

Collective Action & Community Change

A Community Consultation Report for the
Women and HIV/AIDS Initiative in **Thunder Bay**

Acknowledgement

WHA! and Oahas would like to share deep gratitude, respect and humility to the **women** who bravely shared their stories with us. Your voices have shaped our work and we will continue to advocate alongside you for a more equitable world.

We see the multitude of gifts you carry within your mind, body, spirit and hearts. We are grateful to know your resilience, resourcefulness, knowledge, self-determination, and kindness.

We would also like to thank our community partners who have shared their experiences and ideas for collaboration to make our work stronger, together. We see a future where **women** receive wholistic care that meets their needs, feel safe in their community, feel connected, and have economic autonomy.

We trust we will continue our work to make this future a reality.



The WHA! Thunder Bay team uses the Sacred Seven Teachings to guide our interactions with community

Nibwaakaawin - Wisdom

Gwayakowaadiziwin - Honesty

Zaagi'idiwin - Love

Dibaadendizowin - Humility

Manaaji'iwewin - Respect

Debwewin - Truth

Aakode'ewin - Bravery



Honouring Our Relations

Today, we give thanks to the lands and waters that continue to support and sustain all life surrounding Kitchigami (Lake Superior). We encourage you to reflect on what lands and waters support and sustain your life, and what you do to honour those relationships.

We recognize and honour the many treaties and treaty obligations that we carry both as individuals and as an organization. Specifically we acknowledge we are operating on the traditional territory of the Anishinaabek, and Fort William First Nation, which is one of the original signatories of the Robinson Superior Treaty of 1850. We ground our ongoing work in listening, reflection and actions of solidarity in support of movements of justice and self-determination for First Nations, Métis and Inuit in Ontario.



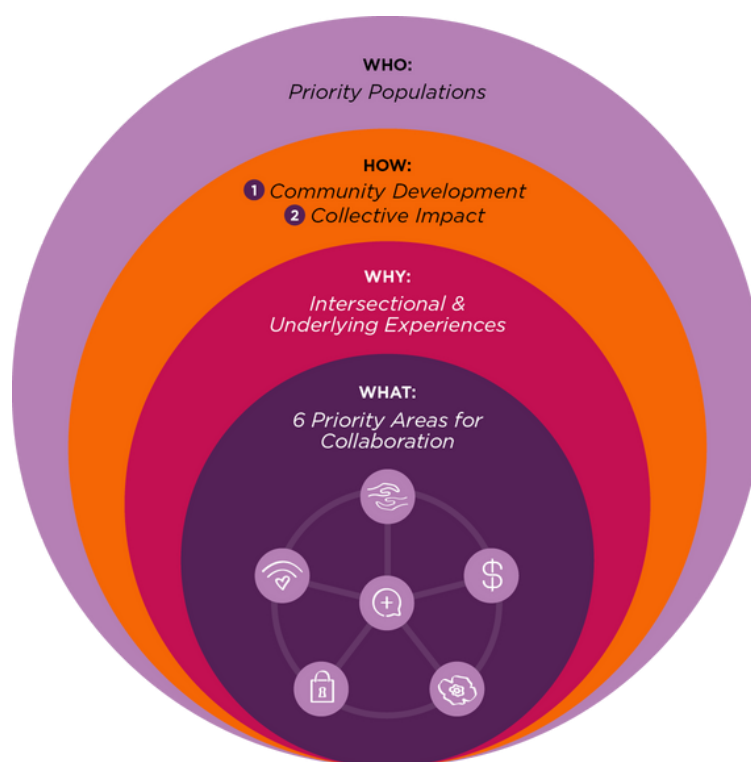
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Introduction

Aaniin. Hello. This report is a reflection of our work in Thunder Bay through the **Women** and HIV/AIDS Initiative (WHAI). We welcome you to read through the report and reflect on the lessons shared throughout.

We begin by introducing the Ontario Aboriginal HIV/AIDS Strategy (**Oahas**) and our connection to **WHAI**. We then describe the **background** of the WHAI program, how this and the provincial report came to be, and a description of **who we work with** and the use of the term **women** throughout this report.



Then we describe our methodology and who we spoke with in our **community driven consultations** process, and how this data was used at a provincial level to **understand women's stories and community partner feedback** to develop **priority areas for collaboration**. We describe how each priority area for collaboration is reflected in the data at a regional level specific to Thunder Bay. Finally, we discuss possible **next steps** for organizations at a regional level, and next steps for the provincial WHAI program.

The Ontario Aboriginal HIV/AIDS Strategy (Oahas)

Oahas is a provincial Indigenous-led and Indigenous governed harm reduction and AIDS service organization. Our mission is to support healthy thriving Indigenous communities through education, access to testing, service navigation support, and harm reduction to reduce the transmission of HIV and HCV. Geographically, we are the only Indigenous AIDS Service Organization that operates multiple program sites across the province (London, Toronto, Sudbury, Sault Ste. Marie, and Thunder Bay), and our administrative office is located in Barrie, ON.



We understand that wellness comes from a balance between our spiritual (hope), emotional (belonging), mental (meaning) and physical (purpose) behaviour.



We work with community to centre love, honesty, humility, respect, kindness, bravery, and wisdom in all of our interactions.



We believe centering Indigenous ways of being, knowing, and doing (IWBKD) in our work can lead to improved outcomes.

Since Oahas's inception, the team has been involved in community-based research projects, innovative initiatives, academic research, and advocacy. Through this work, staff have developed foundational principles that guide all aspects of our relationships and work. These include the principles of Greater Involvement of People living with HIV/AIDS (GIPA), Meaningful Engagement of People living with HIV/AIDS (MEPA), Indigenous harm reduction, and respect for our cultural knowledge and teachings.

In Thunder Bay, our offices are co-located with Elevate NWO, a non-Indigenous, AIDS service organization in Thunder Bay. More than 80% of people ENWO serves identify as Indigenous. Together, Oahas and ENWO serve community members living with and at-risk of HIV to prevent new HIV (and other) infections, improve linkage-to-care, and decrease time between HIV diagnosis and treatment, and contribute to equitable access to treatment and other services to reduce health disparities.

The **Women** and HIV/AIDS Initiative

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 WHAI Coordinators located in 16 AIDS Service Organizations (ASOs) throughout Ontario, WHAI aims to:



Reduce HIV risk for women disproportionately affected by HIV and AIDS

Enhance local community capacity to address HIV and AIDS

Build safe environments to support women's HIV/AIDS-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 liaisons between community groups and organizations in order 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 Program whai.ca/ourwork

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

3. Collective Impact Model <https://www.tamarackcommunity.ca/collective-impact>.



Background

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), as Indigenous, as newcomers, who use drugs or substances, who have experienced violence and/or incarceration, and/or who engage in 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 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.

A total of 501 **women** from WHAI's priority populations participated, along with 317 partners from 161 community organizations and networks across Ontario.

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.

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.



Who We Work With & The Term **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. Our work focuses on engagement with cis and Trans women, 2-Spirited and Non-Binary Femme people who are living with HIV, are African, Caribbean, Black, 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 gender people, and to support the amplification of identities outside gender-binary constructions.

Community Driven Consultations

Who We Spoke With

An initial round of consultations in Thunder Bay began in 2021 with **women** at risk of acquiring or living with HIV. The results from this consultation informed the second round in 2022 with organizations.

In the early stages of these consultations, the **Women's** Community Development Coordinator reached out to partners who were working with **women** at risk or impacted by HIV. This included staff working in mental health, addictions, treatment, support and health care services, along with prevention and harm reduction agencies. Organizations in Thunder Bay were consulted to understand their perspectives on the challenges and strengths these **women** were living with.

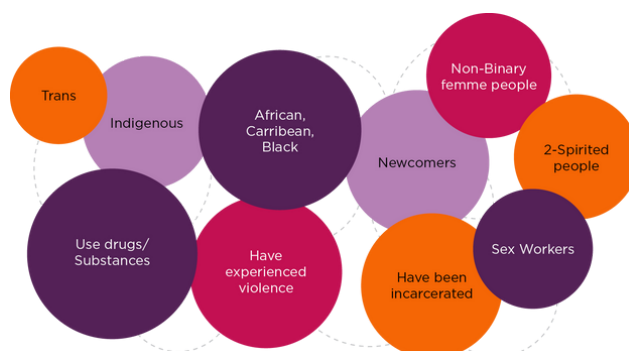
A key component of the consultation process was relationship building, which allowed the team to build capacity for the process and further strengthened the links between community partners to better serve **women** at risk of acquiring or living with HIV.

What We Did

Supported by the provincial team, the WHAI Coordinator in Thunder Bay utilized a mix of templates, online whiteboards for visual collaboration, individual reflections and collective discussion.

In the initial round of consultations, a total of 27 **women** were interviewed using 1:1 discussion or brief interactions. Quantitative data from these interactions was analyzed using descriptive statistics, while qualitative data was analyzed using informal thematic analysis. Data from each region was combined to form provincial-level themes.

The second round of consultations was 10 different organizations in the region. Both in person and phone 1:1 discussions and focus groups/talking circles were utilized for data collection. This round of consultations focused on triangulating the data to confirm organization staff were seeing the same concerns with the **women** they work with.



Understanding **Women's** Stories and Community Partner Feedback

Much like the community development and collective impact approaches used throughout the consultation process, the analysis, interpretation and review of what was shared also followed these principles. The use of community led approaches helped to ensure time and space to understand the experiences and wisdom shared by communities across Ontario through the use of multiple tools and approaches.

Once data collection was complete, WHAI coordinators participated in 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 WHAI

Coordinators gathered to provide varying perspectives, systemic insights and analysis to deepen and enhance 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, 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:**

Intersectional and underlying factors that impact **women's** health outcomes,

Priority Areas for Collaboration

Community actions for change rooted in community development and collective impact frameworks

Priority Areas for Collaboration in Thunder Bay

We asked what would be beautiful to see in an ideal world when it came to connection and creating a circle of care for **women**...

*We heard about a community where adequate funding allowed organizations to expand and build stronger services in order to provide equitable care to **women**. We were told repeatedly of a hope that someday these **women** would live free of stigma and racism, and feel appreciated for the strengths they possess.*

There are many 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, these experiences are outlined in the provincial report.



From the conversations with **women**, six key themes emerged from the provincial-level data as priority areas for collaboration to address these systemic barriers. These include HIV Education, Prevention, Care and Support; Community Connection; Economic Autonomy; **Women** Centred Harm Reduction; Safety; and Wholistic Care.

In the consultations in Thunder Bay, these priority areas were all centred around a common theme of cultural security and culturally-appropriate care.

1. HIV Education, Prevention, Care and 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." (WHAI, 2023, p.22).

In speaking with stakeholders in Thunder Bay, it was clear that there is an opportunity for increased education on HIV topics for healthcare and social service teams, especially as it relates to Indigenous **women**. Education and knowledge sharing has the potential to reduce stigma and misinformation circulating in the community.

Specifically, it was identified that while some service providers feel comfortable with messaging related to safe sex and using new needles to reduce transmission, there is an

increased need for ground-level information sharing around the biology of HIV transmission and best-practices for prevention, such as the use of PrEP and PEP, and messaging around Undetectable = Untransmittable (U=U).


It was also identified that more education needs to happen in the community about the concept of harm reduction related to both drug use and HIV transmission. Additionally, there is room for improvement on information sharing about accessing preventative care.

This is similar to the provincial theme, which shared that partners in organizations *expressed the need to build their knowledge of HIV basics, stigma and discrimination, testing, treatment and community models of care, and prevention tools.*

“

*"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



“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

2. Community Connection

"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." (WHA1, 2023, p.24).

The provincial topics related to community connection resonated with stakeholders as many identified a need for improved connection between the different services. There are many strengths in each organization and there are opportunities for teams to work to

find a whole that is greater than the sum of its parts.

Many stakeholders also identified gaps in care especially with **women** that were living in unstable housing situations or houseless. While stakeholders felt improvements for continuity could be made by improving connections between organizations, **women** felt it would also be helpful to have more street-based outreach.

Women identified opportunities for connection including increasing access to peer support groups so that participants felt safe and welcome in the space and the facilitator felt relatable.

3. Economic Autonomy

*"**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." (WHA, 2023, p. 26).*

The importance of economic security was mentioned often in Thunder Bay consultations. Organizations advocate for the need for increased support to **women** living with intersecting social determinants of health, such as housing, income and food insecurity. A lot of women spoke about the unsafe and unhealthy living conditions they were exposed to because of the gap between housing costs and provincial living supports. Stakeholders agreed the safe and affordable housing crisis in the city and food security issues were huge barriers for clients accessing services, especially for those in a caregiver role.

Similar to what was expressed across the province, there is a need in Thunder Bay for educational opportunities that would enable economic autonomy for **women**, along with compensating **women** appropriately as peers working in outreach and/or education.



“

*“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 PO2 **women** - I learned best from talking to PO2 **women**.”*

- Community Voice from Thunder Bay

4. Women- (and Indigenous-) Centred Harm Reduction

*"**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." (WHA, 2023, p. 28).*

In Thunder Bay, there are Indigenous harm reduction organizations that hold safe space for **women** and there are non-denominational spaces for **women** as well, in addition to a **women's** specific shelter. As with all regions in the province, there was an expressed need for support and advocacy for culturally-appropriate and anti-racist care, trauma-informed care, and **women's** focused support.

In harm reduction, there is endless potential for growth and expansion of ideas as society shifts in response to research. Throughout the consultations, we heard about the importance of community-wide education on the power of using **women**-focused and Indigenous Harm Reduction approaches for preventing HIV transmission and reducing the risks related to the toxic drug supply crisis.



"We need more open spaces, safe spaces and less stigma surrounding drug use and safe injection site and accessing harm reduction."

- Community Partner from Thunder Bay



Strengths in the organizations that work closely with **women** living with HIV include cultural safety, family-like relationships, judgement-free spaces, and services that empower **women**. It is vital that we continue to offer services to these **woman** in a way that makes them feel safe and connected.

5. Safety

*"**Women** conceptualized safety as freedom from interpersonal, physical, sexual, mental, emotional and financial violence, as well as systemic and structural violence [...] such as 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." (WHA1, 2023, p. 30).*

Racism was both witnessed and experienced in many different ways by **women** in Thunder Bay. Stakeholders felt there needed to be a focus moving forward on how racism impacts **women** living with or at risk of acquiring of HIV, along with how it

intersects with other safety issues such as stigma towards people living with HIV and drug use.

Women expressed concern over accessing certain health and social services due to fear of stigma and racism, making them reluctant to seek help. They shared feelings of loneliness, emotional stress, elevated anxiety, and apprehension to access help.

Stakeholders recognized a need for stronger conviction in organizations in all sectors to eliminate discrimination and experiences of racism, and move towards a model of working together that promotes individuality, strengths, and connection.

6. Wholistic Care

*"Wholistic care is an approach to **women's** health that actively recognizes the layered and intersecting determinants that impact HIV related health and wellness."*
(WHA, 2023, p. 32).

This includes physical, mental, emotional, spiritual and community elements of well-being that connect to both the day-to-day experiences of health, and the intersectional, underlying factors that impact **women's** health. It also includes trauma informed care, genuinely compassionate approaches to care, harm reduction approaches, recreational activities, meditation, sense of community, connection to land and nature.

The importance of integrating culture into practice is vital to a wholistic care

approach. From an Indigenous perspective, there is a belief that in order to move along a journey towards wellness, healing must begin with the spirit. For those who were raised removed from culture, this may present itself as feeling a greater sense of community and understanding their place in the world. Spiritual connection may be expressed as feeling hope and finding a greater sense of identity. For those who have had a longer connection to culture, it may present itself as pursuing traditional activities, ceremonies, living off the land, etc.

This helps us understand the importance of integrating culture into services and programs from the beginning, to ensure **women** can move along a path of healing at any point in their journey.

When we asked **women about wellness, they shared many feelings related to a greater sense of community, such as feeling cared for and worried about. They expressed the importance of taking care of their mind, soul and spirit so that they could be well in their body. They told stories of how they need food, shelter, clothing, safety and other basic needs met before they could take care of themselves and their families.**

Next Steps - Thunder Bay

In Thunder Bay there was consensus that lack of adequate funding was the main barrier to providing equitable services. Services are facing increasing demand, with disproportionate funding levels. They also cover large geographical areas, posing unique challenges for service providers trying to address barriers to equitable care and **women** trying to access services in smaller, remote communities. Despite these barriers, there are opportunities for organizations to strengthen their collective work. WHAI Thunder Bay will continue to support a network of organizations to build capacity for the following three commitments:

1. Adapting the way we work

together: It was suggested that a new client-centred approach is needed to offer wrap-around and connected care to **women** living with or at risk of acquiring HIV. We need organizations to connect to each other, share resources and tools, and open links between organizations to ensure the needs of **women** are being met.

2. Increasing access to HIV

education: We can work together towards a common goal of educating community on HIV and Indigenous **women**-centred harm reduction in

order to reduce stigma. We can educate health and social service organizations (including other professionals such as dentists, etc.) on prevention, transmission and treatment topics including PrEP, PEP, U=U, etc. HIV/HCV education for professionals and individuals is available from [Open Courses | CATIE](#) - Canada's source for HIV and hepatitis C information.

3. Creating culturally safer spaces for women living with or at risk of acquiring HIV:

It is up to the people, organizations, and government institutions working in community to foster cultural safety and humility. There are many resources available to increase knowledge on how to be the change.

The First Nations Health Authority has a series of 11 webinars on pursuing cultural safety and leading with culture in Community Contexts, and information on their "It Starts with Me" Campaign. See [Cultural Safety and Humility \(fnha.ca\)](#) for more information.

Link: Open Courses | CATIE - Canada's source for HIV and hepatitis C information - www.catie.ca/education-publications-websites-education/open-courses

Link: Cultural Safety and Humility (fnha.ca) - www.fnha.ca/wellness/wellness-and-the-first-nations-health-authority/cultural-safety-and-humility

Next Steps - Ontario

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 building and knowledge building, and draw on tools and resources that foster community leadership and amplify voices.

This report focusses on the local experiences shared, linking them to our Provincial Areas for Collaboration. Please see the WHAI website at whai.ca/resources for our provincial Collective Action Community Change Report.



Reduce HIV risk for women disproportionately affected by HIV and AIDS



Enhance local community capacity to address HIV and AIDS



Build safe environments to support women's HIV/AIDS-related needs



Oahas
ONTARIO ABORIGINAL
HIV/AIDS STRATEGY



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