

CENTERING WOMEN'S LEADERSHIP TO ADDRESS INEQUITIES IN HIV AND STBBI PREVENTION AND CARE IN ONTARIO: A COMMUNITY-ENGAGED QUALITATIVE STUDY WITH CIS AND TRANS WOMEN AND NURSES

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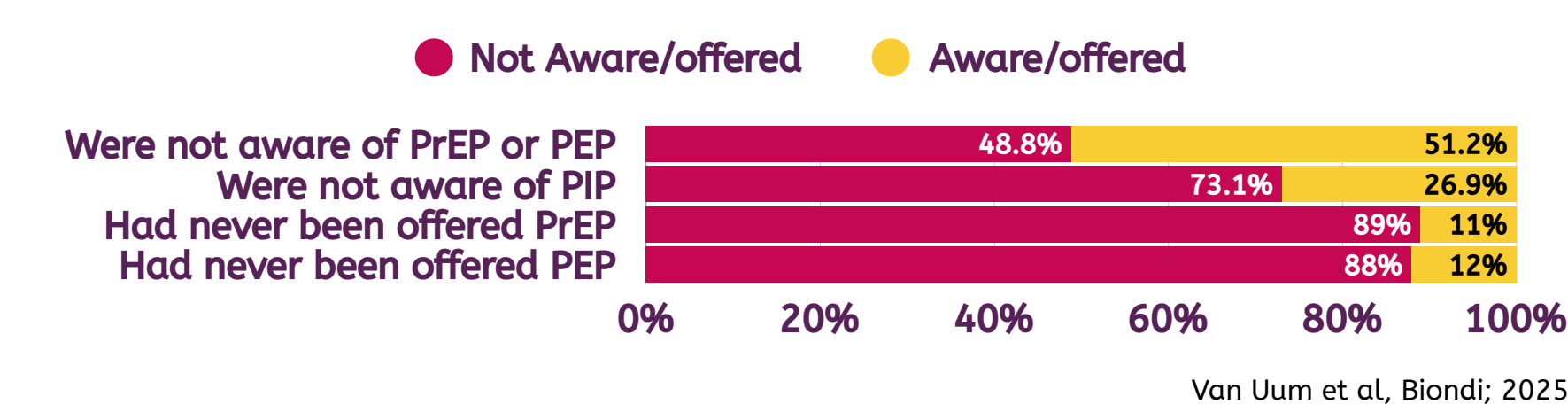


BACKGROUND

Cis and Trans women in Ontario face persistent inequities in HIV and sexually transmitted and blood-borne infection (STBBI) prevention, diagnosis, and access to care. These inequities are shaped by intersecting structural factors, including racism, migration trajectories, criminalization, housing instability, and caregiving responsibilities. A key focus of this work was to integrate existing work done by our group that highlights gaps in knowledge, awareness, education and access:

A close look at gaps in Ontario:

In a survey of 318 cis and Trans women:



In a survey of 114 clinicians:

- 67% reported prevention conversations are initiated more often with men
 - 90% identified a need for improved medical education on HIV prevention for women
- Mendlowitz et al., Biondi; CAHR 2026

As a next step, to better understand these gaps and inform women-led, women-centred models of care, we conducted a province-wide qualitative study using focus groups with community members, providers, and system partners and government.

METHODS



1 We conducted 23 focus groups with 88 participants across Ontario using community-based, intersectional, and trauma- and violence-informed approaches.

2 Participants included cis and Trans women with lived and living experience, nurse practitioners, registered nurses, AIDS Service Organization (ASO) leaders, WHAI coordinators, and policy makers.

3 Engagement methods included talking circles, storytelling, and creative activities utilized in focus groups.

4 Data were deidentified and synthesized using rapid qualitative analysis.

5 Engagement with people who are most impacted by HIV and STBBI's was a foundational equity focus of this work, across living experience focus groups, community and health care providers, and system level workers.

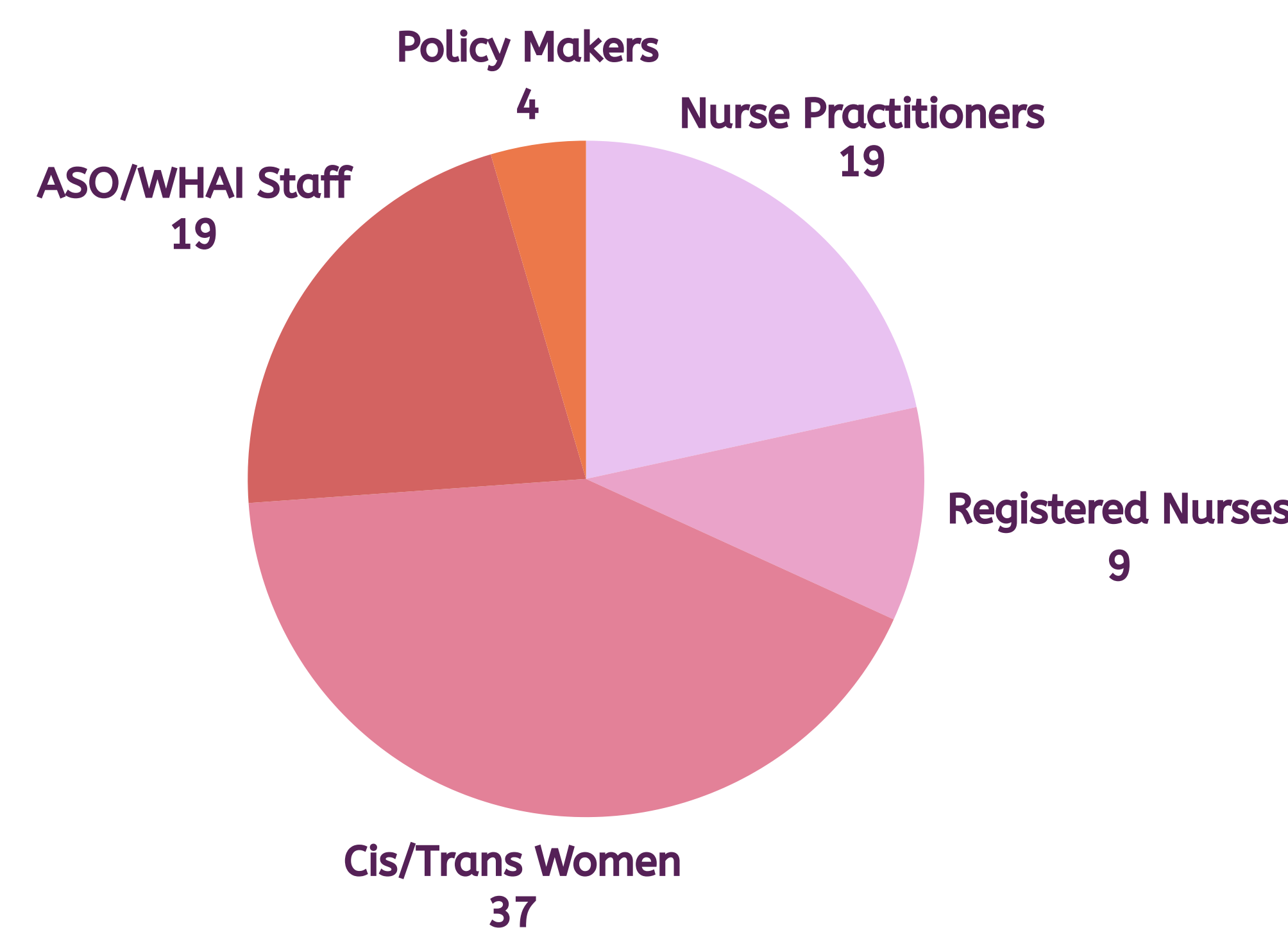
OBJECTIVE

To identify multilevel barriers, facilitators, and priority strategies for women-led, women-centred, nurse-facilitated HIV/STBBI prevention and care in Ontario.

THE COMMUNITIES THAT INFORMED THE WORK



BY THE NUMBERS



23 FOCUS GROUPS WERE HELD

Across 5 Regions

- * NORTH BAY
- * YORK
- * LONDON
- * DURHAM
- * TORONTO

Online:

Others were held online and two in particular focused on nurses in Northern Ontario regions including Sioux Lookout, Thunder Bay, Moose Cree Nation and beyond.

KEY FINDINGS

1

Community leadership and lived experience

Participants emphasized that women should be involved from the outset as leaders, educators, collaborators, and co-designers. Lived and living experience was positioned as essential to shaping services that are relevant, respectful, and accountable.

2

Nurses as key providers

Nurse practitioners and registered nurses were identified as trusted, accessible providers, particularly in rural and northern settings. However, limited HIV specialization, perceived rules, training barriers, and workload pressures reduced capacity to provide comprehensive, person-centred care.

3

Community organizations as essential partners

ASOs and WHAI coordinators were described as critical connectors between women, health systems, and social supports. Participants highlighted their role in outreach, navigation, trust-building, and care linkage, while also identifying staff turnover, funding constraints, and inconsistent access to PrEP, PEP, and PIP pathways as ongoing challenges.

4

Structural conditions shape care engagement

Housing instability, caregiving demands, transportation barriers, fragmented service access, medication concerns, criminalization, deportation risk, and provider stigma all shaped women's willingness and ability to seek and remain in care.

5

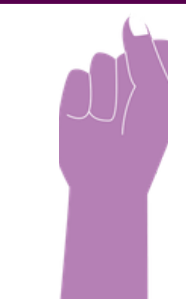
Equity requires integrated, gender-affirming care

Across all groups, participants called for gender-affirming, trauma-informed, culturally safe, and wraparound models of care. Policy makers expressed support for scaling women-centered, NP-facilitated approaches through stronger partnerships and provincial planning.

IMPLICATIONS

These findings demonstrate the urgent need to co-develop and implement low-barrier, women-led, women-centred, nurse-facilitated HIV/STBBI models of care embedded in community settings. Implementation should prioritize peer leadership, formalized ASO and WHAI partnerships, flexible access, regional adaptation, and sustained policy engagement.

NEXT STEPS



These findings informed a larger project focused on co-designing and piloting equity-focused models of care across Ontario. The next phase prioritizes community co-design, implementation planning, and pilot development in high-need settings.

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