community partners and knowledge holders within a de-colonial, anti-racist, participatory and trauma-informed lens. A set of four (4) knowledge gathering tools were developed in consultation with community knowledge holders that included a one-on-one discussion guide, a brief interaction tool, a storytelling tool, and a focus group/talking circle discussion guide. All tools could be adapted amidst COVID-19 related public health restrictions and catered to a range of facilitation and engagement styles, ensuring **women** had meaningful, accessible options for participation. WHAI Coordinators implemented these tools to consult with **women** in their local communities. The stories they gathered were carefully reviewed to inform a second phase of consultations with community organizations and networks. This included Coordinators sharing what was learned from **women** and gathering stories and experiences from community partners. An additional discussion guide was developed to support Coordinators to facilitate these consultations. A total of 501 **women** from WHAI's priority populations participated along with 317 partners from 161 community organizations and networks across Ontario in this intentional process to ensure that community voices directed the themes that emerged.

> *"We need capacity building and to create spaces for voices to be elevated, like .... story telling, communication, art tools, and women creating messaging about HIV and HIV prevention and well-being for other women."*
>
> **- Reflection from WHAI Coordinator discussions**

The collective knowledge gathered from **women** and community partners was collaboratively synthesized, reviewed and analyzed along with relevant research and epidemiological reports. Reviews were conducted collaboratively by the provincial WHAI team, WHAI network membership, and a provincial review team of community knowledge holders to ensure a plurality of perspectives. Subsequently, a mapping of key barriers to HIV care and wellness, as well as strategies for enhancing care was developed. Following a comprehensive process of theme identification, six (6) Priority Areas for Collaboration were identified to guide WHAI's work forward which are illustrated below. These Priority Areas for Collaboration resonated across the communities where WHAI works, with each community having local experiences, expertise, and wisdom, creating a foundation for provincial collaboration and locally implemented strategies over the coming years. Overall, they will serve as a foundational community-based roadmap to further WHAI's goals and align with Ontario's response to HIV.

6 Priority Areas

2.0

What is WHAI?

The Women and HIV/AIDS Initiative (WHAI) is a community-based response to HIV and AIDS among cis and Trans Women, 2-Spirited and Non-Binary Femme people in Ontario. Through a network of 17 Coordinators located in 16 AIDS Service Organizations (ASOs) throughout Ontario, WHAI aims to:

Reduce HIV risk for women disproportionately affected by HIV.

Enhance local community capacity to address HIV.

Build safe environments to support women's HIV-related needs.[1]

WHAI's work across Ontario is rooted in the principles of community development and collective impact. Community development values the ability of community members to affect change in their lives, in ways that are most relevant to them. Instead of organizations identifying the issues of focus, the voices of community members are centred in determining priorities. Community development is an ongoing, iterative process that guides WHAI. Coordinators' work as liaison between community groups and organizations to collectively develop relevant strategies to further women's HIV related care.[2]

Collective impact refers to intentional ways of working together and sharing information for the purpose of solving a complex problem resulting in impactful change. Informed by the Collective Impact model shared by the Tamarack Institute, this work is typically determined by a common agenda, shared measurements of progress, mutually reinforcing activities, continuous communication, and strong collaborative supports.[3] Collective impact is furthered by values of deepening community leadership, inclusivity, community conversations, collaboration, adopting strengths-based approaches, developing relationships, and investing in long-term change.

[1] whai.ca/our-work

[2] Women and HIV / AIDS Initiative Program Guidelines, AIDS Bureau Ministry of Health and Long-Term Care, April 2012.

[3] Learn more about the Collective Impact model here: www.tamarackcommunity.ca/collective-impact

How does WHAI work?

WHAI works from a **community development perspective**. This means that we work closely with community members to assist in identifying and addressing shared health concerns.

A community development approach means:

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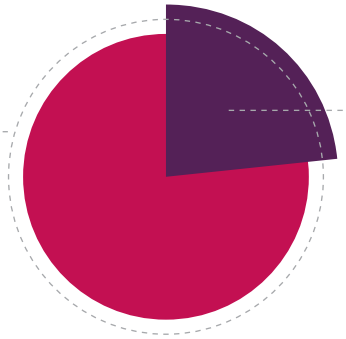
Women and HIV in Ontario

How many women are living with HIV in Ontario?

A Snapshot

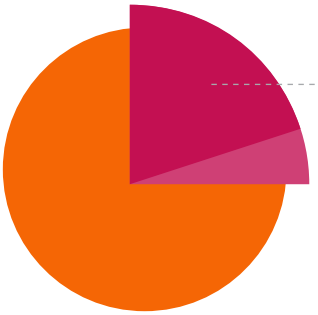
22,461

people are living with HIV in Ontario *(estimated as of 2020)*[1]



4,288

women are living with diagnosed HIV in Ontario[1]

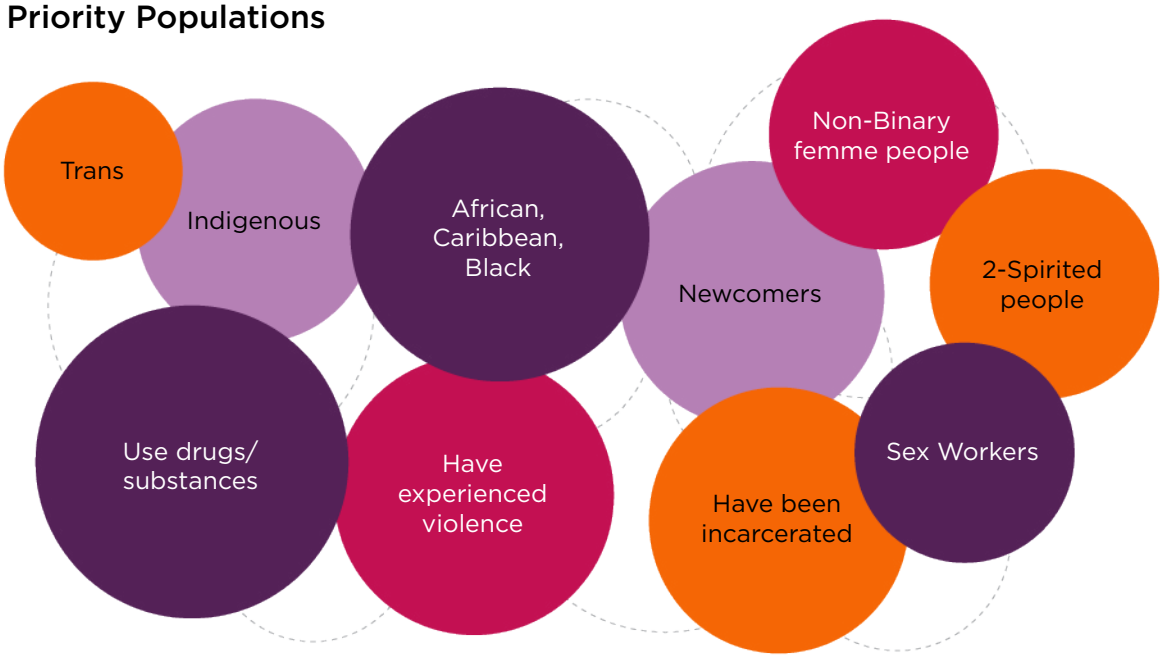


20-25%

of new diagnoses in Ontario are **women**, annually[1]

> *"We need education for service providers about women and HIV. PrEP, PEP, PIP, U=U, testing. There is a lack of awareness, and it's so important so women can find out more and so we can all work together."*
>
> **- Community partner from Thunder Bay**

Priority Populations



The scale of the above diagram is not representative of quantitative data - it is for graphic purposes only.

44%

of **women** diagnosed with HIV for the first time in 2020 were **ACB**[1]

13%

of **women** diagnosed with HIV for the first time in 2020 were **Indigenous women**[1]

10x

Trans women are 10 times more likely to report having been diagnosed with HIV[3]

25%

of **women** newly diagnosed in 2020 were exposed through injection **drug use**[2]

[1] Ontario HIV Epidemiology and Surveillance Initiative. A Snapshot of HIV Diagnoses and the HIV Care Cascade Among Women in Ontario, March 9, 2022.

[2] Ontario HIV Epidemiology and Surveillance Initiative. HIV diagnoses in Ontario, 2020. Toronto, Ontario, August 22, 2022.

[3] Ontario HIV Epidemiology and Surveillance Initiative: Women & HIV in Ontario (2021)

4.0

Community Driven Consultations

4.1 What We Did

WHAI's community consultation process was designed and grounded in values of community development and collective impact. Particularly in processes that emphasized deepening relationships with community, practicing listening and conversation, inclusivity, and adopting a strengths-based approach in knowledge gathering and review.

Informed by community knowledge holders, including people living with HIV, researchers and partners, the knowledge gathering and review processes were co-created to be inclusive and accessible to WHAI's priority populations of **women** across the province. The consultation was based in de-colonial, anti-racist, participatory and trauma-informed practices from the early planning stages through implementation, theming, and completion. Consideration was also given to flexibility and inclusivity given the ongoing impact of COVID-19 and related public health restrictions throughout the consultation process.

Consultation involved the following steps:

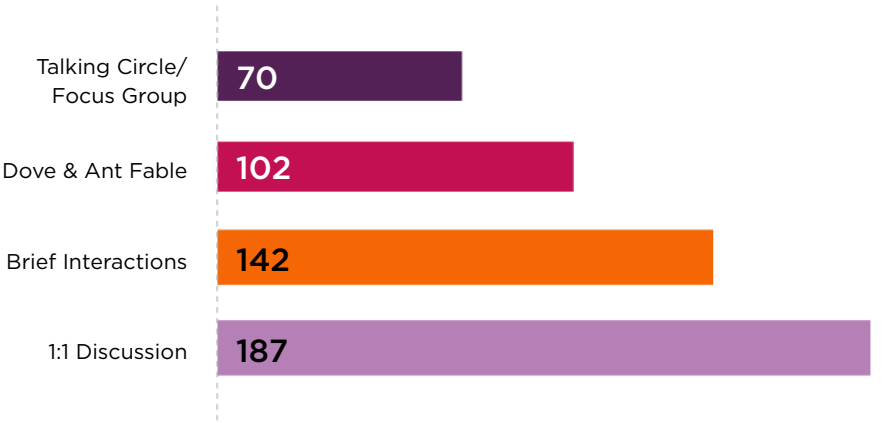
1. *Participatory planning with WHAI Coordinators, Managers, EDs and key partners.*
2. *Collaborative development of consultation tools and implementation processes.*
3. *Coordinator capacity building for consultation process.*
4. *Consultations with cis and Trans **women**, 2-Spirited or Non-Binary Femme people.*
5. *Synthesis, review and theming of experiences **women** shared, with input from a team of community knowledge holders and the WHAI network.*
6. *Consultations with community organizations and networks, led by Coordinators.*
7. *Iterative review and theming with community knowledge holders and WHAI network.*
8. *Finalization of Priority Areas for Collaboration.*

4.2 The Tools We Used

The first phase of consultations centred the voices of cis and Trans **women**, non-Binary and 2-Spirited Femme people who face intersecting, structural risks related to HIV and sexual health care. This included **women** living with HIV, African, Caribbean, Black (ACB), Indigenous, newcomers, who use drugs or substances, who have experienced violence and/or incarceration, and/or who engage in sex work.

Four (4) community consultation tools were developed to support knowledge gathering including a one-on-one discussion tool, a brief interaction tool, a storytelling tool based on the fable, 'The Ant and Dove,' and a focus group or talking circle discussion guide. These tools were developed to ensure WHAI Coordinators had a range of options in how they could engage **women** in their communities, recognizing that there is no one way in which all **women** share their knowledge. The tools offered flexibility in implementation, accessibility, and centred anti-racist, decolonial consultative approaches. The one-on-one discussion tool was most widely used; however, all tools had strong uptake across local regions.

Number of participants who used each tool:

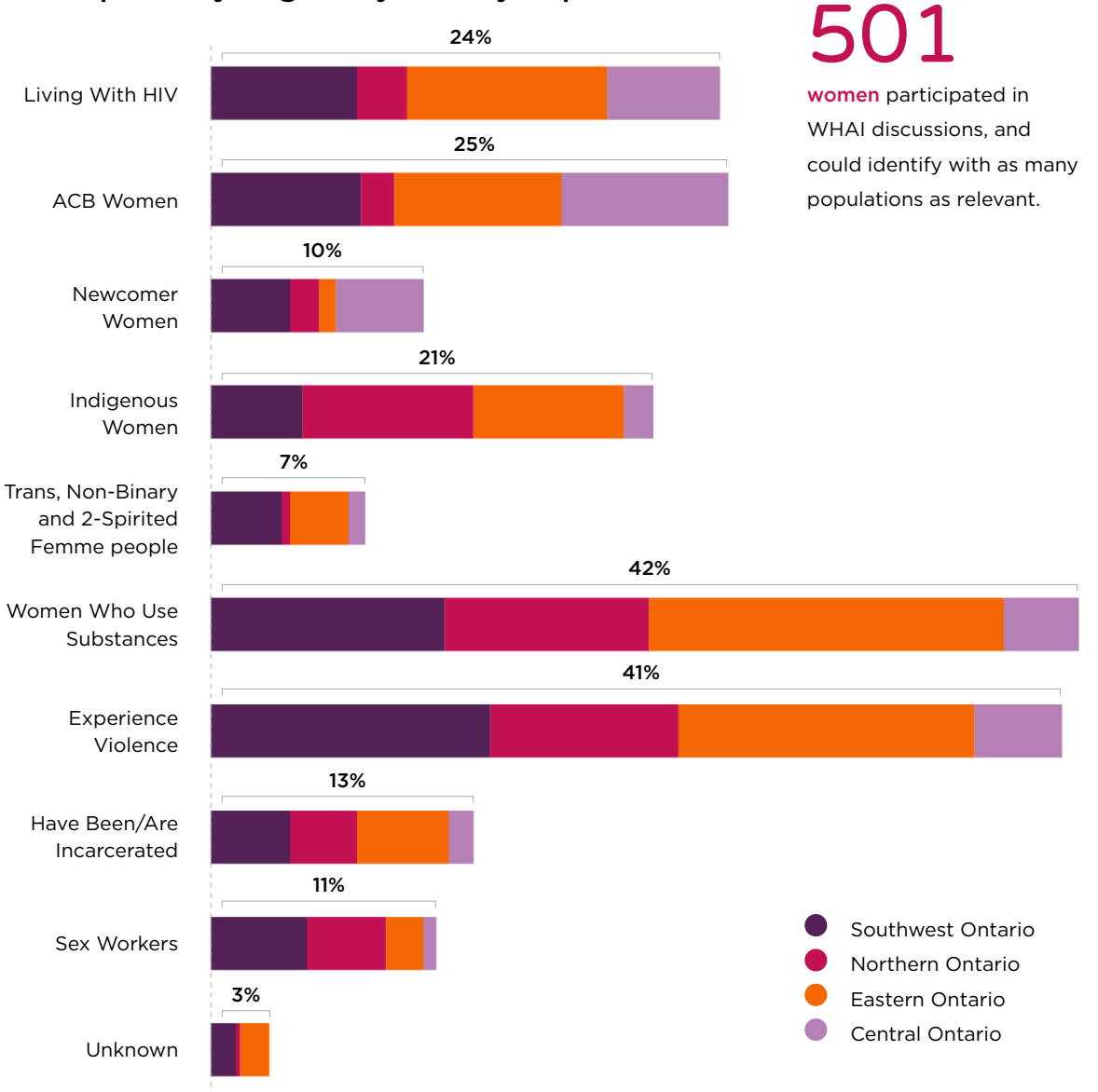


An additional consultation tool was developed for the second phase of consultations with community organizations and networks. This tool was developed to reflect what was shared by **women** during phase one, to springboard into further knowledge gathering about the experiences of community workers, and to identify important areas for community capacity building and collaboration.

4.3 Who Participated

Equipped with a variety of participatory tools, WHAI Coordinators consulted with a total of 501 **women** in 16 local regions across the province including a strong showing of WHAI's priority populations. **Women** who use drugs / substances, those who have experienced violence, **women** living with HIV, ACB **women**, and Indigenous **women** were particularly well represented. Coordinators made dedicated efforts to connect with **women** from often underrepresented groups to ensure voices of Trans **women**, **women** who are or have been incarcerated, newcomers, and sex workers were also highlighted (see figure below).

Participants By Region By Priority Population



501

women participated in WHAI discussions, and could identify with as many populations as relevant.

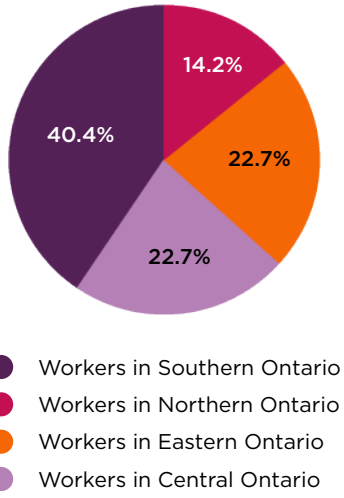
In the second phase of consultations, Coordinators engaged 317 community workers representing a wide range of organizations and networks across the province including newcomer and immigration services, Black and Indigenous serving organizations, **women**'s drop-ins and shelters, harm reduction and overdose prevention programs, health care, and violence against **women** sectors.

Community Workers

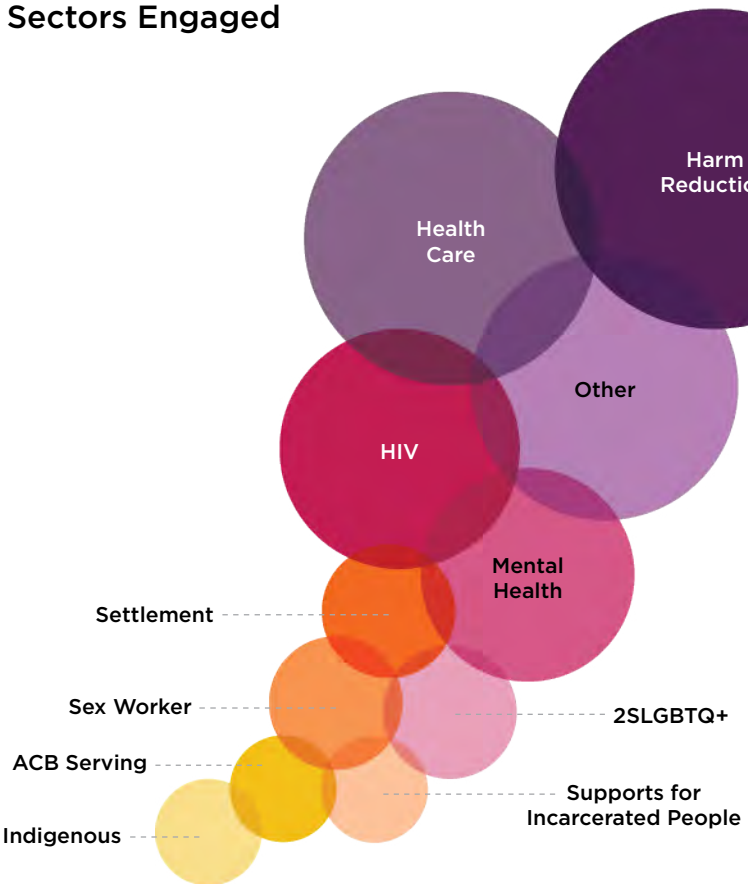
317
Community Workers participated

161
Community Organizations and Networks were represented

135
consultations were held



Sectors Engaged



5.0

Understanding Women's Stories

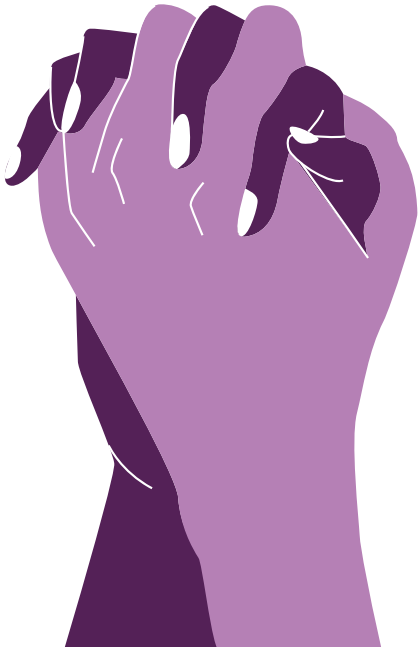
As multiple tools for knowledge gathering were developed to recognize the different ways in which **women** share their experiences, multiple review techniques were also applied to recognize the different ways in which we derive meaning from the stories and experiences shared.

Facilitated by the provincial team, WHAI Coordinators utilized a mix of templates, online whiteboards for visual collaboration, individual reflections and collective discussion tools, capacity building sessions on coding and a thematic analysis to support a thorough review process. In parallel, a team of community knowledge holders reviewed what Coordinators had gathered to provide varying perspectives, systemic insights and analysis to augment the thematic review. This group reviewed with an eye to the experiences of Black **women**, Indigenous **women**, Trans, 2-Spirited and Non-Binary Femme people, people living in Northern and other more remote communities, and other groups who often face structural exclusion to ensure their voices were captured and amplified. Overall, this uniquely collaborative approach to theming enabled a rich plurality of perspectives to deepen understanding and elevate **women**'s voices in framing WHAI's Priority Areas for Collaboration.

This process of collective analysis and sense-making led to a categorization of **women**'s experiences into three key areas: the intersectional and underlying experiences that impact **women**'s health outcomes (7.0), the Priority Areas for Collaboration (8.0), and the strategic community actions for change that can be undertaken both at the provincial and local level, rooted in community development and collective impact frameworks (9.0).

> *"These consultations are so valuable in building partnerships, relationships and connections with community partners and women."*
>
> - Reflection from WHAI Coordinator discussions

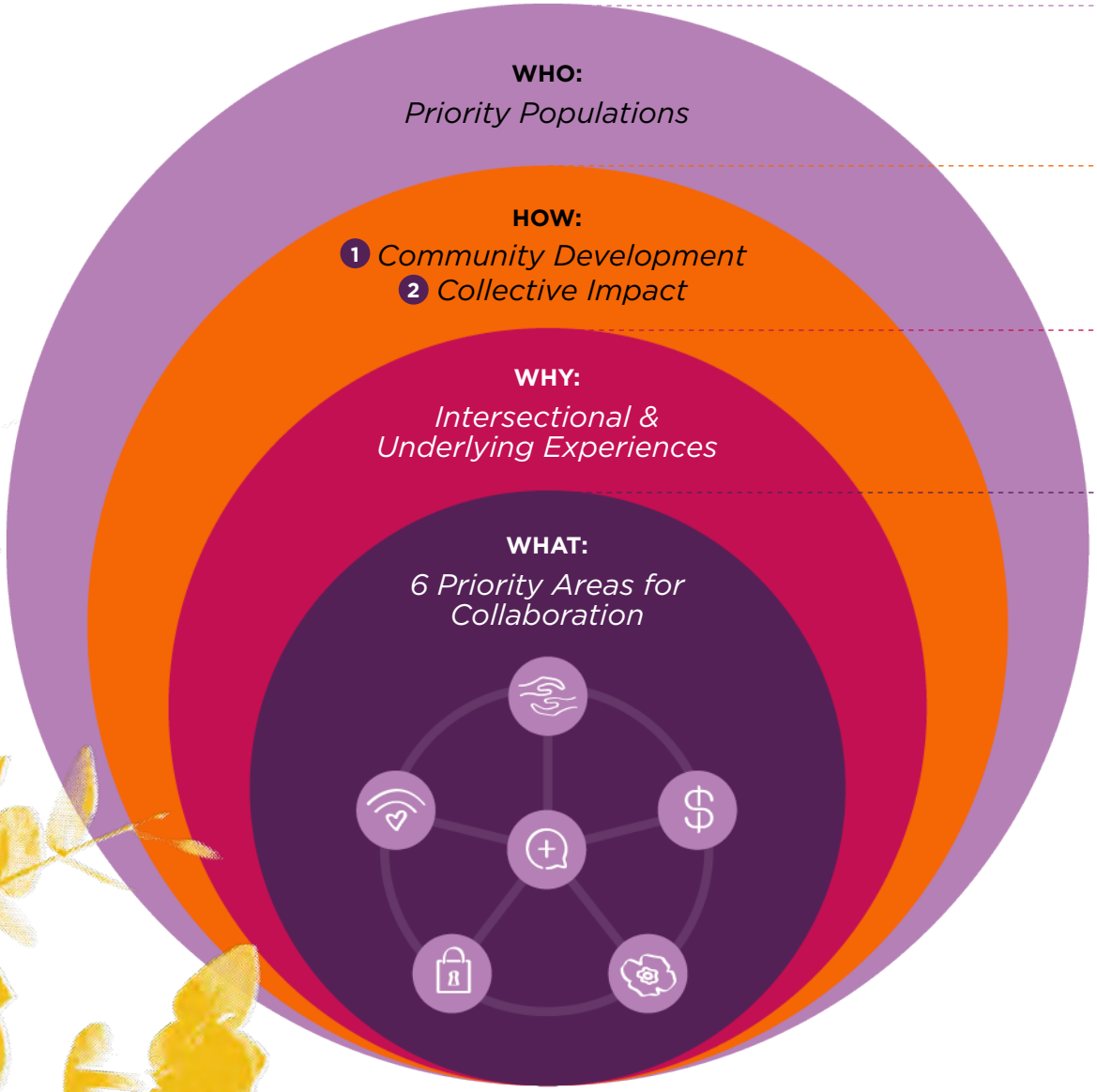
> *"Wellness is good health. Going out in the community without fear. Supporting people at the food bank. Having family and friends because people support me in different ways. Wellness is spiritual. Wellness is community."*
>
> - Community voice from Guelph



6.0

The Who, What, Why & How of WHAI

Explore the interconnectedness behind the areas in which WHAI works in the diagram below, including; the frameworks used and the reasons behind our work.



WHO we work with:

WHAI works with **Priority Populations** of Cis, Trans **women**, 2-Spirited and Non-Binary Femme people who identify as: living with HIV, African, Caribbean and Black, newcomers, Indigenous, use drugs, experiencing violence, or have been / are incarcerated. These populations also include those who are pregnant or parenting, living with different abilities, and from varying age groups including young adult to senior. ***Read more on page 5***

HOW we do this work:

1. **Community development**[1] emphasizes enhanced community capacity, the collective ability of a community to control the factors affecting their health, rather than measurable changes in health-related risk factors, as the desired outcome.

2. **Collective Impact**[2] is based on five conditions: Common Agenda, Shared Measurement, Mutually Reinforcing Activities, Continuous Communication, and Backbone Support. **We cannot do our WHAI work without acknowledging and weaving these realities into all elements of our work.** ***Read more on pages 8-9***

WHY this work is important:

Working in these frameworks is important because of the **Intersectional & Underlying Experiences** that impact these Priority Populations including institutional violence, gender based violence / intimate partner violence, poverty and structural inequality, gender identity-based discrimination against Trans, 2-Spirited and Non-Binary Femme people, housing insecurity including homelessness, precarious housing and unsafe housing, Anti-Black, Brown, Asian and Indigenous racism, stigma and discrimination. ***Read more on page 20***

WHAT are we working on:

Informed by the principles outlined above, the **6 Priority Areas for Collaboration** are the key themes shared across the communities where we work and will inform how we work to reach our WHAI goals in the coming years. These are: HIV Education, Prevention, Care, & Support, Community Connection, Safety, Economic Autonomy, Women Centred Harm Reduction, Wholistic Care. ***Read more on pages 21-33***

[1] Women an HIV / AIDS Initiative Program Guidelines, AIDS Bureau Ministry of Health and Long-Term Care, April 2012.

[2] https://www.tamarackcommunity.ca/collective-impact

7.0

Intersectional and Underlying Experiences

The intersectional and underlying experiences cis and Trans **women**, 2-Spirited and Non-Binary Femme people identified as impacting their HIV related care and wellness outcomes were:

- **Institutional Violence**
- **Gender Based Violence / Intimate Partner Violence**
- **Poverty & Structural Inequality**
- **Gender Identity-Based Discrimination against Trans, 2-Spirited and Non-Binary Femme people**
- **Housing Insecurity including Homelessness, Precarious Housing and Unsafe Housing**
- **Anti-Black, Brown, Asian & Indigenous Racism**
- **Stigma & Discrimination**

Women talked about how these experiences underpinned their everyday lives to create real and overwhelming barriers to health, wellness and care. They identified these barriers as having a significant impact on their direct or indirect risks related to HIV, their capacity to prevent HIV, and their overall health & well-being. Feedback from consultations with community organizations and networks were well-aligned with how **women** identified their systemic barriers to health. They further emphasized stigma and discrimination, housing insecurities, violence, poverty and financial insecurity.

Along with a mapping of underlying and systemic barriers, **women** also described ways to enhance HIV care and wellness. Their strategies for care were grouped into key themes which make up the Priority Areas for Collaboration, guiding where and how WHAI can concentrate its work and align with Ontario's HIV response.

> *"Healthcare should be designed based on women's lived experiences. People should be listening to [women]. There isn't enough of that."*
>
> **- Community voice from Toronto**

8.0

Priority Areas for Collaboration

Work situated within the Priority Areas for Collaboration action WHAI's goals to: support women living with HIV, build capacities for prevention efforts, and cultivate affirming environments for women to better their HIV related care and wellness outcomes.

The six (6) Priority Areas for Collaboration include:

8.1 HIV Education, Prevention, Care & Support

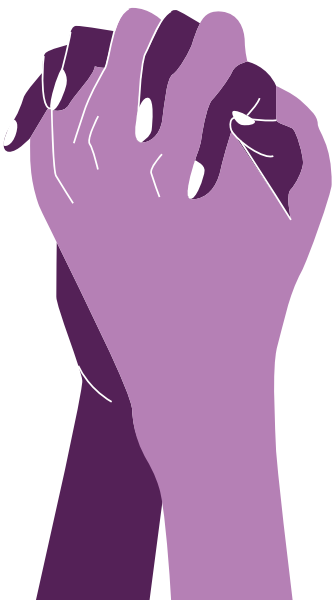
HIV education, prevention, care and support was a key theme raised by those who participated and is at the core of WHAI's priority setting for future work. All other areas of collaboration connect to this central theme.

Women identified a need for increased learning and access to HIV self-testing information, noting this as a less stigmatizing testing option. They also discussed resources related to HIV disclosure, especially within the context of criminalization; parenting, infant feeding and care support; and culturally thoughtful, inclusive, and supportive HIV models of care. Some discussed prevention tools such as PEP, PrEP & PIP while many held the belief that these were only options available to men, highlighting the importance of awareness raising work around HIV prevention technologies.

Partners in community organizations and networks expressed a need to build knowledge about HIV, revealing key opportunities for future collaborative work. They expressed the need to build their knowledge of HIV basics, stigma and discrimination, testing, treatment and community models of care, and prevention tools. Both **women** and community partners pointed to the need for increased education and awareness raising for Undetectable = Untransmittable (U=U).

Moving the work forward WHAI is committed to strengthening **women's** HIV education, prevention, care and support through actions such as:

- Facilitating community capacity building, knowledge exchange and resource development focussing on **women's** needs and experiences
- Cultivating spaces of sharing and learning amongst women living with HIV and community organizations
- Amplifying **women's** expertise to improve **women's** HIV prevention, care and support



> *"U=U completely changed how I think about HIV and wellness. Wish it was more widely taught in high schools and universities, [they] still have incorrect opinions about HIV. Campaigns like U=U are very important in educating people."*

- Community voice from Ottawa

> *"I think education should never stop. I think it would be helpful to use peers from the community as facilitators. The women can relate to them a lot more than they relate to us. I think we should go into the communities and not wait for them to meet us at the office."*

- Community voice from Thunder Bay

8.2 Community Connection

Women value and need community connection to help them be healthy, safe and well, reduce HIV risk, and foster positive health outcomes. Community was described as a feeling or sense of belonging and connection to others with shared experiences such as gender and cultural identities, faith or food practices; as a place of rest; a place to foster supportive and respectful peer relationships; to unite with land and nature; and spaces that value family, children, relationships, love, and sex.

Women who face structural discrimination and criminalization talked about the importance of spaces where they can share experiences, resources, knowledge and support one another. This was heard widely amongst Black and Indigenous **women**, drug using communities, **women** living with HIV, and those who have experienced violence. This vision for community connection was noted as a critical step in improving self-esteem, mental health, loneliness, isolation, depression, and in building a sense of self-worth and which all impact women's autonomy over HIV prevention and care.

In terms of care work both **women** and partners from community organizations and networks stressed the importance of listening, empathy and authenticity. The lack of racialized community partners in institutions of care was discussed as a barrier to building relationships of trust. However, valuing **women**'s expertise and leadership were noted as ways to build relevant programs, and increase trust in health service organizations.

Moving forward, WHAI is committed to community development work that aims to foster these valuable spaces and recognizes the importance of community connection to **women**'s lives and health. Work in this area may include:

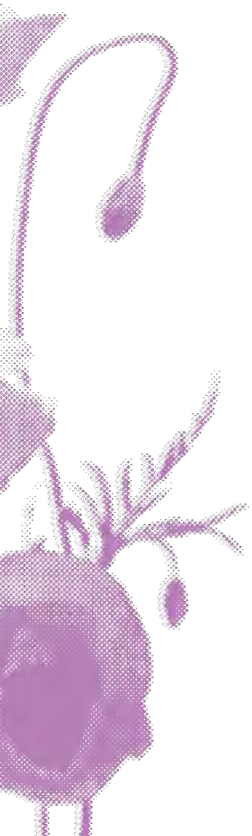
- Building capacity among community organizations and networks to foster peer-led spaces for **women** to support each other, share experiences and knowledge with each other, linking to HIV prevention, care and support, and building community connectedness
- Facilitating communication between community organizations to bolster warm referrals and wrap around supports for **women** living with HIV and who face structural risk factors related to HIV
- Working with **women** and community partners to understand cultural relevance and awareness in programming, and in building open and inclusive spaces.

"Wellness requires connection to others, like really connecting with people and being part of a community."

- Community voice from Kingston

"Women don't know what help is available and bridges are needed to connect more women to resources."

- Community voice from Niagara



"Promote through people with lived experience- This is how it changed my perspective. Talking to women in community and hearing about their lives. Seeing healthy POZ women- I learned best from talking to POZ women."

- Community voice from Thunder Bay

8.3 Economic Autonomy

Economic autonomy is well recognized as a key determinant of cis, Trans, 2-Spirited and Non-Binary Femme people's health. While not new, poverty and financial insecurity were particularly referenced through the consultations reflecting the exacerbating circumstances of COVID-related cuts to income and financial pressures, and requirements for online and digital modes of connection. It was clear that the impacts of the pandemic had significantly weakened **women**'s economic security.

Financial insecurity was repeatedly identified as a debilitating barrier to **women**'s health outcomes and access to HIV prevention, care, and support. Notably, **women** described being in cycles of disempowerment that increased their health risks, and circumvented their mental, emotional and physical wellness.

Women and community partners across the province stressed the provision of basic needs as a precursor to good health. Economic autonomy was described as having a safe and stable home; access to healthy food; safe, reliable transportation; affordable childcare; access to communication tools; provision of medication; gainful employment; and the ability to support family, including family outside of Canada.

Because health is more than just basic needs, **women** also noted the importance of access to educational opportunities that would enable economic growth; opportunities for grassroots organizing where they could enact community care; and funding opportunities to support **women**'s employment and work.

WHAI's work in this area is anchored to community development in partnership with a strong network and may include:

- Networking with community partners to help inform strategies to address economic barriers that increase risks related to HIV and impact access to HIV care and support (i.e., workgroups, committee work)
- Building community capacity for warm and thoughtful referral pathways to services that provide financial assistance, employment services, or educational supports
- Supporting capacity building initiatives and accessible wrap around services that enhance meaningful employment opportunities for WHAI's priority populations, linking to GIPA and MEPA

Community Voices

> *"We do not make enough money to meet all needs, underemployed (part-time), the rate of pay is too low, culturally relevant food is very expensive, rent is too high."*

- Community voice from Sudbury

> *"A lot of women struggle financially; they do not have enough money to care for their families and also send to their home countries. Community and emotional wellness is crucial, they are separated from their loved ones due to immigration issues. The process is long, being away from family in a new country with new ways is challenging for the women."*

- Community partner from Toronto

8.4 Women-Centred Harm Reduction

Harm reduction and overdose prevention spaces that welcome, honour and support **women** from WHAI's priority populations were highlighted throughout the consultation process. This is especially true for Trans, 2-Spirit and Non-Binary femme people and Black, Brown, Asian, Indigenous, and other racialized communities.

Women-centred harm reduction was described as programming and spaces for **women** and femme people who use drugs to support each other with information about safer drug use practices, safer places for using drugs, overdose prevention practices, and access to a safer drug supply in ways that increased safety, economic stability, and improved health outcomes. Intersecting needs were also identified, including strategies for navigating relationships; supports related to pregnancy and parenting; the prevention of gender-based violence and harassment in spaces where services are delivered (including harm reduction spaces); and ways of addressing experiences of criminalization, including that of sex work. **Women** noted opportunities to grow safe, non-judgmental, culturally inclusive, harm reduction services where workers practice trauma-informed care, that are reflective of the diverse lived experiences of drug use, and are representative of Indigenous, Black, Brown, and other racialized communities.

Moving this work forward, WHAI's work may include:

- Collaborating with local harm reduction teams and partner organizations to enhance spaces where **women** who use drugs/substances can safely access service and connect with each other.
- Drawing on WHAI's **Women** and Harm Reduction Toolkit and other resources to support community capacity building work, amplify the voices of **women** and femme people and include their expertise throughout all aspects of the work.
- Working with **women** and femme people who use drugs/substances to facilitate community education and enhance connections to safe, trauma-aware, culturally inclusive care.

> *"We need more open spaces, safe spaces and less stigma surrounding drug use and safe injection site and accessing harm reduction."*
>
> - Community voice from Thunder Bay

> *"Mainly within the harm reduction community I've felt that I am able to connect and get support. Along with my peers. Some feelings of isolation and loneliness."*
>
> - Community voice from Niagara

> *"Using substances increases your risk of HIV so much. Some women are not able to access harm reduction supplies because they are worried about what people will think if they seem them there."*
>
> - Community voice from Toronto

8.5 Safety

Safety and **women**'s health are inextricably linked. This link intersects with all other Priority Areas for Collaboration identified through the consultation process and is an essential area for community capacity building work.

Women conceptualized safety as freedom from interpersonal, physical, sexual, mental, emotional and financial violence, as well as systemic and structural violence, such as anti-Black, Brown, Asian and Indigenous racism, homelessness, poverty, gender-based discrimination, homophobia, and more. In this way, safety was described as essential in promoting health and well-being, preventing HIV, and ensuring **women** had helpful linkages to care.

Community based responses were identified as central to addressing safety by both **women** and community partners. The experience of convening with a common purpose of sharing and supporting one another was highlighted as a predominant strengths-based approach. This was seen as a way to build safety, community, and reduce systemic distrust. Having a safe place to sleep and take some respite was also noted, especially against the backdrop of dire safe housing shortages. Spaces to connect with people linked by shared identities, experiences of racism and discrimination, or immigration, violence and/or poverty were also highlighted. Overall, community connections intersected deeply with safety.

Partners from community organizations and networks pointed to the need for increased knowledge about the impacts of gender-based violence and strategies to provide support and advocacy in culturally thoughtful and anti-racist ways. They also pointed to the need for skills to provide trauma-informed care, and strategies to support and foster **women**'s autonomy and self-determination.

Moving this work forward, WHAI's community capacity building work may include:

- Collaborating with community organizations and networks to facilitate spaces for **women** from WHAI's priority populations to come together and develop community-based responses related to safety, including safety as related to accessing HIV care and prevention
- Creating spaces for learning and action to address systemic and interpersonal violence, including anti-Black and Indigenous racism, and supporting **women** where appropriate, to share their knowledge with community partners
- Providing knowledge translation and capacity building for community partners (centring **women**'s voices) to learn skills and strategies for fostering physically, emotionally, spiritually, culturally and mentally safe places and peer-led strategies for **women** to connect and access safe HIV care and support.

"There are lots of assumptions about what racism is ....and a need for education and discussion about institutional and structural racism and its impact on our work."

- Community partner from Kingston

"I've heard from BIPOC women clients who haven't phoned the police when in dangerous situations out of fear of being unfairly criminalized - left to deal with danger alone."

- Community partner from Brampton

"Wellness is ... the ability to sleep at night. I feel well when my mind is at peace, not having traumatic memories of war and death."

- Community voice from Guelph

8.6 Wholistic Care

Wholistic care is a fulsome approach to **women**'s health that actively recognizes the layered and intersecting determinants that impact HIV related health and wellness. This approach acknowledges that no aspect of care, or the social determinants of health, are whole without addressing all others. Wholistic care was described as including physical, mental, emotional, spiritual, and community-based elements of well-being with strong implications for how care is structured and delivered.

Particularly, **women** noted how care should be (1) trauma-informed; (2) genuinely compassionate; (3) culturally inclusive; and (4) focused on **women**'s autonomy and self-determination to make informed decisions about their health regardless of gender identity. Autonomy was cited multiple times by **women**, not only as a means to make choices about their health or their care partners, but also in an effort to be independent as they felt judged and not trusted to make these choices despite wishing to be in charge of their care. Having a sense of shared identity and understanding with their care providers (i.e., someone who identifies from the ACB or Indigenous communities, or someone with lived experience of drug use, or someone with a shared gender identity) was seen as an important consideration. **Women** and community partners noted the value of recreational activities, meditation, Indigenous and non-western traditional medicines and practices in wellness and care programs.

In some cases, wholistic health was linked to "one stop shop" or "hub" models where **women** are able to access multiple services that address their various needs in one space, while for others it was about fostering wrap-around, collaborative models of care. System navigation through warm referrals and care linkages were frequently cited. Understanding systemic barriers for **women** facing structural risk for HIV was key.

Moving work on Wholistic Care forward and fostering **women**'s leadership and expertise in this work could include:

- Supporting thoughtful referral pathways and collaborative efforts between community partners for wrap-around, wholistic care
- Building capacity for culturally inclusive, anti-racist models of care that integrate a wholistic approach, and foster strong linkages to HIV prevention and care
- Sharing knowledge and awareness about the impact of stigma, judgment and racism in care services

> *"A wrap-around care model that is offered by agencies, it does not stigmatize survivors to seek the support they need, as it is all offered under one roof."*

- Community partner from Ottawa

> *"No one really helps you navigate the massive maze of social support and I don't know how to."*

- Community voice from London

> *"I've definitely experienced Transphobia. My inability to get healthcare as a Trans woman is Transphobia. I know doctors don't want to take me because [they] don't want to deal with the 'complications' involved with me."*

- Community voice from London

9.0

Where We Go From Here

The stories and experiences shared by cis and Trans **women**, 2-Spirited and Non-Binary Femme people and community workers from across Ontario will directly inform how WHAI works alongside communities both provincially and locally to:

Reduce HIV transmission among women

Enhance local community capacity to address HIV

Create environments to support women and their HIV related experiences

9.1 Provincial Level

Implementation of this work will be rooted in the principles of collective impact and guided by community development frameworks. Provincially, the WHAI network will select Priority Areas for Collaboration to focus on annually, thereby strengthening our work both provincially and regionally. Each year, HIV Education, Prevention, Care and Support will be our main area of work. In addition, 2 or 3 of the other Priority Areas for Collaboration will be selected collectively as a provincial network to foster collaboration across regional sites, and within local communities, through mutually reinforcing activities.

More broadly, a common agenda and shared local strategies with measurable activities and goals for the work will be collectively set based on the Priority Areas for Collaboration. Regular Network meetings will serve as a core space for communication and coordinated efforts to achieve set goals alongside communities across Ontario. WHAI will focus efforts on continuing to facilitate spaces where communities work together to determine strategies that address identified needs including capacity and knowledge building, and draw on tools and resources that foster community leadership and amplify voices.

9.2 Local Level

Each of the 16 regions and 17 Coordinators that make up WHAI will use the identified Priority Areas for Collaboration as well as the intersectional and underlying experiences identified by **women** as a foundation for their annual local work planning. With these informing the work, there will continue to be a strong grounding in local community voices, experiences, needs and leadership. Working together with the Network, Coordinators will identify strategies to do impactful work in their local communities, based in frameworks of collective impact and community development.

Overall

Together, the Local and Provincial Collective Action Community Change reports will serve as foundational documents to guide WHAI's work from 2023 onward. As a Provincial Initiative, WHAI is committed to these Priority Areas for Collaboration and to creating provincial change that:

1. **Amplifies the voices and experiences of women with lived experiences as leaders in community change work;**
2. **Works towards our network objectives; and**
3. **Advances Ontario's HIV Response.**

10.0

Conclusion

The community consultation process outlined in this report serves as a critical blueprint for the work that WHAI will be undertaking over the next 3-5 years. As a network that stretches across diverse regions and encompasses even more diverse populations of women, the findings in this document plays a crucial role in guiding the complex work ahead.

The unique and thoroughly collaborative consultative process WHAI has engaged in has achieved much more than a community-informed roadmap for the future. It has helped forge new relationships and strengthen existing ones by seeking and amplifying the voices of cis and Trans **women**, non-Binary and 2-Spirited Femme People who face intersecting, structural barriers to care.

The voices and stories centered in this report are calls to action for enhancing HIV-related care; and equally so, they are evidence of the strength and wisdom of the communities we heard from around the province. With the meaningful engagement of cis and Trans **women** and 2-Spirited, Non-Binary Femme people and community partners across Ontario, WHAI is ready to collectively build an impactful future from 2023 onward.

Community Art & Writing

Many community members and participants work on art and writing as part of this process!

Zines from participants in St. Catharines

"Feeling a state of peace, feeling no major pain (spiritually, physically, psychologically)."

- Excerpt from an Ottawa Dove & Ant Fable Session

"My brothers are a source of strength for me. Community relations are really important. Really enjoying my plants – how they flourish when you give them attention."

- Excerpt from an Ottawa Dove & Ant Fable Session

WHAI Women & HIV/AIDS Initiative

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