WHAI Collective Action & Community Change

A Local Community Report from the AIDS Committee of North Bay & Area (ACNBA)

2023

ACNBA

WHAI Women & HIV/AIDS Initiative

CONTENTS

ACKNOWLEDGEMENTS OF LAND & SOLIDARITY

We wish to acknowledge that our agency sits on land that is located in what is today called North Bay and which is situated in traditional Anishinabek territory, long occupied by the peoples of Nipissing and Dokis First Nations, who's aboriginal and treaty rights are recognized by the Robinson Huron Treaty of 1850 and affirmed by Section 35 (1) of the Constitution Act of Canada, 1982.

We are grateful for the opportunity to meet here recognizing that we are not familiar with the traditional customs and laws of this land, but open to learning about this territory, its history, language, and culture. We thank our teachers past and present for their lessons about this territory, Turtle Island and the people who have cared for this land, water, and community. We want to thank all the generations of people who have taken care of this land - for thousands of years.

ACNBA staff recognize the contributions Métis, Inuit, and other Indigenous peoples have made shaping and strengthening this community in particular, and our province and country as a whole. As settlers, this recognition of the contributions and historic importance of Indigenous peoples must also be clearly and overtly connected to our collective commitment to make the promise and the challenge of Truth and Reconciliation real in our communities, and in particular to bring justice for murdered and missing indigenous women and girls and the lost children of residential schools across our country. We acknowledge that our actions today must reflect awareness of our personal privileges, and our desire to work for justice and social change. We are committed to taking actions that reflect a walk on the path of reconciliation that includes learning and healing relationships with local communities here and across the land.

Solidarities: Anti-Racism, Anti-Oppression and Anti-Stigma

ACNBA is a signatory to the Ontario Accord and commits to GIPA/MEPA (Greater Involvement of People With HIV/AIDS (GIPA), and Meaningful Engagement of People with HIV/AIDS (MEPA). The lived experience of people living with, and vulnerable to HIV drives and informs our activities and is the central focus of our work. We apply these principles to our work with people with lived experience of HCV and Substance Use.

We are committed to engaging in anti-oppressive work grounded in intersectionality in order to do the daily work of disrupting and dismantling white supremacy. We deplore the historical and continued harms done to Indigenous, African, Caribbean and Black community members and affirm that Black Lives Matter. We support and advocate for 2SLGBTQ+ community members.

ACNBA acknowledges and celebrates our diversity which includes gender, culture, sexual orientation, socio-economic status, language, ethnicity, immigration status, and country of origin. We are committed to removing barriers, including the burden of white supremacy, that impede access to information and services. We affirm the importance of harm reduction, anti-discrimination, anti-stigma and pro-community efforts to advocate and support our diverse communities. We train our staff to be sensitive and respectful to the needs of people from all backgrounds. We advocate for support and information that is personally meaningful and respectful of each person's particular culture and socio-economic experience. We are sex-positive, gay-positive, and non-judgmental concerning injection substance use. We seek to serve the specific needs of our diverse populations. Those living with and affected by HIV and HCV continue to face stigma and discrimination in many aspects of their lives. ACNBA commits to ensuring that its staff have the necessary tools, services and programs that will combat stigma and end discrimination. This work is on-going and we have much work to do.

INTRODUCTION

Our Women and HIV/AIDS Initiative (WHAI) program is situated within the AIDS Committee of North Bay and Area (ACNBA). ACNBA's mission is to assist and support all persons infected or affected by HIV/AIDS and/or hepatitis C and to limit the spread of the viruses through education, awareness, outreach strategies and treatment.

The work that WHAI does through its programming is a vital component of the services that are provided at ACNBA as it focuses on the reduction of HIV transmission among women. This is accomplished through community development work/local initiatives that work to build capacity to address HIV and AIDS more broadly.

We know that often women face systemic barriers to accessing the care and support that is needed for them. Through our work, we aim to help build safe environments to support women and their HIV and AIDS-related needs. One of the ways that this is accomplished is through local consultations to better understand women's needs.

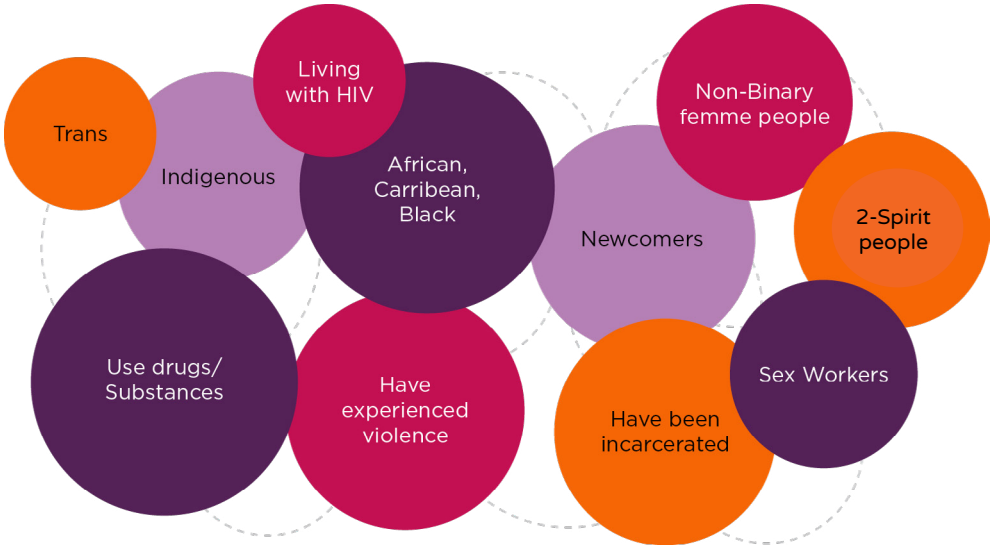
The consultation process at ACNBA was done with community partners and with local women. Both were asked a series of questions that examined the needs of women, to assess how best they were being met.

Who we work with and what we mean by 'women'

Our WHAI work is focused on communities identified here. 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-Spirit and Non-Binary 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.[1] 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 meant to prioritize and centre communities of women who face disproportionate structural risk factors related to HIV. We also recognize that gender is not binary, and the importance of thoughtfulness towards inclusivity for Trans, 2-Spirit, and Non-Binary 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.



1. whai.ca/ourwork

BACKGROUND

In 2021, the Women and HIV/AIDS Initiative (WHAI) began the process of province-wide consultations with cis and Trans women, 2-Spirit and Non-Binary 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 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 with community partners.

An additional discussion guide was developed to support Coordinators in facilitating 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.

The collective knowledge gathered from women and community partners was collaboratively, synthsized, reviewed and analyzed along with relevant research and epidemiological reports.

Reviews were conducted 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.

About WHAI

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

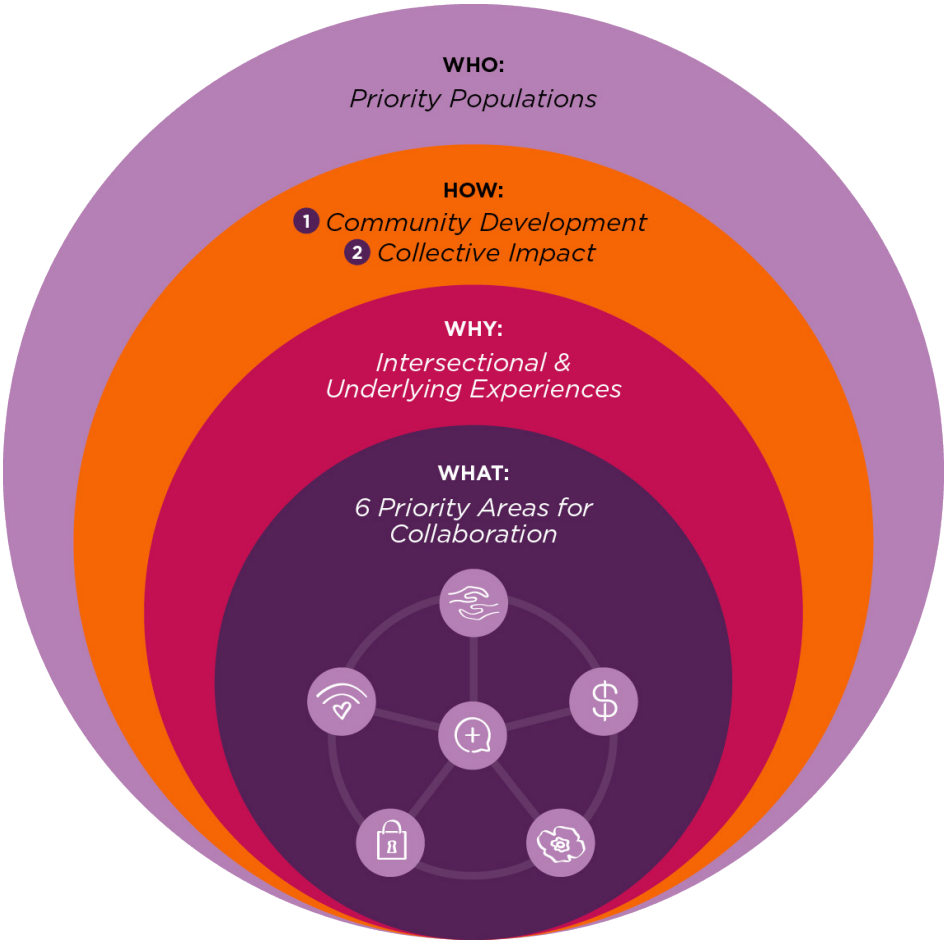
WHAI aims to:

- Reduce HIV risk for women disproportionately affected by HIV and AIDS;
- Enhance local community capacity to address HIV and AIDS; and
- Build safe environments to support women's HIV and AIDS related needs.

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 centered 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.

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.[2] 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.



2. Learn more about the Collective Impact model here https://www.tamarackcommunity.ca/collective-impact.

UNDERSTANDING WOMEN'S STORIES

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.

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 WHAI Coordinators had 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-Spirit and Non-Binary 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, and
- Community actions for change that can be undertaken both at the provincial and local level, rooted in community development and collective impact frameworks

METHODS OF PARTICIPATION

Consultations with WHAI's Priority Populations

WHAI and colleagues from the AIDS Committee of North Bay and Area Completed surveys of 25 women who identify as women, and two spirit, all between the ages of 19-59. They fit in WHAI priority populations, including Aboriginal communities, people who use drugs, those experiencing precarious housing, unstable employment, sex work, or living in poverty, those who are newcomers, and/or people who have experienced violence and or incarceration.

Engagement was made primarily through our Needle Syringe Program. The WHAI Coordinator and ACNBA Staff, having excellent rapport with target populations, also went into the community to meet with clients where they were. It was important to create more than one safe space for the participants to complete the surveys. The surveys were completed on a one-on-one basis in order to give the clients appropriate time for anything that needed to be discussed. All participants were given a 25-dollar honorarium for their participation.

Consultations with Community Partners

The WHAI Coordinator at ACNBA conducted consultations with seven (7) community partners (one person per organization). These were with Indigenous Health, an Indigenous Peer Based Service agency (True Self), Multicultural Center for newcomers, Crisis Centre (this shelter is also a place for women who have experienced violence), District of Nipissing and Social Services, and an addictions doctor, to ensure that service providers supporting WHAI's priority populations were present.

Engagement was completed by reaching out to already established relationships of community partners. Consultations were concluded in 2 focus groups and 1:1 discussions. The focus groups were done online through zoom to be more accessible for all participants.

THEMES

Understanding WHAI priority areas for collaboration in the context of regional realities:

Wholistic Care

Overall wellness of participants was low. Most participants stated that their barriers to wellness were the lack of doctors, minimal access to mental health and counselling supports, documented discrimination, and prevalence of stigma within the Emergency Department and among some police officers. Transportation issues across populations were also consistently identified as barriers to accessing medical care. Finally, First Nation and alternative language supports were also not available.

Community partners agreed with participants that discrimination and stigma in the Emergency Department, and among some police service members, was harming wellness. Community partners stated, "*They avoid the ER department*". And, one said, "*They don't trust the healthcare system.*" Discrimination against sex workers also rated high as a barrier to wellness; with most interiewed or surveyed not seeking out sexual health services. Overall, Community partners noted that safe and accessible health services were an issue for marginalized women in the community. Community partners also stated that trauma, lying at the root of the barriers to health for most participants, requires a better, more effective community response. Community Partners identified that overall access to health care is an issue, especially if the client does not have a family doctor and lacks a social support system.

Safety

Safety was the number one concern with all participants. All stated that they were concerned with having to use alone, as well as there being toxic drug supply. They stated that having no safe/affordable housing, or a place of belonging was a major factor and barrier to health. Many said that they have stayed in unsafe housing due to a lack of sufficient supports in the community (i.e., no shelter space availability). Discrimination and racism from the police and other services, as well as our local hospital was also brought up as a safety issue for participants.

Participants did not want to access services with the Police, the Emergency Department, or housing providers, or report gender base violence, or acts of racism for fear of not being believed (in an abusive situation). Some also feared being charged themselves. Community participants identified the need for a place of belonging (a community) and ensuring a safe place to use. However, they felt constantly surveilled and harassed.

Through our consultations with community partners, safety was also the number one concern. Partners expressed that clients were staying in abusive relationships due to lack of housing options or were using large amounts of opioids resulting in multiple overdoses. Surveyed Community Partners agreed that clients lack support systems and are constantly worrying about becoming homeless. Community Partners also expressed concern for clients living on the streets and the inability of service providers to house clients due to lack of housing options.

HIV Education, Prevention, Care, and Support

While most participants knew about HIV, where to get tested, and what testing options were available to them, most did not know about self-testing kits. Once self-testing kits were explained to them, nearly all chose that as a top option for getting tested, along with anonymous testing. Most participants did not know about the U=U campaign and wanted more information. Participants would like to know more about PrEP and PEP.

Community partners stated that clients have discomfort about disclosing their status, and that there needs to be more education around HIV in general, and specifically around PrEP and PEP. Community partners identified the need for more promotion about services to better serve individuals who are living with or affected by HIV. However, community partners noted that just being able to give a pamphlet to someone was not enough, and having the contact information for our agency available in those meetings so that individuals could make a connection with the service at the time of need was preferable. Community partners also requested more information on HIV self-testing kits so that they could facilitate easier access to clients. Partners noted that clients experiencing discomfort around disclosure was worrisome, and identified this as an important service improvment that needs to be made.

Women Centred Harm Reduction

Participants stated that not having safe spaces to use free of discrimination and surveillance was something of major concern within the community. Participants who discussed the fear of using alone, also talked about fear of overdose due to toxic drug supply. Many participants stated that they would like to access rehab facilities, but felt it was virtually impossible due to extensive waitlists and low to no availability.

Community partners agreed that the lack of a support system was a major issue. Women-Centred Harm Reduction services are needed to support safe use and ensure safer supply. With the high level of drugs being used, the risk of toxicity is very high for marginalized women, especially those in unstable housing circumstances. Community partners emphasized the need to support the reduction of women's dependence on strong opioids. They expressed frustration around insufficient services immediately available (no barrier/ on demand).

Economic Autonomy

Economic Autonomy was the second most common theme among those surveyed. Participants emphasized the importance of the lack of safe/affordable basic needs as a priority, and the burden of not having safe, affordable housing in particular. Living on the street is unsafe. Health concerns for those who are unsheltered are a greater concern. Unrealistic and inadequate social assistance benefits have made finding a safe place to live virtually impossible. The cost of living is on the rise making nutritional food or food for special diets almost unattainable. Participants are living day-to-day without shelter, and lack their basic needs (i.e. access to washrooms and showers and clean clothes).

Community partners all agreed with participants that the lack of affordable housing, and/or supportive housing, and long waitlist for social housing are extreme challenges in our area. Poverty is a major challenge affecting people's overall health and wellness. The inability to have basic needs met means accessing work is very difficult. Community partners agreed that supportive housing is needed to help bridge economic gaps and empower women.

Community Connection

Many participants felt that a connection to culture and spirituality is absent. This means they have no place where they can belong. They are regularly removed from everywhere they try to be; no place is made just for them where they can be a part of community and have a connection free of stigma and discrimination. Participants suggest that this lack of community connection intensifies feelings of stigma, racism and discrimination experienced at the emergency department, jail, police encounters and in community.

Community partners agreed that not all spaces have cultural awareness, and that stigma and discrimination are major barriers for our communities accessing the emergency department or jails. This is an area community partners would like to work together to improve. They stated that the lack of linkages between community partners is a big deterrent for clients and is therefore an area for improvement. As community partners, we need to collaborate more and work together.

NEXT STEPS

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, 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 network to foster collaboration across regional sites, and within local communities, through mutually reinforcing activities. 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 on continuing to facilitate spaces where communities work together to determine strategies that address identified needs. This includes capacity building, knowledge building, and drawing on tools and/or resources that foster community leadership and amplify voices.

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

Local Level

Plan of Action in Local Context

1. Work with the emergency department regarding discrimination, stigma and treatment of people who use drugs;
2. Work with jails and prisons regarding discharging people into homelessness with no connection made to outside agencies prior to discharge;
3. Work with people going through the process of incarceration with treatment and support;
4. Bring the housing stability program back;
5. Continue Safer Supply work;
6. Work on building a safe place for homeless people to access and have a sense of belonging;
7. Increase education on HIV and issues relating from ACNBA to community;
8. Ramp up testing drives focused on areas in the north, and increase education of the U=U Campaign;
9. Engage community in education on self -testing and availability of self- testing kits;
10. Work on making safe places for women to get together for a sense of community and healing.

All of these efforts will lean heavily on existing networks and contacts in the community to ensure involvement reflects participation of the full community.

ACKNOWLEGEMENTS

We acknowledge and thank all the participants of our consultation process. Collectively 25 women completed our survey and various community partners engaged in the focus group sessions, representing seven organizations throughout our vast district. This report would not have been possible without all their valuable insight.

We would also like to acknowledge our colleagues within the organization who helped facilitate the surveys and focus group sessions. Through this discussion, areas of improvement were identified and suggestions were given on how this could be achieved. This information will be used to set program goals within the WHAI program for the AIDS Committee of North Bay and Area.

We thank you for your continued support!

For more information on ACNBA or our WHAI work please connect with us:

ACNBA | https://aidsnorthbay.ca/
705-497-3560
102-147 McIntyre St. W
North Bay ON, P1B2Y5