



Collective Action | A Report Amplifying Community Change

By Regional HIV/AIDS Connection
LONDON ONTARIO

March 2024

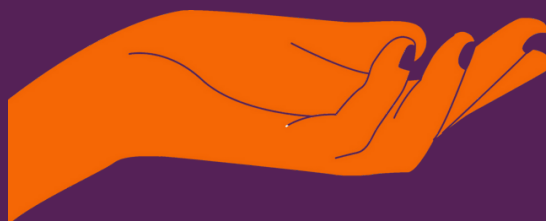
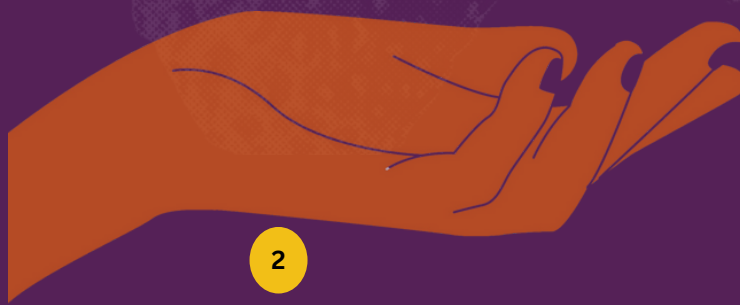


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Land Acknowledgment

We would like to acknowledge that the space we are connecting from today is stolen Indigenous land. Turtle Island was overtaken by European settlers and remains colonized to this day. The rightful owners of this land include the Attawandaron, Algonquin, Anishinaabe, and Haudenosaunee peoples, among others.

We encourage all occupiers of the land to build meaningful and mutual relations with the Chippewa of the Thames, Oneida Nation of the Thames and the Munsee-Delaware Nation, as well as Indigenous individuals who live in the city because of displacement caused by colonization.





Acknowledgements

The **Women*** and HIV/AIDS Initiative (WHAI), in collaboration with Regional HIV/AIDS Connection, expresses heartfelt gratitude to the numerous individuals who generously contributed their time, voices, and insights to identify WHAI's Priority Areas for Collaboration through the community consultation process.

We extend immeasurable thanks to the 38 cis and Trans **Women***, 2-Spirit and Non-Binary Femme people who actively participated in the engagement process – sharing their time and wisdom and offering invaluable perspectives on their lives and visions for change.

Our sincere appreciation also goes to the 16 organizations/community partners across various sectors who shared their experiences and proposed ideas for collaboration, enriching our collective efforts, including: LIHC (London Intercommunity Health Centre), SLWAR (Street Level **Women** at Risk), Trans London/PFLAG, Ontario Aboriginal HIV/AIDS Strategy (OAHAS), and the Black-owned hair salon, The Fix Inc. These community partners' connections to local communities of **women***, 2-Spirit, non-binary and femme people played a pivotal role in supporting this process by contributing to the diverse array of stories presented in this report.

Special recognition is given to RHAC's WHAI-linked coordinators, Olivia Smith Rodrigues, Vimbayi Munonyara Chukwu and Tumelo Mopai for their dedicated efforts. We also acknowledge the unwavering support of RHAC's Executive Director, Martin McIntosh, and Director of Education, Meredith Fraser. The commitment of WHAI Coordinators and Peer Support Workers in meaningfully engaging local communities and service providers is truly appreciated.

The collective insights offered so generously by all involved individuals and community partners have been essential at every step of the process to shape what has truly been a community-based consultation. We are deeply thankful for the numerous voices that have laid a strong foundation for our future work, grounded in collective action for community change. We thank you for your vital contributions and for paving the way for our impactful journey ahead.



Introduction

Regional HIV/AIDS Connection (RHAC) is an AIDS Service Organization (ASO) that serves the City of London and the counties of Perth, Huron, Lambton, Elgin, Middlesex, and Oxford. RHAC provides free HIV programs and services for individuals and diverse communities living with, at risk for, or affected by HIV/AIDS and Hepatitis C. The organization also offers practical supports and resources for people who are affected by issues related to HIV/AIDS – including equity-seeking communities that have been placed at the margins due to systemic oppressions.

The organization has three locations, as follows :



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1. Main Office: this facility comprises RHAC's administrative offices, HIV/HCV client services (including case management and the Country Cupboard food bank, among others), education and prevention services, as well as community relations services (volunteer engagement, fundraising, communications).

2. Carepoint: this facility comprises Consumption and Treatment Services (CTS), a syringe program (NSP) and supports anonymous HIV Testing and Hep C Testing through a collaboration with the London Intercommunity Health Centre's Options Clinic.



3. John Gordon Home: this facility comprises a 24-hour supportive housing program, including respite/transitional/palliative care, for people living with HIV/HCV.





Regional HIV/AIDS Connection's main offices are co-located in a shared space with several other organizations that offer supports, information, resources and services to individuals who have been placed at the margins through systemic oppressions and who experience barriers in accessing services as a result. Some examples of supports and resources offered through this co-location arrangement include hospitality services, showers, laundry facilities and places to rest. Additionally, external community partners can set up in flex offices situated within the space to offer additional services such as income supports, ID clinics, housing supports, medical supports and systems navigation supports.

In addition to locally scoped work, Regional HIV/AIDS Connection engages with numerous provincial strategies that include the Women's HIV/AIDS Initiative (WHAI), the African Caribbean Council on HIV/AIDS in Ontario (ACCHO) and the Gay Men's Sexual Health Alliance (GMSH).


RHAC and WHAI collaborate on community development work that centers the experiences, priorities, wants, and needs of **women*** and gender-diverse people living with and/or facing increased systemic risk for HIV acquisition by:

- Partnering with local community organizations
- Consulting with local organizations (by request)
- Facilitating and/or leading local initiatives to support the integration of HIV-related information and resources into programs and planning
- Engaging in knowledge transfer and exchange in community and at events
- Distributing resources to community agencies and service providers that serve **women*** and gender-diverse people
- Providing HIV-related referrals to community organizations



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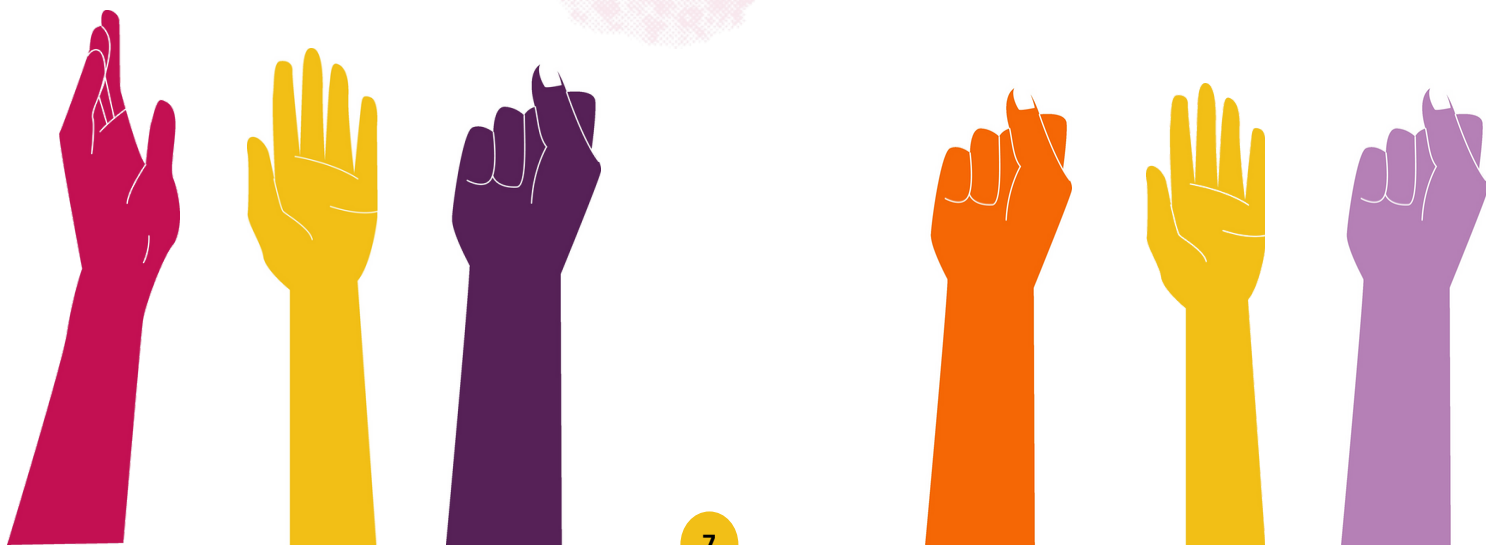


The present report describes a collaborative community consultation process undertaken by WHAI, Regional HIV/AIDS Connection and both community members (cis and Trans **women***, 2-Spirit and Non-Binary Femme people) and community partners who connect with cis and Trans **women***, 2-Spirit and Non-Binary Femme people in the fall of 2021. These consultations were conducted by RHAC's WHAI-linked Coordinators and were enacted in two phases, where the first phase engaged **women*** and the second phase engaged community partners.

The following three WHAI-linked Coordinators contributed to the development of this report:

- Olivia Smith Rodrigues (2021)
- Vimbayi Munonyara Chukwu (2022)
- Tumelo Mopai (2024)

The findings outlined in this report are intended to inform the trajectory of WHAI's work across the province over the next several years, which is guided by a collective community impact initiative model. The report itself is intended to be a working document that lives forward through the collaboration of various internal and external partners in actioning coordinated, collaborative work to achieve positive impacts in the local context across RHAC's organizational catchment in alignment with provincial priority areas of focus.



Background

What is WHAI?

The **Women** & HIV/AIDS Initiative (WHAI) is a provincially-scoped and community-based response to HIV and AIDS among **women*** people in 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.



These aims are enacted through a network of 17 WHAI-linked Coordinators who are located in 16 AIDS Service Organizations (ASOs) located throughout Ontario.

WHAI's work across the province is rooted in the principles of community development and collective impact.

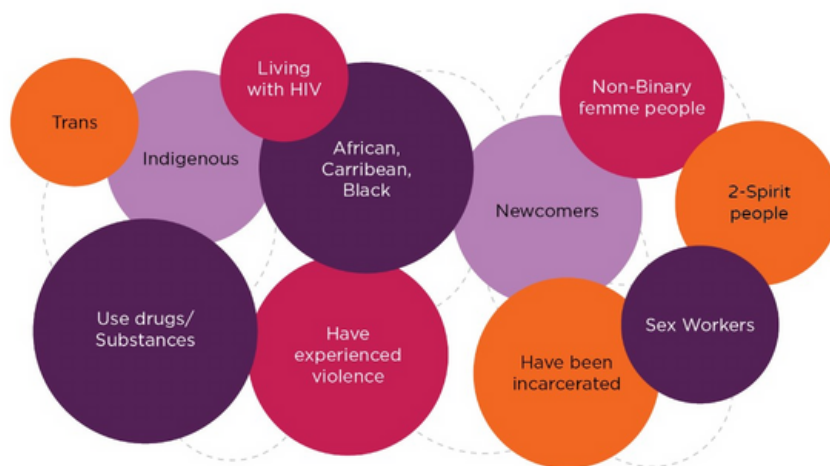
Community development is an ongoing, iterative process. In the context of WHAI's work, strategy-linked Coordinators serve as liaisons between community groups and organizations to collectively develop relevant, regionally-specific strategies to further **women*** and gender-diverse people's HIV-related care, resources and supports. Community development is a strategy that values the ability of community members to affect change in their lives in ways that are most relevant to them. This approach centers the voices of community members in determining priorities - rather than organizations identifying issues of focus/priorities.

Collective Impact refers to the process of working together and sharing information in intentional ways for the purpose of solving a complex problem, resulting in impactful change. The Collective Impact model, as shared by the Tamarack Institute, informs an approach to the work that is typically determined by a common agenda, shared measurements of progress, mutually reinforcing activities, continuous communication, and strong collaborative supports. 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.

Who We Work With & What We Mean by “Women*”

WHA! 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 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 centering 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-Spirit, and Non-Binary femme people in WHA! work. Identities are capitalized throughout, except “cis.” This is to remind us of the privilege and space afforded by cis gender people, and to support the amplification of identities outside gender-binary constructions.

Additional information about WHA! and the approaches outlined above can be found here:

- WHA!: whai.ca/ourwork
- WHA! and priority communities: [Women and HIV / AIDS Initiative Program Guidelines, AIDS Bureau Ministry of Health and Long-Term Care, April 2012.](#)
- Collective Impact model: <https://www.tamarackcommunity.ca/collective-impact>.

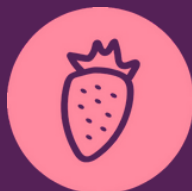
WHA! Community Consultation

The Women & HIV/AIDS Initiative (WHA!) initiated province-wide consultations with women* and gender-diverse people in 2021 to:

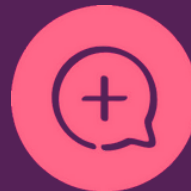
- focus its work to reduce HIV transmission
- enhance community capacity to address HIV
- create environments that support **women*** in their HIV-related experiences

In keeping with the principles of collective action for community change, WHA!'s community consultation process was thoughtfully designed to be participatory, inclusive, and creative - amplifying the wisdom and leadership of **women*** and gender-diverse people who face intersecting and structural barriers to sexual health.

The specific focus of the consultation process was to engage **women*** and gender-diverse people living with HIV, who identify as:



Indigenous



People who use drugs
or substances



Newcomers



People who engage
in sex work



African, Caribbean,
Black (ACB)



People who have
experienced
violence and/or incarceration

The consultation process was collaborative, engaging local AIDS Services Organizations (such as RHAC), the WHAI Network and local 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: 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 in relation to required COVID-19 related public health restrictions and catered to a range of facilitation and engagement styles, ensuring **women*** and gender-diverse people had meaningful, accessible options for participation. WHAI Coordinators at 16 ASOs across the province implemented these tools to consult with **women*** and gender-diverse people in their local communities. The stories they gathered were carefully reviewed to inform a second phase of consultation with community organizations and networks, where Coordinators shared what was learned during the consultations with **women*** and gender-diverse people and then gathered stories and experiences from community partners in relation to these learnings.

An additional discussion guide was developed to support Coordinators to facilitate these consultations. 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.

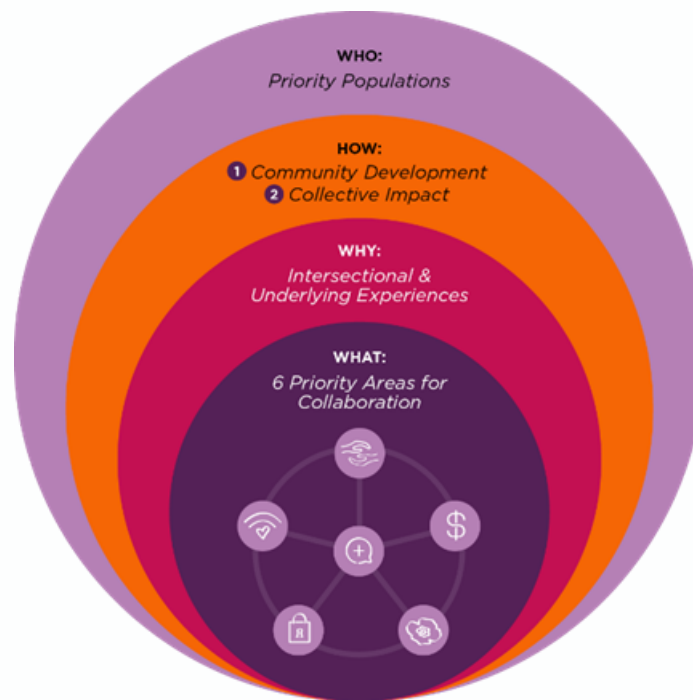


Fig. 2 The Who, How, What & Why of WHAI

Local Context

Olivia Smith Rodrigues, Regional HIV/AIDS Connection's **Women's** HIV/AIDS Community Development Coordinator in 2021, undertook the first phase of the two-phase WHAI community consultation process in fall/winter of that year. Olivia connected with 38 **women*** and gender-diverse people in London, Ontario to better understand these individuals' overall wellness, experiences of both barriers and facilitators, and desired areas of change related to HIV services and care.

The following organizations, businesses and groups were instrumental in connecting Olivia with individuals who were interested in being involved in the community consultation process:



Southwest Ontario
Aboriginal Health
Access Centre



Olivia Feedback from **women*** and gender-diverse people accessing services in London and surrounding areas that was generated through the consultation process was subsequently shared with WHAI to inform the development of areas of focus for both locally- and provincially scoped work. Most **women*** and gender-diverse people who participated in the consultation process resonated with the following identified themes:

- **Community & Emotional Wellness**
- **Healthcare, Economic Security**
- **Harm Reduction**

Women* and gender-diverse people who participated in the local community consultation process also discussed the importance of:

- **HIV disclosure**
- **Supports related to HIV disclosure**
- **HIV-based discrimination in the contexts of dating and their personal lives (generally)**
- **Internalized serophobia**

Vimbayi Munonyara Chukwu, RHAC's WHAI-linked Coordinator in 2022, continued the consultation work that Olivia had begun the year prior. Vimbayi connected with 10 **women*** and gender-diverse people that had not been engaged in phase one of the consultation process in fall/winter 2021 due to the impacts of COVID-19 restrictions. Vimbayi engaged these individuals both prior to, and in parallel with, phase two of the consultation process (community interest-holder consultation).

The Collective Community Impact Initiative model that underpinned WHAI's community consultation initiative was actioned through the entirety of the consultation process. Organizations and individual service providers collaborated to eventuate advances in equity by learning together, finding/creating alignments, and integrating actions to achieve both population and systems-level change. Some of the organizations that facilitated connections with **women*** and gender-diverse people during the initial consultation phase later took part in the interest-holder consultations. Interest-holder consultations were conducted through a variety of platforms ranging from virtual and in-person meetings to round table discussions, to talking circles and one focus group.

Vimbayi engaged a total of 61 individuals in the interest-holder consultation process – primarily service providers. In these consultations, interest-holders were provided with feedback in the form of quotes given by **women*** and gender-diverse people during the first consultation phase and themes that were identified as priorities/relevant by these populations. Interest-holders/community partners were then encouraged to share stories, experiences and insights in relation to these themes and quotes.

What We Did & Who We Spoke With

Consultations with WHAI's Priority Populations

Olivia Smith Rodrigues, RHAC's WHAI-linked Coordinator in 2021, consulted with 38 **women*** and gender-diverse people from WHAI's priority populations, including the following (note: these populations are not listed in any specific order and often intersect):

- People living with HIV/AIDS (PLWHAs/PHAs)
- African, Caribbean and Black communities (ACB communities)
- People who use substances
- Indigenous communities
- 2SLGBTQIA+ communities
- People who have experienced/are experiencing violence
- **Women*** and gender-diverse sex workers
- Economically Insecure **women***
- **Women*** who experienced disproportionate impacts/harms related to COVID-19 & related public health measures
- Newcomer **women***

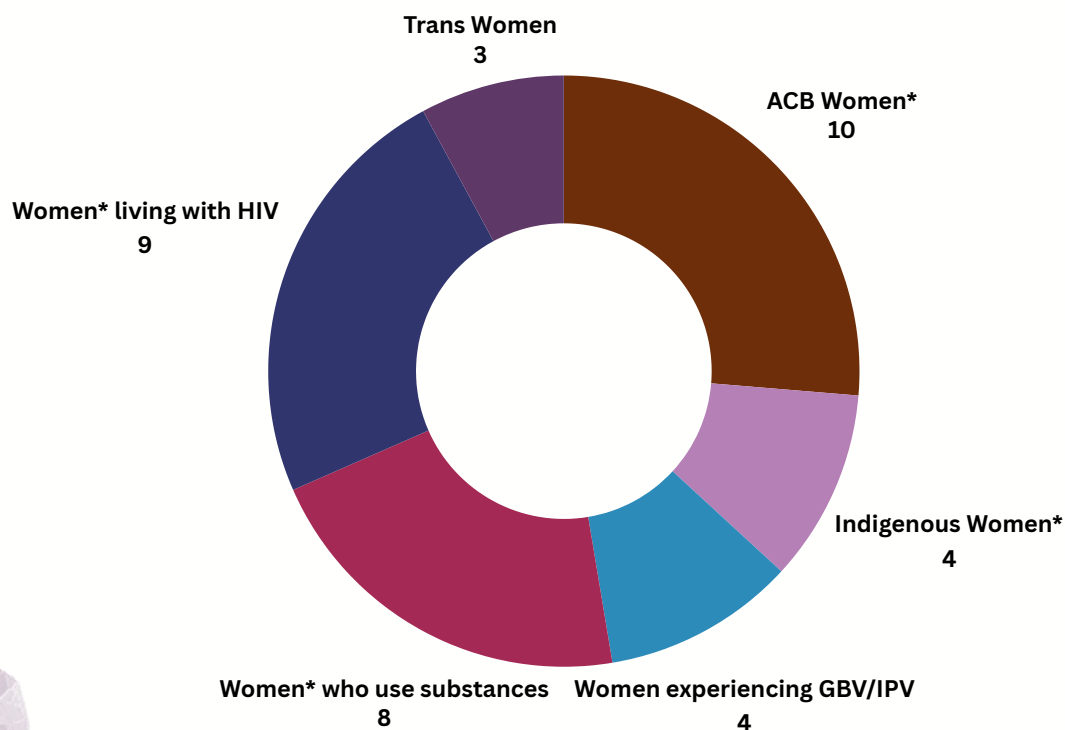
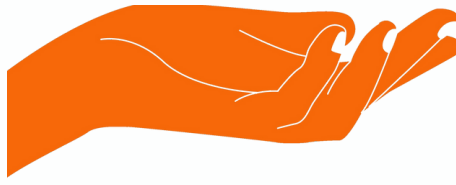


Fig. 3 cis and Trans **women***, 2-Spirited and Non-Binary Femme people who participated in the community consultation



Olivia facilitated community consultations with priority populations of **women*** and gender-diverse people through the mobilization of several tools, namely: one-on-one discussions, brief interaction consultations, focus groups and kitchen table talks (for more information about these tools, visit www.WHAI.ca – Collective Action Community Change: A Report Amplifying Community Voices).

Peer facilitators and service providers had trust and established relationships with **women*** and gender-diverse people in the community, which supported the development of connections between RHAC's WHAI-linked Coordinator and local **women*** and gender-diverse people from across/among various priority populations. These community partners also created welcoming spaces for **women*** and gender-diverse people to take part in the consultation process.

Olivia noted some difficulty in connecting with gender-based violence (GBV)-specific groups, Indigenous-specific groups, and Trans-specific groups during the community consultations with **women*** and gender-diverse people. In conversations with GBV-focused organizations in London, workers stressed that many **women*** were at capacity both in shelter and out of shelter. Given this, Olivia highlighted the importance of connecting with shelter workers rather than **women*** to help fill this knowledge gap.

Olivia did not reach newcomer-serving organizations during the initial consultation phase due to the compounding impacts of the COVID-19 pandemic and related public health restrictions. However, Vimbayi Munonyara Chukwu, RHAC's incoming WHAI-linked Coordinator, filled this gap during the second consultation phase.

Community organizations such as LIHC (London Intercommunity Health Centre), SLWAR (Street Level **Women*** at Risk), Trans London/PFLAG, Ontario Aboriginal HIV/AIDS Strategy (OAHAS), and a Black-owned hair salon called The Fix Inc, all helped leverage their community connections to support the consultation process.

Although Olivia could connect with several Indigenous **women*** during the consultation process, she could not establish connections with Indigenous-focused organizations at the time. Olivia had hoped to mobilize a talking circle format for the consultation to foster more fulsome engagement and insights - particularly about Indigenous **women***'s perspectives on what actions for change both the WHAI Network and Coordinators should take - but a variety of circumstances (such as the impacts of COVID-19) prevented the realization of this vision.

Trans London and PFLAG were incredibly valuable community partners during the community consultation process and were instrumental in coordinating a Zoom-based focus group for gender-diverse community members. Whilst a substantial number of people signed up for this focus group, only a few people attended. Olivia noted that Zoom fatigue could have been a factor impacting community engagement/uptake of this consultation opportunity. The co-organizer of the focus group (from PFLAG/Trans London) said that these groups' engagement rates had also been down, and that Trans communities were sometimes hard to connect with due to ongoing exhaustion from Transphobia and its related impacts.

Consultations with Community Partners

Vimbayi Munonyara Chukwu, RHAC's WHAI-linked Coordinator in 2022, consulted with community partners using numerous tools, such as focus groups, surveys, kitchen table talks, virtual meetings and surveys. An aggregate of 16 organizations participated in 10 consultations, with a total of 61 individual participants in attendance.

Vimbayi sought to engage sectors that had been instrumental in the facilitation of the community member consultations to ensure continuity in the work. This connection would also assist organizations to identify key opportunities and build rapport to tackle sector weaknesses and leverage sector strengths. Although this phase of the work primarily aimed to inform the WHAI collective action strategy, Vimbayi identified that this community partner/interest-holder consultation process could also serve as a catalyst for collective community development at a local level. She engaged the following sectors accordingly:

- Health care: community health centre (CHC) HIV testing clinic.

- Settlement/migration/immigration services

- Community-based supports: Trans supports, 2SLGBTQIA+ supports, Francophone supports, ACB supports and newcomer supports.

- Harm reduction: safe supply (methadone clinic), consumption site, Indigenous-focused health services

- Mental health-focused services

- Shelter and housing services

- AIDS Service Organization (ASO) departments (client services, education and prevention, harm reduction, transitional housing and respite/palliative care)

- Sex work supports: drop-in services, outreach educators and workers

Peer support workers and service providers attended all consultations and were asked a series of questions on whether the themes that were developed from the initial community consultation phase (with **women*** and non-binary people) were accurate and if they resonated with what they saw in their work.

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

The analysis, interpretation, and review of what was shared during the WHAI community consultation process also followed community development principles and the collective impact model.

The use of community-led approaches to engagement and analysis helped create spaces to explore and understand the experiences and wisdom shared by community members spanning the province of Ontario. WHAI-linked Coordinators utilized a mix of tools (templates, online whiteboards for visual collaboration, individual reflections and collective discussion tools, capacity-building sessions on data coding and a thematic analysis process) to support a thorough data review process facilitated by the provincial WHAI team.

In parallel, a team of community knowledge holders reviewed the insights and data that WHAI-linked Coordinators had gathered to provide varying perspectives, systemic insights, and analysis to deepen and enhance the thematic review. This group reviewed these materials with an eye to the experiences of Black **women***, Indigenous **women***, Trans, 2-Spirit and Non-Binary Femme people, and other groups who often face structural exclusion, to ensure these voices were prioritized and amplified. Overall, this uniquely collaborative approach to theming enabled a rich plurality of perspectives to deepen understanding and elevate **women*** and gender-diverse people's voices in framing WHAI's Six (6) Priority Areas for Collaboration.



This process of collective analysis and sense-making led to the categorization of **women*** and gender-diverse people's experiences into three key areas:

- Intersectional and underlying factors that impact cis and Trans **women***, 2-Spirit and Non-Binary Femme people's health outcomes
- Priority areas for collaboration
- Community actions for change that can be undertaken both at the provincial and local level, rooted in community development and collective impact frameworks





Contextualization of the Themes



Most interest-holder organizations resonated and aligned with the provincial themes drafted through WHAI's collaborative analysis of community consultation data across all participating sites (ASOs).

Interest-holder organizations unanimously emphasized the intersectionality of the themes and, depending on the nature of the organization, placed priority on different thematic areas. For example, shelter and housing sector partners placed “housing and economic empowerment” as a priority before any other theme, whereas service providers for Trans **women*** identified community connection and holistic care as a thematic priority.

The following themes resonated most commonly across all interest-holder consultations:

- Community Connection
- Economic Autonomy
- HIV Education, Prevention, Care and Support.



Community Connection

This theme resonated across the board and whilst it did not necessarily appear first on every organization's list, it was spoken about at length in all consultations. Specifically, attending to connection to community (as well as emotional and mental health needs) was identified as being vital to addressing the remaining themes.

Based on the interest-holders' consultations it was evident that community needs and priorities related to this theme increased during the peaks of COVID and associated lockdown periods. By way of illustration, a health outreach worker from a local community health centre (CHC) described the winter of 2021-2022 as one that was "so grim." She expounded by talking about the spike in deaths among unhoused people due to a lack of community and emotional wellness.



Economic Autonomy

The lack of affordable housing was also at the forefront of each consultation along with discussions about an overall lack of adequate economic resources. After quotes from phase one of the community consultations **women*** and gender-diverse people were shared with interest-holders, they expounded on statements about ODSP as being insufficient for **women*** and gender-diverse people to survive. One harm reduction worker exclaimed:

*"I am a peer and I work here; I live hand to mouth...I am barely making it month to month and sometimes I cannot work too many hours because ODSP penalizes me. I can't imagine what the **women*** I work with go through just to eat."*

***Note:** as of February 1, 2023 ODSP was adjusted so that a person accessing ODSP who is working can earn up to \$1,000 a month through that employment opportunity without it affecting their ODSP income support, benefits, or eligibility. Regardless, the impacts of inflation (rise in the cost of living and prices) do not foster economic empowerment for people accessing ODSP – regardless of this adjustment.

HIV Education, Care and Support



Community partners/interest-holders who participated in the WHAI community consultation process shared a broad spectrum of views, experiences, and ideas about HIV Education and Disclosure. For instance, some service providers expressed a need and want for ongoing education, whereas others voiced that they were sometimes cautious about interacting with clients about HIV-related topics due to safety concerns and feelings of hesitancy related to the possibility of adding to clients' stress levels by engaging in conversations about HIV. Some issues that emerged in these consultative discussions included:

- A lack of connectivity between organizations and agencies (i.e. referral processes/pathways were sometimes challenging because organizations and/or workers were often working in silos)
- Distrust of organizations by clients (i.e. a person may be more willing to work with some workers from one organization and not others - even though they have signed service consent forms across organizations)
- Inaccessible services (i.e. since many services in the area operate during "standard business hours" - 9AM to 5PM - a person using an HIV self-test kit outside of these hours, for example, may not be able to connect with services for supports and/or referrals until hours or days later)

Some service providers expressed a lack of knowledge about their organization's HIV-related information, programs and processes and shared that they were afraid to inform management because they feared that negative implications could result.

Barriers to providing HIV-specific services to **women*** and gender-diverse people were discussed at length - with providers mentioning high turnover rates, burnout, community partners working in silos and lack of HIV-specific resources.

All 16 organizations that took part in the WHAI community consultation process echoed the need for capacity-building to support **women*** and gender-diverse people with HIV self-testing/testing, HIV basics education and related resource development and distribution.



Additional Theme – Parenting/Parenthood

Some community partners/interest-holders who engaged in the WHAI community consultation process mentioned an interest in adding Motherhood/Parenthood to the themes (note: the individual who suggested this as a theme ultimately adjusted their language from “motherhood” to “parenthood” as the consultations encompassed cis and Trans women*, 2-Spirit and Non-Binary Femme people). They stated:

“Clients are inherently affected by the well-being of their kids.”

As the community partner said this, other workers strongly agreed. The client services worker continued on to share a story about a client who had been unhoused for a long time and who later became housed and started experiencing IPV. With the help of her workers, she transitioned into a women’s shelter, where the client later discovered that she was pregnant and connected with the CHC for the safer supply program:

“She told me when she was pregnant that was the happiest she had ever been, she was so proud of herself. Every day, she would come to the clinic to pick up her meds and was so happy and couldn’t wait to become a mother and was happy with the choices she was making to prepare for a new journey.”

The worker then explained that right after the client gave birth, some events unfolded and the client’s child was taken by the Children’s Aid Society (CAS) as a result. They observed:

“She is in a bad space ever since then, she stopped coming to the clinic and is back on the streets and when we connected to her about her meds she said, “There is no point if I can’t see my baby. I would rather die from Fetty.”



The WHAI-linked Coordinator who was part of this consultation heard this story in different variations from several other interest-holders in other organizations and found it to be especially relevant as this was a story of a woman who had been part of the WHAI community consultation process.

Based on consultations with service providers for ACB **women*** and gender-diverse people, the theme of motherhood/parenthood was discussed at length - especially in the context of mothers who were also newcomers. Workers mentioned that immigrant women* and gender-diverse people were sometimes afraid to disclose their needs when living with HIV and also that workers were not always able to provide the right supports:

*“**Women*** often have to prioritize the impact that disclosure might have on their children.”*

“On one hand they are accessing services, on the other hand, in their communities, if they are known to be affiliated with certain services this can cause harm, stigma or discrimination towards them or their children.”

Along these lines, one community partner shared a story about an ACB woman who was cut off from her community once she disclosed – compounded by intimate partner violence (IPV), racism in healthcare, and stigma and discussed how this affected both the woman and her children.





Additional Theme – Disability

Disability was also proposed as a singular theme in the local context. Interest-holders identified that while disability intersected with the other identified themes, it could (and should) stand as a theme entirely on its own. This view aligned with what some **women*** and gender-diverse people shared during the first phase of community consultations - especially those that engaged aging populations. The importance of considering disability as a theme in its own right is further supported by national data that indicate that 1 in 5 Canadians aged 15 years and over have a disability and the prevalence of disabilities in Canada may be more common than one may think. The prevalence of disability for both **women*** and men rose with age. However, **women*** were consistently more likely to have a disability than men across different age groups (Source: Canadian Survey on Disability Reports, 2018).

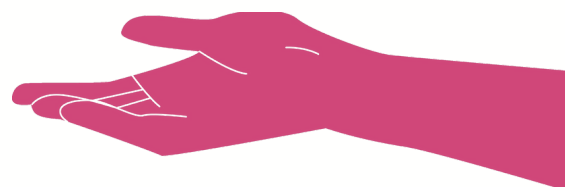
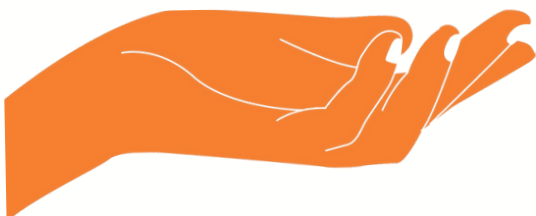
General Observations – Anti-Racism & Culturally Safe Approaches

Vimbayi asked participating interest-holders if they saw how anti-racist approaches impacted **women*** and non-binary people accessing services. While some individuals readily answered this question, others benefited from more education on the importance of providing anti-racist and cultural safe services.

“Sometimes it feels like there are populations that have claimed ownership over services, as if our community is not heavily impacted by barriers to access.” One worker also alluded to lateral violence between communities.

Future Engagement

All participating community interest-holders unanimously agreed that they would like to be part of the next steps of the consultation process and made commitments to revisit community development opportunities future-forward.



Next Steps

Provincial Level

The WHAI Network will select some of the 6 Priority Areas for Collaboration identified through the WHAI community consultation process to focus the work each year. More specifically, while HIV Education, Prevention, Care and Support will be a primary area of work every year, 2 or 3 other Priority Areas for Collaboration (such as economic autonomy and women-centred harm reduction, for example) will be selected collectively by the WHAI network to foster collaboration across regional sites / within local communities through mutually-reinforcing activities.

More broadly, we will collaboratively set a common agenda and shared local strategies with measurable activities and goals for the work 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 across Ontario. This process will support the WHAI Network to continue to effectively and mindfully coordinate local efforts to realize collective impacts, thereby strengthening the work and amplifying its impacts.

Finally, 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. WHAI will draw on tools and resources that foster community leadership and amplify voices in so doing.



Fig. 4 The 6 Priority Areas for Collaboration




Local Level




RHAC's WHAI-linked Coordinator will develop actionable plans in alignment with the themes that **women*** and gender-diverse people identified as meaningful and resonant priorities during the consultation process to effect positive change that addresses issues associated with:





Interest-holder/community partner consultations revealed that participant organizations/groups welcomed the idea of building community capacity and emphasized the importance of providing holistic care to address the needs of **women*** and gender-diverse people living with HIV and who are placed at increased systemic risk of HIV acquisition.



Local interest-holders/community partners also acknowledged that they were working in silos and needed to collaborate more to achieve wholistic care. To address this, interest-holders suggested creating opportunities for problem-solving together as partners, synthesizing information, sharing updates, and collaborating on planning/hosting events and activities. Consequently, opportunities for collective problem-solving, resource-leveraging, and information-sharing can be explored further in the context of local work.

Community partners also identified some barriers to working collaboratively - such as a lack of centralized information and varying organizational structures/mandates. Community partners developed actionable commitments to address these barriers through the consultation process, including:

- Providing access to support groups
- Offering education and training
- Connecting cis and Trans **women***, 2-Spirit and Non-Binary Femme people to resources
- Advocating for policy change

These commitments were made in line with the principles of collective impact and community development to ensure that they honor the needs and concerns of **women*** and gender-diverse people living with and/or at risk of HIV and can be explored and actioned in future work across RHAC's organizational catchment.