

Collective Action Community Change

Community
consultations
with women*
in Ottawa, ON



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October 12, 2023

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ACKNOWLEDGEMENTS

The WHAI Coordinator would like to warmly thank all the **women*** and gender-diverse community members who took the time to participate in these consultations. Your wisdoms on wellness and your visions for change ensured that this work could be done.

Thank you to Mar Mohamed, Micah LaFortune, Emma Flowers, Laura Radford, and Katie Tinkler -- former staff and former placement students who supported in recruitment, transcription and facilitation of group consultations with community members.

Many thanks to the community partners who supported in the recruitment of community members, as well as their participation in stakeholder consultations. Your partnership and commitment to this collective work can and will create meaningful change in the lives of **women*** and gender-diverse community members in Ottawa.

The WHAI Coordinator is grateful for the AIDS Committee of Ottawa's management team in the varying amounts of support in this nearly two (2) year consultation process.



INTRODUCTION

The COVID-19 pandemic has had lasting impacts on the health and wellbeing of marginalized community members, particularly **women*** From late fall 2021 and the spring/summer of 2022, the Women & HIV/AIDS Initiative (WHAI) Coordinator at the AIDS Committee of Ottawa led consultations with a variety of **women*** and gender-diverse community members in the city of Ottawa.

The central focus of these consultations was to learn how **women*** understood and saw wellness, discuss some of the challenges and barriers to wellness they have encountered, share some of the facilitators and strategies they have used to achieve wellness, and some areas for improvement for the future they hope to see.

These consultations focused on qualitative understandings of wellness. As such, the Provincial WHAI office developed four (4) methods of engaging community members. These included:

- 1.1 on 1 interviews
2. Brief Interactions
3. Aesop's Dove & Ant Fable (storytelling tool)
4. Talking Circle

In all, 90 **women*** and gender-diverse community members took part in these consultations. Participants were met in a variety of settings, including online via Zoom and a variety of community agencies across Ottawa. Each participant was compensated for their time and engagement and received \$25, which was distributed in either cash or e-transfer.

This report unpacks the perspectives of **women*** when it comes to diverse conception of wellness. This report is comprised of four (4) sections:

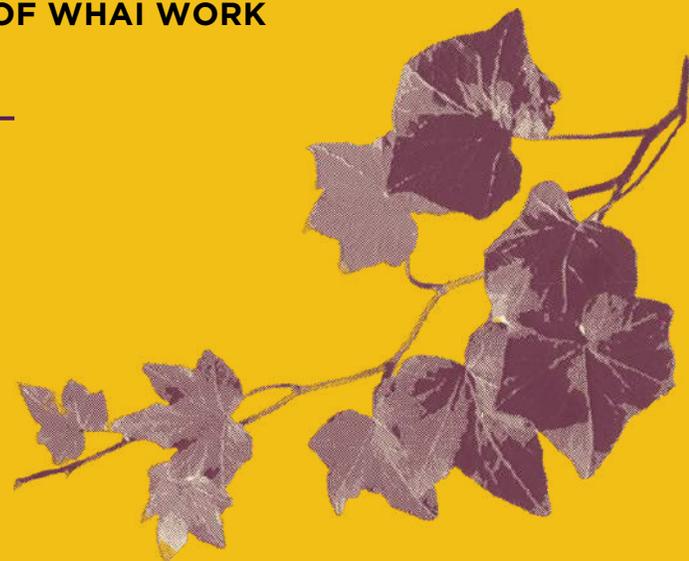
- 1) **Background** on WHAI's work across the province of Ontario, priority populations of **women***, overview of Collective Impact (CI) and Community Development (CD) models;
- 2) **Methods and Participation**, which outlines the consultation process for community members, demographic information on participants, knowledge of HIV education and prevention tools, and information on consultations with stakeholders;
- 3) **Analysis and Interpretation**, which analysis the responses from the consultation process with **women*** and stakeholders, using WHAI's 6 Priority Areas for Collaboration as overarching themes, alongside quotes from participants.
- 4) **Next Steps**, which details future WHAI work on the provincial scale and local context. The report closes with images from consultations with **women***.



Background



-  • **SUMMARY**
-  • **WHAT IS WHAI?**
-  • **HOW DOES WHAI WORK?**
-  • **WHO WE WORK WITH AND WHAT WE MEAN BY 'WOMEN'*'**
-  • **UNDERSTANDING WOMEN*'S STORIES AND COMMUNITY PARTNER FEEDBACK**
-  • **THE WHO, WHAT, WHY AND HOW OF WHAI WORK**





SUMMARY

In 2021, the Women and HIV/AIDS Initiative (WHAI) began the process of province-wide consultations with Cis and Trans **women***, 2-Spirited and Non-Binary Femme people to focus its work to reduce HIV transmission; enhance community capacity to address HIV; and create environments that support **women*** in their HIV-related experiences. In keeping with the principles of collective action for community change, the consultation process was thoughtfully designed to be participatory, inclusive and creative, amplifying the wisdom and leadership of **women*** who face intersecting and structural barriers to sexual health. The focus of this process was specifically, **women*** living with HIV, who identify as African, Caribbean, Black (ACB), 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 (4) knowledge gathering tools were developed in consultation with community knowledge holders that included a one-on-one discussion guide, a brief interaction tool, a storytelling tool, and a focus group/talking circle discussion guide.

All tools could be adapted amidst COVID-19 related public health restrictions and catered to a range of facilitation and engagement styles, ensuring **women*** had meaningful, accessible options for participation. WHAI Coordinators implemented these tools to consult with **women*** in their local communities. The stories they gathered were carefully reviewed to inform a second phase of consultations with community organizations and networks. This included Coordinators sharing what was learned from **women*** and gathering stories and experiences from community partners. An additional discussion guide was developed to support Coordinators to facilitate these consultations. A total of 501 **women*** from WHAI's priority populations participated, along with 317 partners from 161 community organizations and networks across Ontario, in this intentional process to ensure that community voices directed the themes that emerged.

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.



WHAT IS WHAI?

The Women and HIV/AIDS Initiative (WHAI) is a community-based response to HIV and AIDS among cis and Trans **women***, 2-Spirited and Non-Binary Femme people in Ontario. Through a network of 17 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 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.



HOW DOES WHAI WORK?

WHAI applies a community development perspective in their work. This means that they work closely with community members to assist in identifying and addressing shared health concerns.

A community development approach means:





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-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 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-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.



AFRICAN, CARIBBEAN AND BLACK WOMEN*



INDIGENOUS WOMEN*



WOMEN* WHO USE DRUGS



TRANS WOMEN*



NON-BINARY FEMMES



WOMEN* WHO HAVE EXPERIENCED VIOLENCE



TWO-SPIRIT PEOPLE



INCARCERATED WOMEN*



WOMEN* ENGAGED IN SEX WORK

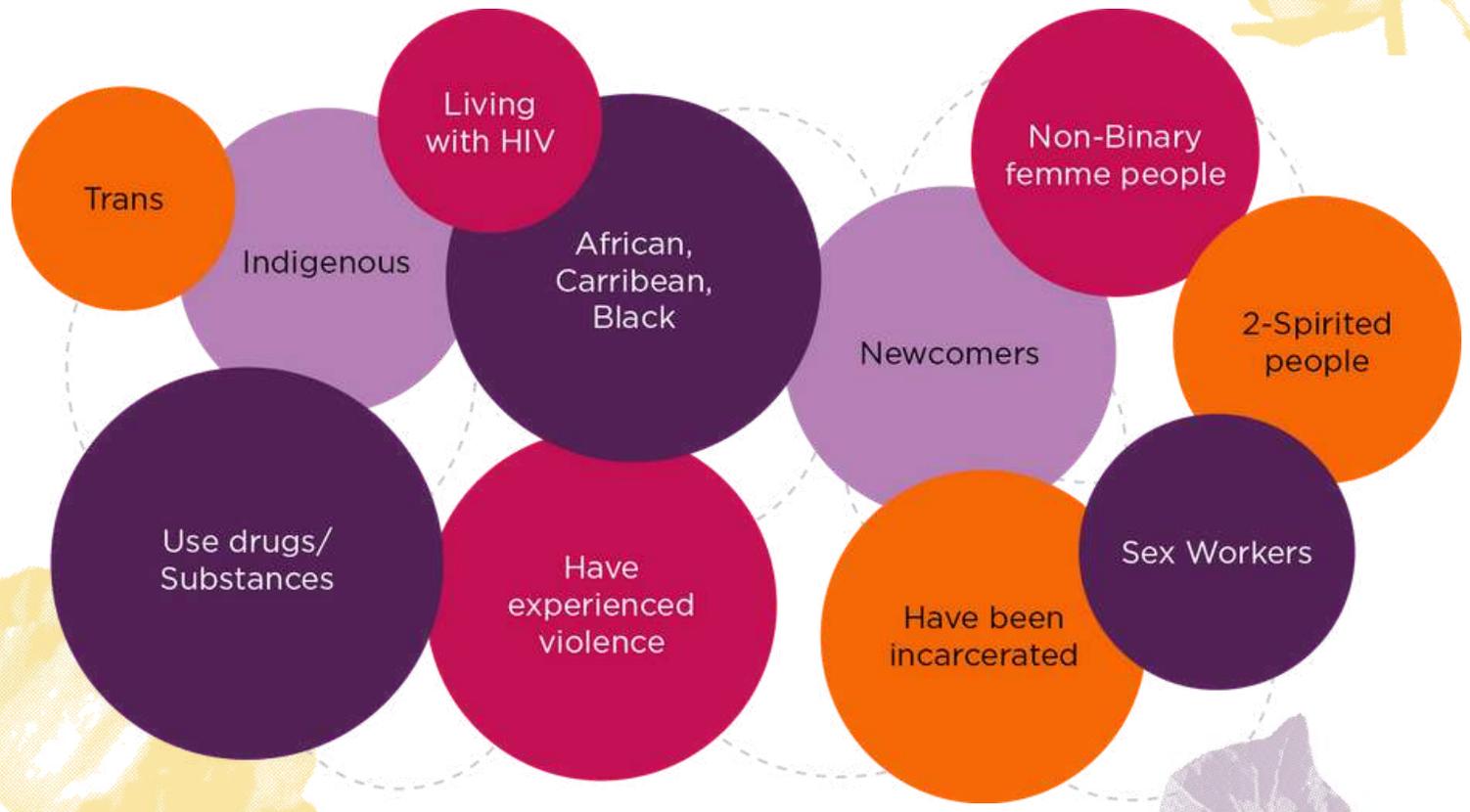


NEWCOMER WOMEN*

(1) whai.ca/ourwork
(2) **women*** and HIV / AIDS Initiative Program Guidelines, AIDS Bureau Ministry of Health and Long-Term Care, April 2012.
(3) Learn more about the Collective Impact model here <https://www.tamarackcommunity.ca/collective-impact>.



WHAI PRIORITY POPULATIONS MOST IMPACTED BY HIV





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.

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-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.

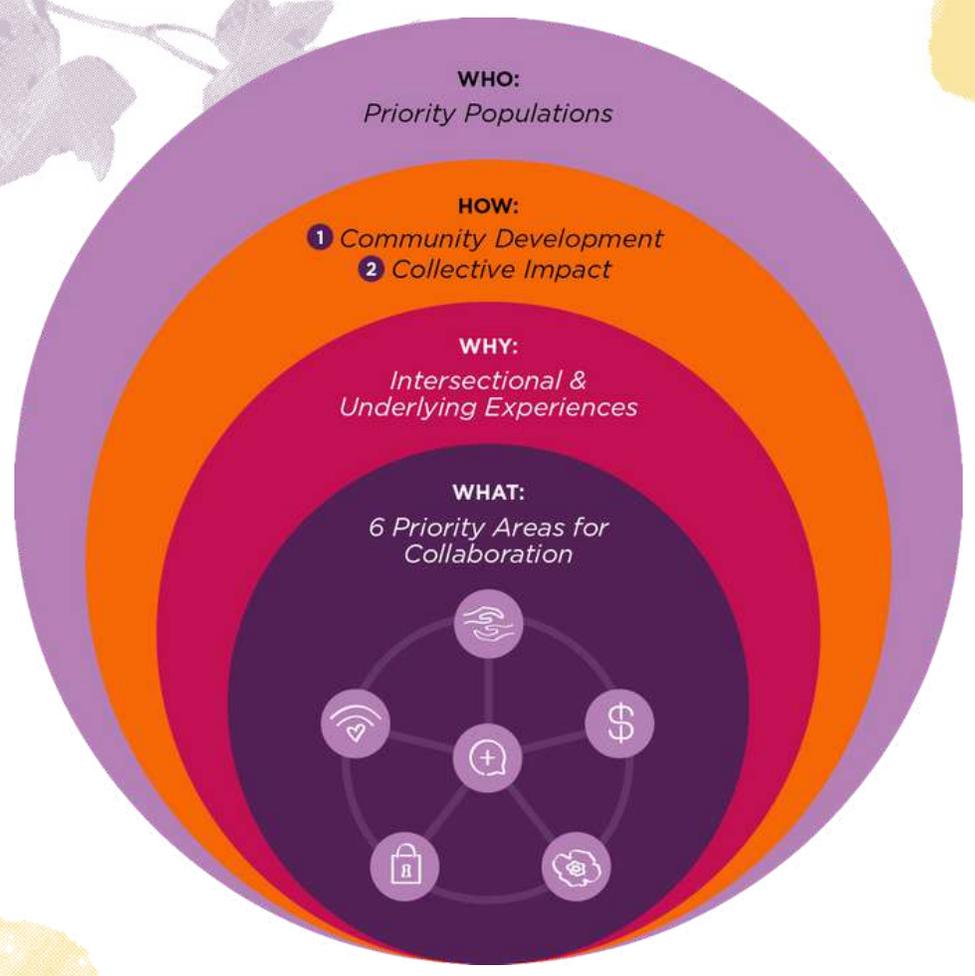
This process of collective analysis and sense-making led to a categorization of **women***'s experiences into three (3) key areas:

- 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.





THE WHO, WHAT, WHY & HOW OF WHAI WORK



WHAI works with various populations on **women*** disproportionately impacted by HIV, including ACB **women***, Indigenous **women***, Trans **women***, Two-Spirit and Non-Binary Femmes, newcomer **women***, **women*** who use drugs, **women*** who have experienced GBV, and **women*** who are or have been incarcerated.

WHAI does this work through adhering to the principles of Community Development and Collective Impact. A community development approach includes: a problem or issue defined by the community; build community capacity to address shared health concerns; this work is collaborative; this work is ongoing.

This work is important as a means of highlighting the many intersecting factors that impact this diverse group of **women***. Some of these factors include gender-based violence, anti-Black, anti-Indigenous and anti-Asian racism, misogynoir, poverty, structural violence, housing insecurity, and serophobia among many others.

The Priority Areas for Collaboration include: HIV Education, Prevention, Care and Support; Community Connection; Economic Autonomy; Safety; Women*-Centered Harm Reduction; and Wholistic Health. These areas of collaboration are meant to serve as a roadmap to WHAI's work with **women*** moving forward.



Methods and Participation



-  • **CONSULTATIONS WITH COMMUNITY MEMBERS**
-  • **DEMOGRAPHIC INFORMATION OF PARTICIPANTS**
-  • **HIV EDUCATION AND PREVENTION KNOWLEDGE**
-  • **CONSULTATIONS WITH SERVICE PROVIDERS**





CONSULTATIONS WITH COMMUNITY MEMBERS

Between November 2021 and February 2022, as well as May 2022 and August 2022, consultations with **women*** and gender-diverse community members took place.

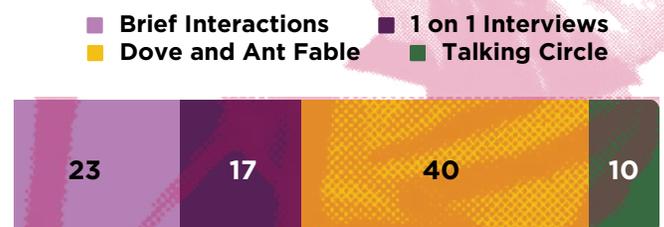
The purpose of these consultations was to learn and better understand how community members understood wellness, discuss some of the barriers to wellness they have experienced, learn about some of the facilitators to wellness they utilize, and well as discusses areas of change. It is important to note that these consultations took place in the midst of the COVID-19 pandemic, drug poisonings and the ongoing Opioid Crisis, immense anti-Black racism and the Convoy in Ottawa. Each of these factors impacted how community members defined, experienced and accessed health, wellness and social services at this time.

As part of the consultation process, four (4) tools were used to elicit responses, using a mix of both 1 on 1 interviews and group engagement:

1. Brief Interaction tool
2. 1 on 1 Interviews
3. Aesop's Dove and Ant Fable (storytelling tool)
4. Talking Circle

Several recruitment strategies were used for these consultations. The WHAI Coordinator first began recruitment through their own AIDS-service Organization (ASO), followed by using peer facilitators to recruit within their own networks.

In the second round of consultations between May and September 2022, the WHAI Coordinator created several flyers for targeted recruitment. These were sent to community stakeholders to share at their sites, as well as other locations where community members regularly gather.





DEMOGRAPHIC INFORMATION OF PARTICIPANTS

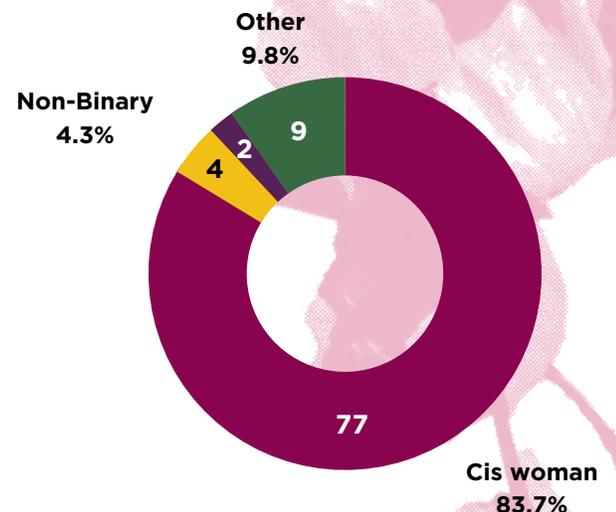
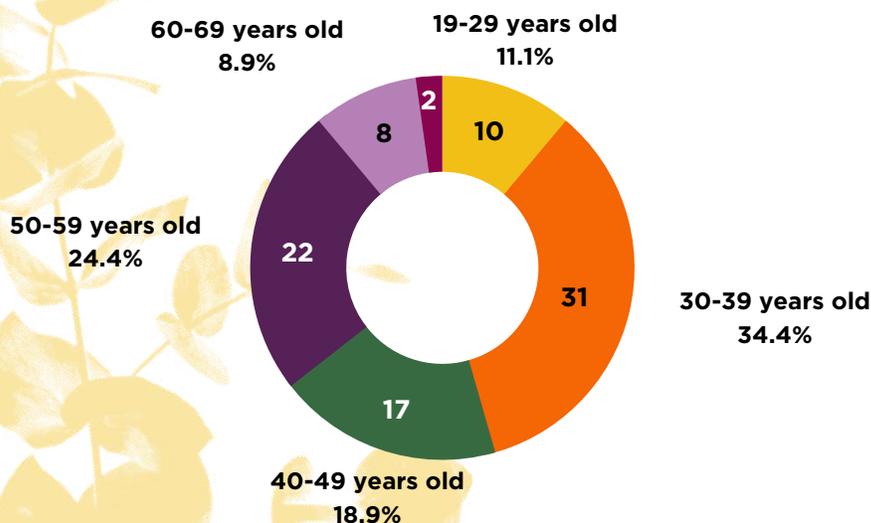
AGE

There was participation amongst **women*** of all age groups, the greatest representation was amongst those between the ages of 30 and 59. Participants between the ages of 30-39 years of age accounted for more than one third of participants (34.4%), followed by those between the ages of 50-59, who represented almost one quarter of participants (24.4%). Nearly a fifth of participants were between 40-49 years of age (18.8%). Participants ages 19-29 accounted for over ten percent (11.1%). There was a lower participation rate of **women*** ages 60-69 years of age (8.9%) and those 70 years of age or older (2.2%).

GENDER IDENTITY

WHA! works with and supports **women*** in their work, which includes Cis and Trans **women***, Non-binary femmes and Two-Spirit community members.

Unfortunately, there was not nearly as much diversity in gender identity, with a majority of participants identifying as Cisgendered **women*** (83.7%). There was some Non-binary representation (4.35%), followed by Trans **women*** (2.2%). None of the participants identified as Two-Spirit. Nearly a tenth of participants (9.8%) checked "Other", and some identities included Non-binary, Gender-diverse and Trans.

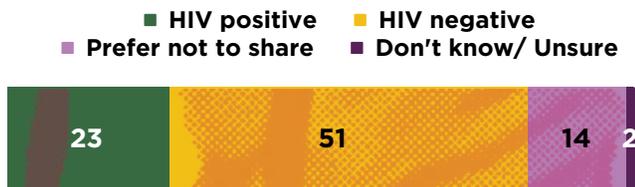




DEMOGRAPHIC INFORMATION OF PARTICIPANTS

HIV STATUS

People living with HIV accounted for over a quarter of participants (25.5%), and non-PHAs represented over half of participants (56.7%). Participants who checked "Prefer not to share their status" totaled 15.6% and those who checked "Don't know/Unsure" amounted to 2.2%.



ETHNORACIAL BACKGROUND

There was some ethnic and racial diversity amongst participants. The largest amount of participants identified as African (27.4%), followed by over a quarter identifying as White (25.8%), and nearly a fifth identifying as Black (19.4%). There was sizeable First Nations representation (6.5%), followed by Métis (4%), Indigenous (3.3%), and Inuk (3.3%).

It is important to mention that many participants have multiple and mixed identities, so it was common for there to be two (2) ethnoracial backgrounds checked off, the most common being African and Black, followed by First Nations and Métis.

Ethnoracial background	# of participants	%
African	34	27.4%
Black	24	19.4%
Caribbean	3	2.4%
East & Southeast Asian	2	1.6%
First Nations	8	6.5%
Indigenous	4	3.3%
Inuk	4	3.3%
Latin American	1	0.8%
Métis	5	4%
Middle Eastern	3	2.4%
South Asian	2	1.6%
White	32	25.8%
Other/Not Sure	1	0.8%



HIV EDUCATION AND PREVENTION KNOWLEDGE

KNOWLEDGE OF PrEP

Knowledge of PrEP was fairly split amongst participants, with 45.5% having prior knowledge of PrEP and nearly 54.5% not having knowledge of PrEP.

Knowledge of PrEP was highest amongst **women*** living with HIV, and lowest amongst **women*** who have been incarcerated, **women*** who have been engaged in sex work, use(d) substance and have experienced GBV. These gaps highlight the need for targeted education and prevention for these priority populations moving forward. As well, the introduction of PrEP-in-your-pocket (PIP) may also be a way to reintroduce information on PrEP to these priority populations of **women***.

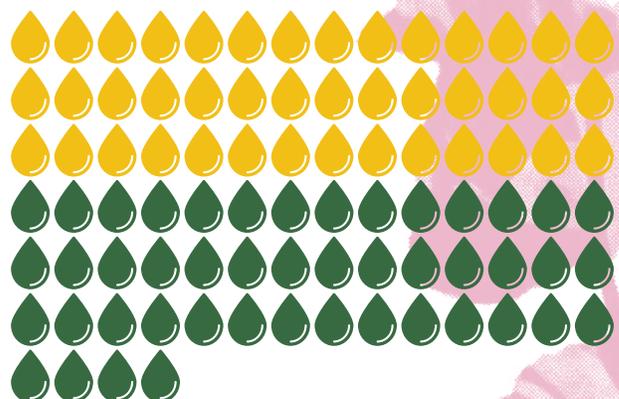
■ Yes ■ No



KNOWLEDGE OF HIV SELF-TESTING

Similar to Knowledge on PrEP, Knowledge on HIV self-testing was nearly evenly split, with 47.7% of participants having prior knowledge of HIV self-testing and 52.3% having no prior knowledge of HIV self-testing. Much like with knowledge on PrEP, the highest level of prior knowledge on HIV self-testing was amongst **women*** living with HIV and lowest amongst **women*** who use(d) substances, **women*** engaged in sex work and those who have experienced GBV. Again, these findings reflect the need for targeted education and promotion on HIV testing methods and system navigation for these priority populations.

■ Yes ■ No





HIV EDUCATION AND PREVENTION KNOWLEDGE

KNOWLEDGE OF U=U AND PEP

For the 17 **women*** who participated in 1 on 1 consultations, there was a question on their knowledge of U=U and PEP. A majority of these participants were **women*** who use(d) substances and **women*** living with HIV. Overall, 52.9% of these participants were familiar with U=U and PEP, and 47.1% were unfamiliar with both.

KNOWLEDGE OF U=U



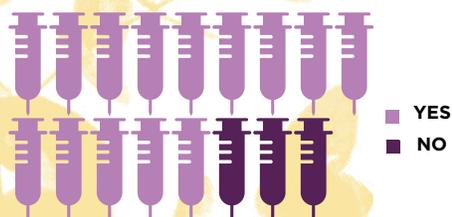
KNOWLEDGE OF PEP



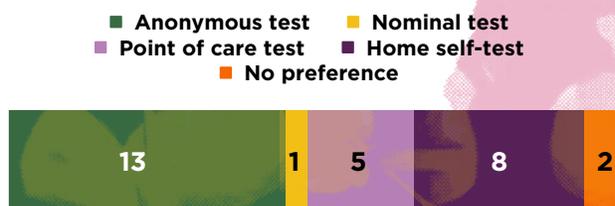
KNOWLEDGE OF HIV TESTING SITES AND PREFERENCE FOR TYPE OF HIV TEST

These 17 participants were also asked if they knew where to receive or obtain an HIV test if they needed it, which illustrates their knowledge of testing sites in Ottawa. Participants were also asked which type of HIV testing they preferred. Overall, most participants (82.3%) knew where to obtain an HIV test. As well, there was a strong preference for Anonymous testing, followed by HIV self-testing; Nominal testing was the least favoured option for HIV testing. Some participants choose two (2) responses, with Anonymous and HIV self-testing being the most popular pair.

KNOWLEDGE OF HIV TESTING SITES



PREFERENCE FOR TYPE OF HIV TESTING





CONSULTATIONS WITH SERVICE PROVIDERS

Between the months of May 2022 and September 2022, consultations with community stakeholders took place. These consultations were a means to share how community members understood wellness. In total, 23 stakeholders from 17 sites participated in these consultations, representing a variety of sectors.

Findings from consultations with community members were also shared with stakeholders, followed by a discussion and questions for stakeholders to answer.

It is important to note that many stakeholders' agencies fall between two or more sectors. Knowing this, it was important to consult a variety of stakeholders to highlight the overlap, the commonalities and the challenges shared by stakeholders in different sectors.

■ 1 on 1 Consultations ■ Group Consultations
■ Electronic Surveys



Work in the HIV sector is quite diverse, and therefore, it is very important to consult different stakeholders to highlight how HIV education and prevention work is relevant to their work and sector, from GBV/VAW, Harm Reduction, anti-racism and anti-oppression, and other sectors.

There was an intentional effort to speak to as many stakeholders as possible, especially those who were not long-term partners to build a relationship and brainstorm ways to support one another in the work moving forward. Recruitment was done by first connecting a familiar stakeholder and asking if there were other peers in their sector who thought would be interested in participating in these consultations.

Towards the end of the consultations in late August and September 2022, the WHAI coordinator began reaching out to stakeholders to whom they have an ongoing partnership with, as they were easier to reach and schedule a time to meet for a consultation.

Consultations with stakeholders took three (3) forms: 1 on 1 consultations via Zoom, Group consultations via Zoom, and Electronic surveys via Microsoft Forms.



Analysis and Interpretation



WHAT PRIORITY AREAS FOR COLLABORATION



• HIV EDUCATION, PREVENTION, CARE & SUPPORT



• COMMUNITY VOICES: HIV EDUCATION, PREVENTION, CARE AND SUPPORT



• COMMUNITY CONNECTION



• COMMUNITY VOICES: COMMUNITY CONNECTION



• ECONOMIC AUTONOMY



• COMMUNITY VOICES: ECONOMIC AUTONOMY



• WOMEN*-CENTERED HARM REDUCTION



• COMMUNITY VOICES: WOMEN*-CENTERED HARM REDUCTION



• SAFETY



• COMMUNITY VOICES: SAFETY



• WHOLISTIC HEALTH



• COMMUNITY VOICES: WHOLISTIC HEALTH





6 PRIORITY AREAS FOR COLLABORATION

Based on responses from community consultations taking place across Ontario, WHAI has developed six (6) Priority Areas for Collaboration to inform their work moving forward. Each will be unpacked and contextualized through a local lens, based on responses from women* in Ottawa in the next several pages.





HIV EDUCATION, PREVENTION, CARE AND SUPPORT

HIV Education, Prevention, Care and Support is the key priority area of collaboration for WHAI. It refers to the dissemination of HIV education, including but not limited to information on HIV prevalence and priority populations, prevention methods, and HIV self-testing.

Most participants shared that they felt there was not enough conversation and information related to HIV, which leads to many assuming that HIV is not as prevalent or pressing as it once was in the 1980s and 1990s.

Many participants wondered why there was not a lot of mainstream attention and information related to HIV, especially for those who were unfamiliar with PrEP, PEP and HIV self-testing.

For ACB **women*** living with HIV, there was much discussion on the need for more anti-stigma work. Most shared that they are still experiencing HIV-related stigma and want there to be more time spent educating the broader public. Some suggested that U=U could be a way to aid in anti-stigma work.

Moreover, many **women*** living with HIV mentioned experiencing discrimination at a variety of sites, including other social services sites and when accessing healthcare. One ACB woman living with HIV described experiencing discrimination and stigma from a nurse when she learned of her status. This demonstrates the long-reaching impacts of HIV misinformation on **women*** living with HIV.

Stakeholders across sectors echoed many of these sentiments and desired to learn more about HIV education and prevention. Some suggested more interactive workshops for stakeholders, with certificates as an incentive to encourage participation.

As well, many requested more information on the accessibility and the process of acquiring PrEP for community members, as well as more information on applying for the Ontario Trillium Drug Plan. Others were interested in learning more about HIV self-testing and the process for community members. Some wondered if it were possible to have self-testing kits at their site to distribute to community members, especially those who are precariously housed and/or experiencing gender-based violence.



COMMUNITY VOICES ON HIV EDUCATION, PREVENTION, CARE AND SUPPORT

"I previously did not know about U=U, completely changed how I think about HIV and wellness, I tell people about it more, so there is less stigma about HIV. U=U is a good way to decrease stigma around HIV/AIDS. Wish it was more widely taught in high school and universities [...] Campaigns like U=U are very important in educating people."

- queer woman who has experienced GBV

"We need better education from service providers – why don't service providers know what U=U is? We just generally need an updated sexual health curriculum, more HIV education, and more myth dispelling."

-queer woman who uses substances/has experienced GBV

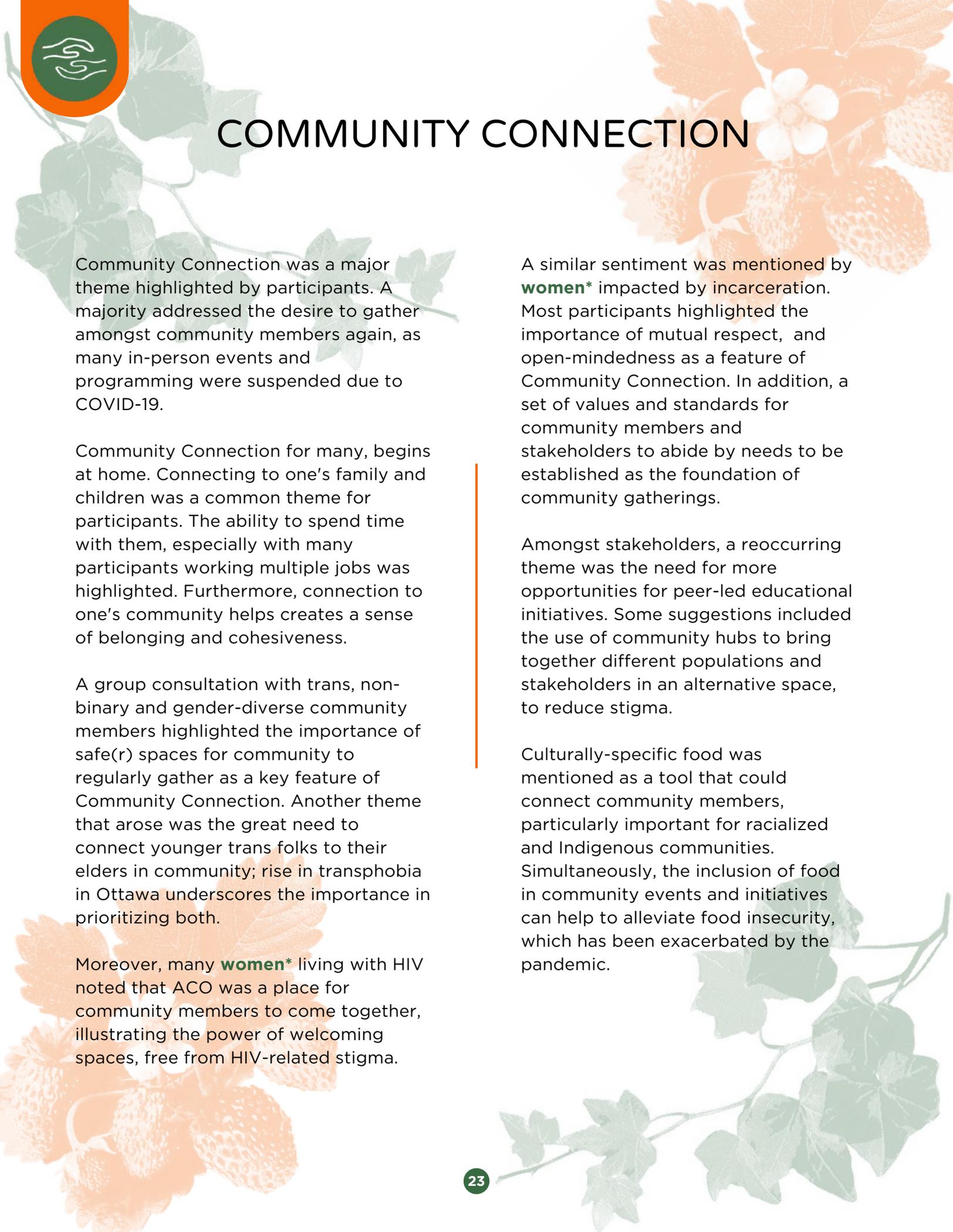
"SO MUCH EDUCATION. Postering! U=U is still not widely known! People don't know about PrEP/PEP and how effective it is! It would be great to have some educational games, trivia. Would love to have WHAI come to the Centre (Sandy Hill) and conduct a presentation! Self-testing kits require an address to get - it would be nice to have a stack of them on site that folks can just grab!"

-harm reduction stakeholder

"Not making a lot of headway out there. For some people to reel into something, they need a catchphrase. The U=U doesn't have a lot of substance behind it to touch people around the world. More simplified, more open, inviting. You have to do different things to capture different audiences around the world, but U=U is moving at a slow pace or continue talking about it for it to spread like a wildfire than a stream that has dried up. It needs some punch, it needs something to wake it up, it's sleeping. Why isn't there a U=U celebration? Or a U=U march? The U=U should get connected, then a U=U Day. It just needs something to wake it up."



COMMUNITY CONNECTION



Community Connection was a major theme highlighted by participants. A majority addressed the desire to gather amongst community members again, as many in-person events and programming were suspended due to COVID-19.

Community Connection for many, begins at home. Connecting to one's family and children was a common theme for participants. The ability to spend time with them, especially with many participants working multiple jobs was highlighted. Furthermore, connection to one's community helps create a sense of belonging and cohesiveness.

A group consultation with trans, non-binary and gender-diverse community members highlighted the importance of safe(r) spaces for community to regularly gather as a key feature of Community Connection. Another theme that arose was the great need to connect younger trans folks to their elders in community; rise in transphobia in Ottawa underscores the importance in prioritizing both.

Moreover, many **women*** living with HIV noted that ACO was a place for community members to come together, illustrating the power of welcoming spaces, free from HIV-related stigma.

A similar sentiment was mentioned by **women*** impacted by incarceration. Most participants highlighted the importance of mutual respect, and open-mindedness as a feature of Community Connection. In addition, a set of values and standards for community members and stakeholders to abide by needs to be established as the foundation of community gatherings.

Amongst stakeholders, a reoccurring theme was the need for more opportunities for peer-led educational initiatives. Some suggestions included the use of community hubs to bring together different populations and stakeholders in an alternative space, to reduce stigma.

Culturally-specific food was mentioned as a tool that could connect community members, particularly important for racialized and Indigenous communities. Simultaneously, the inclusion of food in community events and initiatives can help to alleviate food insecurity, which has been exacerbated by the pandemic.



COMMUNITY VOICES ON COMMUNITY CONNECTION



"Wellness is about looking after yourself. It's also about looking after family members, friends and community. And their emotional, their physical [...] that if you take care of them, then they can take care of you."

-woman impacted by incarceration



"I want to say, there needs to be more cross-generational spaces for trans people to chat. I don't know of any. The AIDS crisis killed so many people that would be our elders that we could learn from. I would love the chance to learn from older trans folks about what they went through and share coping strategies with each other."

-trans community member



"I need to have spaces that are free from discrimination and where I can be myself, even if on some days that's super messy [...] having folks around me who can understand that I need to like, isolate for a little bit and come out of it not having to explain myself."

-woman who uses substances



"It's a connection. It's like family [...] it brings you up, it brings you down. But this situation where we are, for me now, what I am now is the next level."

-ACB woman living with HIV



ECONOMIC AUTONOMY

Economic Autonomy refers to the ability for **women*** to have access to more than simply basic needs but also have the ability and agency to meet their needs on their terms.

A reoccurring theme across priority populations was financial insecurity, exacerbated by COVID-19. Many noted the loss of employment, which led many to losing housing and experiencing precarious housing.

A group consultation with queer newcomers led to a conversation on economic insecurity. A participant mentioned the difficulty for newcomers to secure affordable housing, as they were asked for credit history. It was shared that it is difficult for newcomers, especially senior newcomers to secure housing, as it is assumed there is family settled in Canada to care for them. Another participant stressed the need for greater networking opportunities for newcomers to learn of job opportunities and trainings to build Canadian experience.

Amongst **women*** engaged in sex work, there was mention of safety when engaging in sex work, with the opportunity to be connected to their "street sisters". This point highlights the strong connection between Economic Autonomy and Safety, as safer environments to engage in sex work can increase their economic autonomy.

The impacts of reduced bus service and increased bus fare since the beginning of the pandemic has severely impacted participants across priority populations.

Ontario Works (OW) and the Ontario Disability Support Program (ODSP) greatly impacted the Economic Autonomy of most participants. They were particularly frustrated with its inaccessibility, as well as not receiving enough supports to cover their basic needs, including rising costs for rent and food.

Some participants mentioned the positive impacts of resources during the pandemic, including CERB, that were once available and have now ended. As well, some mentioned the importance of affordable/free childcare and paid time off work, as many were dealing with poor mental health due to the uncertainty of the pandemic.

Most stakeholders echoed the sentiments of participants. The lack of momentum regarding OW and ODSP increases is greatly impacting the ability for many **women*** and gender-diverse community members to meet their basic needs. Economic insecurity is deeply intertwined with other determinants of health, so it is very important to prioritize.

Educational and economic opportunities for peer-led work was also highlighted. Although the HIV sector centers the principles of the Greater Involvement of People Living with HIV/AIDS (GIPA) and the Meaningful Engagement of People living with HIV/AIDS (MEPA), this is not similarly mirrored in other sectors. Providing meaningful work for community members can help create opportunities of economic autonomy for many hoping to obtain work experience, and alleviate financial burdens.



COMMUNITY VOICES ON ECONOMIC AUTONOMY



"I feel wellness just having money in my pocket. I've been evicted many times in my life because I couldn't pay the rent. I have a dog park with a gazebo, so I get to look at that every morning."

Indigenous woman who uses substances/ experienced GBV/ once engaged in sex work



"I have to go to the foodbank often. My bills, my stuff almost got cut off a few times – I'm just scraping by. And I had to borrow more money and I owe more money to try and keep up with everything. It's just been a vicious cycle."

-woman who uses substances



"A consistent, liveable income, a minimum wage that covers my basic needs, easier access to supplementary incomes – I can't control how expensive things, which leads me to take the bus more, which costs more over time."

-woman who uses substances



"Investments made in community: important for those who cannot take time off work, your children are very young. And going through that whole COVID period and you don't have family in town or anyone you can reach out to, what would you do? So that's what comes to mind for me."

-South Asian woman disproportionately impacted by COVID-19



WOMEN*-CENTERED HARM REDUCTION

Women*-Centered Harm Reduction stresses the importance of creating, maintaining and fostering safe(r) spaces for **women*** who use substances to receive support services and meet peers with similar lived experiences.

Many participants who use(d) substances noted the great need for **women***-only harm reduction spaces, as many of these current spaces are dominated by men.

Another reoccurring conversation was the great need to be understood and be given respect as people. All of the **women*** who use(d) substances disclosed that they have experienced discrimination and stigma in a variety of spaces, including when accessing housing, hospitals, courts, etc.

As well, all of the **women*** who use(d) substances disclosed that they have experienced gender-based violence. This highlights the importance of providing a multitude of services for **women*** who use substances alongside harm reduction services.

Reproductive health was another topic raised by **women*** who use(d) substances. Many of these **women*** noted being questioned about their reproductive choices or at times, denied services. One participant was questioned about their decision to have a hysterectomy which then led to a conversation on her substance use. Another woman was denied reproductive services when requesting to remove her IUD that was giving her pain. She explained that she felt that she was discriminated against, due to her substance use.

These examples highlight the importance and need for **women***-centered harm reduction spaces that provide judgment-free and a variety of services that include support outside of harm reduction, as well. It is crucial that this is developed and actualized by peers in community.

Women*-Centered Harm Reduction was discussed at length by stakeholders, particularly those in the harm reduction and GBV/VAW sectors. The lack of **women***-only harm reduction spaces in Ottawa was recognized as a great need. As well, a harm reduction stakeholder mentioned the need for more mobile outreach to **women*** in community, as many **women*** do not feel comfortable accessing services from mainstream harm reduction sites.

Alongside gender-specific harm reduction services, many stakeholders noted the gap in resources and conversations surrounding harm reduction for Indigenous, Black and other racialized folks who are disproportionately impacted by criminalization. These anti-racist spaces need to be created to destigmatize conversations on substance use and harm reduction in racialized communities for folks to feel comfortable sharing accessing services. Importantly, Indigenous ways of knowing should be prioritized in discussions of harm reduction.

For stakeholders who work with queer and trans youth, the need for more youth-oriented harm reduction resources was highlighted, as they felt that many youth were not completely familiar with the definition and scope of harm reduction.



COMMUNITY VOICES ON WOMEN*-CENTERED HARM REDUCTION

"Discrimination based on my use of crack, and keep getting called a 'crackhead', that's one word I can't stand. We don't need for it to be thrown in our faces, there's a lot of judgment. Soon as you're labelled a crackhead, you're looked at as the same, and you're not the same. Yes, I'm a user but I'm not that."

-woman who uses substances

"You know what I've had a a really big problem with is getting my IUD taken out [...] I'm at 6 1/2 years and she won't take it out [...] I don't know if she's not doing it because I have hepatitis or because I'm an addict and doesn't want me to get pregnant. I don't know but it really isn't her decision either."

-woman who uses substances

*"Especially when it comes to **women*** being abused, a lot of **women*** are not comfortable around men, it would be good to have an avenue for them."*

-woman who uses substances

"In the hospital and they see tracks on your arm, they treat you differently. They turn around and give you the same meds you overdose on, it doesn't make sense."

-woman who uses substances/ experienced GBV/ previously incarcerated

*"A healthcare facility centered on **women*** and domestic violence recovery, sex work recovery - more of that is needed in the city [...]there's nothing out there for **women***, like there's **women***'s shelters but there's nothing out there for gender-diverse and non-binary-there's nothing really out there specific to us, safe havens to get well."*

-woman who use(d) substances



SAFETY

Much like HIV Education, Prevention, Care and Support, Safety was an area of collaboration that was diverse and connected to other areas, such as **Women***-Centered Harm Reduction, Wholistic Health and Economic Autonomy. A social determinants of health model when discussing Safety is particularly important because it can be used to explain how one's wellness is impacted by Safety, be it in the form of housing, employment, social supports and other determinants of health. Having little access to any of the above negatively impacts the safety of **women*** and gender-diverse community members.

A group consultation with trans, non-binary and gender-diverse community members noted the great need for safe(r) spaces for community to gather, where folks could be amongst peers who understood their lived/living experiences. It is important to consider that this consultation was conducted during the Convoy in Winter 2022 (after a few delays and rescheduling).

For many, Safety also referred to having access to safe and accessible housing. Many **women*** who use(d) substances, engaged in sex work and have experienced incarceration have noted the lack of housing options for them, feeling forced to live in unsafe neighbourhoods.

This connects to Economic Autonomy, as many are reliant on OW or ODSP, which does not provide an adequate living allowance to cover basic needs.

Feeling unsafe from one's landlord was noted by several participants, and on occasions, experiencing violence from them. More information on tenant's rights may be one way to address unsafe housing conditions experienced by participants.

Experiencing violence from police was noted by several **women*** who use(d) substances. Some shared stories from experiencing violence at the hands of police, or provided with little safety or support when they called them.

Stakeholders echoed many of the same points as community members. Housing was a reoccurring theme amongst stakeholders, with emphasis on the lack of affordable housing in Ottawa and minimal support from social supports. The Convoy was brought up on a few occasions and the needs to create spaces for community members to decompress, as it was a traumatic experience for many living in the impacted downtown neighbourhoods.

The need for more trauma-informed approaches to care and trainings for stakeholders was noted as crucial, as a means of addressing varying forms of Safety in the lives of community members.



COMMUNITY VOICES ON SAFETY

"Because I'm on ODSP, I don't feel that secure and I live in OCH, and I don't feel safe and they watch you. And I don't feel so secure; you shouldn't be asking tenants where they're going."

-Indigenous woman who uses substances/experienced GBV/ once engaged in sex work

"The main sources of violence I've experienced in the past years has been the police. And my landlord, actually, has gotten physically violent with me and my boyfriend. He kicked me in my driveway and the police did nothing and said it's a landlord-tenant issue."

-woman who uses substances

"Safe housing, safe shelter – living with other people, feeling safe around those people, that the place that I live in is accepting and is willing to make accommodations."

-gender-diverse community member

"I think we need to have more safe ways to communicate with other trans people and meet in real life without outing ourselves or putting ourselves in danger."

-trans community member

"Public transit is not very good, particularly for women waiting for a long time for the bus at night."*

-queer Middle Eastern newcomer woman



WHOLISTIC HEALTH



A wholistic approach to health recognizes that there needs to be a whole understanding of a person's mental, emotional, spiritual and physical health. This approach is particularly important when considering the biomedical approach utilized in the HIV Care Cascade model. Therefore, a wholistic approach to wellness is important when supporting **women***, who are disproportionately impacted by HIV.

Many participants noted many different ways of approaching wellness. For some, it was solitary activities, such as a cup of coffee or tea, walking their dog, playing a musical instrument, painting and taking care of plants. For others, there was a focus on spiritual approaches to health, such as practicing yoga, prayer, and meditation.

For trans, non-binary and gender-diverse participants, access to hormone replacement therapy (HRT) was cited by many as an example of Wholistic Health. In this group consultation, many participants demonstrated how access to HRT was central to one's mental, emotional, and physical health. Access to HRT has become increasingly difficult with years-long waitlists and costs.

Amongst some **women*** who use(d) substances, it was mentioned that managing their substance use was a component of their Wholistic Health. It was shared that once substance use was managed, other aspects of their wellness, including relationships with family and friends (social wellness) and their self-image improved as well.

Many ACB **women*** living with HIV noted how taking their ARTs was wellness to them, as it was a part of their daily routine. Food was also mentioned as a component of one's wellness, with the desire for more opportunities to discuss culturally-specific nutrition while living with HIV.

For most participants, access to community was heralded as a major component of their wellness. There were many conversations on the negative impacts of lockdowns and isolation on participants' mental health and wellbeing.

Wholistic Health was the area of collaboration that resonated with all stakeholders, but in different ways. Some mentioned the inclusion of arts-based programming at their sites, Others noted the strong connection to culture when discussing Wholistic Health, particularly Indigenous-focused service providers. Food was a theme that was brought up when talking about culture, and its ability to bring groups of people together, which illustrates its strong relationship to Community Connection.

For ACB-focused stakeholders, Wholistic Health came in the form of the ability of community members accessing mental health and wellness workshops. One ACB stakeholder mentioned the popularity of blood pressure workshops for ACB community members and found that many disclosed that they had not seen a doctor in some time and used the workshop as an opportunity to access primary healthcare. This demonstrates that Wholistic Health may not be accessible to all and stakeholders need to consider how to reduce barriers for community accessing wellness programming, workshops and resources from their sites.

One GBV/VAW stakeholder advocated for the use of a wrap-around model for sites to consider, as it recognizes the need for having a variety of services under one roof, including but not limited to housing services, health services, support for crisis and counseling services, a food bank, and many other services. This wrap-around model is typically found in Indigenous-focused agencies and should be replicated by a variety of sectors as a way to center Wholistic Health.



COMMUNITY VOICES ON WHOLISTIC HEALTH

"I live my life by karma: you do good, you get good. I try to meditate as much as I can to help with my mental health problems."

-woman who uses substances

"Wellness is morning coffee with cinnamon."

-woman living with HIV

"Access to my HRT: for me, those are things on a basic level, for me to be well and just stay healthy physically and mentally, these are the things that are non-negotiable."

-trans community member

"Feeling a state of peace, feeling no major pain (spiritually, physically, psychologically)/ not feeling in a state of crisis."

-queer ACB newcomer

"Staying healthy, good people, safe living (relaxing, calm environment)."

-woman engaged in sex work

"Normalizing well-rounded health care. It should be expected from all aspects of medical care to have the same interest in helping all aspects of community members, not just straight, white, cis members."

-non-binary community member



Next Steps



-  • **WHERE DO WE GO FROM HERE: PROVINCIAL LEVEL**
-  • **WHERE DO WE GO FROM HERE: LOCAL LEVEL**
-  • **CONSULTATION IMAGES**





WHERE DO WE GO FROM HERE

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



Reduce HIV transmission among **women***



Enhance local community capacity to address HIV



Create environments to support **women* and their HIV lived experiences**

PROVINCIAL LEVEL

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

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



WHERE DO WE GO FROM HERE

The stories and experiences shared by **women*** and gender-diverse community members who participated in these consultations will directly inform how the WHAI coordinator in Ottawa will work to build:



**WHOLISTIC
HEALTH**



SAFETY



**WOMEN*-CENTERED
HARM REDUCTION**

LOCAL LEVEL

The WHAI coordinator hopes to utilize the findings from these consultations with both community members and stakeholders to inform their work moving forward.

They hope to continue their focus on Wholistic Wellness. In the past year, the WHAI coordinator supported efforts to prioritize Wholistic Health through events such as *Hair, Mind, Body & Soul: a Collective Self-Care Gathering*, a self-care event for ACB **women*** in February 2022 and 2023. This event series highlighted different forms of self-care, including hair care, yoga, mental health, skin and body care, writing and plant care. For Black Mental Health Week 2023, the WHAI coordinator, in partnership with a stakeholder from Somerset West Community Health Centre, created a writing workshop for ACB community members called *Solace & Solange*, which provided a space for ACB community members to discuss mental health. In all, they hope to create similar offerings, with a focus on the unique needs of other WHAI priority populations.

The WHAI coordinator hopes to also prioritize Safety in their local work moving forward. Particularly, with the rampant transphobia in Ottawa, coupled with rising rates of gender-based violence, the WHAI coordinator hopes to support local grassroots groups, collectives and other agencies in local initiatives to raise awareness and combat both.

Due to the great need for **Women***-Centered Harm Reduction services addressed in the consultations, the WHAI coordinator hopes to commit to this area of collaboration. They currently sit on the Harm Reduction Coalition in Ottawa and hope to create opportunities for **women*** to access welcoming, **women***-only harm reduction spaces. As well, they hope to be able to center conversations on harm reduction and anti-racism, especially anti-Black racism and criminalization. By partnering with racialized frontline harm reduction staff, it is their hope that this work can be realized for this new fiscal year.



CONSULTATION IMAGES

These are images from Brief Interactions conducted at St. Joe's Women's Centre

Facilitators to Wellness



Barriers to Wellness





CONSULTATION IMAGES

These are images from Brief Interactions conducted at Métis Nation of Ontario

<p>wellness to me is when people are not alone.</p> <p>wellness to me is when my hyper is good is - hair nails - skin shaving</p> <p>I look up at my higher power for 100% wellness</p>	<p>- helping people out</p> <p>- supporting each other</p> <p>- taking care of others</p> <hr/> <p>- taking care of myself</p> <p>- having my own bubble - home, privacy to hang around me.</p>
<p>Proactive, having social networks, exercising, healthy mindset,</p> <p>Keeping my space clean, therapy is not</p>	<p>- Getting your life on track</p> <p>- Being sober - setting goals is housing.</p> <hr/> <p>- colour your hair</p> <p>- help others.</p>
<p>Self care</p> <p>- drinking pepsi, finishing your hair, coloring my hair</p> <p>- talking, talking to someone</p>	<p>Talking</p> <p>Can of myself</p> <p>Mentally and physically</p> <p>Take your praying</p> <p>Help other</p>

<p>glacery's - Transportation</p> <p>went going out by public due to Covid 19 germs</p>	<p>- doing drugs</p> <p>- not having the support I need from family</p> <p>- taking care of people who can't take care of themselves</p> <p>- people being around people who use drugs</p>
<p>Commute</p> <p>Makey</p> <p>Drinking</p>	<p>not being able to go back to work for being able to support myself</p> <p>not enough resources</p> <p>- nobody cares</p> <hr/> <p>8. drugs - homelessness / no having support</p> <p>- lacking support</p> <hr/> <p>9. Dishonest People</p>
<p>love</p> <p>- not having enough</p> <p>- money is tight</p>	<p>Stranded to go out</p> <p>Have not been seeing family</p>

What does "wellness" mean to you?

What are some barriers to your wellness?

<p>#15 - My family</p> <p>Service coordination</p> <p>helps me out</p> <p>- my street sister</p>	<p>My Boy's</p> <p>Outreach - Kristen</p> <p>Harm reduction Location</p>
<p>- Metis Nation</p> <p>- My mom - roomates</p> <p>- Family</p> <p>- friends</p> <p>- My children - not around</p>	<p>- women (drugs strikers)</p> <p>- help to House - children</p> <p>- myself - "I am a resilient woman"</p> <hr/> <p>8. - friend - roommate.</p> <p>- Mom</p> <hr/> <p>9. Case Worker (Kristen)</p> <p>- Roommate</p> <p>- friends.</p>
<p>Friends</p> <p>Families</p> <p>- always have</p> <p>- some day or night</p> <p>- can call them day or night</p>	<p>my illness helps</p> <p>me sooo much.</p> <p>Because I can call Krista and she brings me things or just on ear to listen</p>

<p>stop drinking drugs</p> <p>lowing more support from my family</p> <p>not being around others who use drugs</p>	<p>Housing</p> <p>Increase with OW & ODS</p> <p>Free transporter buses on Low Income Free</p> <p>Students</p> <p>Life skills course</p> <p>Live in Real world</p> <p>Support for long term</p>
<p>- stop drinking for good!!!</p> <p>- Manage Anger</p> <p>- being more successful</p> <p>- doing more activities</p> <p>- being more social</p>	<p>- make relationships in vanier</p> <p>- make service providers in community</p> <p>- make it</p> <hr/> <p>10. Housing</p> <p>- Accessible Hours</p> <p>- Being sober</p> <hr/> <p>9. Everything!</p> <p>- less Gender - Based Violence</p>
<p>Housing</p> <p>- easier to access housing</p> <p>- better environments</p> <p>- not proper (damage mold etc).</p>	<p>I think they should have computer classes and class to help someone who's trying to get off the street</p> <p>Start over</p> <p>Help with living skills to get back to society</p>

Who helps you to be well? (Facilitators to Wellness)

What do you want to see change? (Areas of Change)



CONSULTATION IMAGES

These are images from Brief Interactions conducted at Métis Nation of Ontario

trying to stay clean & sober.	taking care of myself & others guidance Feeling BALANCED - Spiritually - Mentally - Physically
Very important try to sleep try to eat my muffins.	It means taking care of myself and my surrounding I pray I try to help other and
Healthy Mind-Body-Soul Free of ALL Addictions	Staying Healthy good People Safe living (relaxing calm enjoy)

What does "wellness" mean to you?

Drugs alcohol < money main factor >	my addiction / - supportive family - trust - addictions
Drugs, Alcohol homeless ness	My pride my ego my stubborness - Anxiety disorder - Undisciplined
Hep C Program Cocaine addiction Money management Larger Apt. - BBA say Exercise	is-impacted housing situation Covid coming out as trans - need more access to supports, resources, transitions - finding housing (staying in shelter for 6 months) - more information on drop-in.

What are some barriers to your wellness?

My kids & grandson	- John Howard's - E-FRY - D.T.C. Drug, Treatment Court - physican of survivors
Wabano, Salvation army outreach Storm Van Willows.	willow and my ex he keeps me grounded - and sandy Hill - wabano - church - sawyer - streets
WABANO My daughter Managed alcohol program	Ow Sawyer Willows ★ Willows WABANO

Who helps you to be well?
(Facilitators to Wellness)

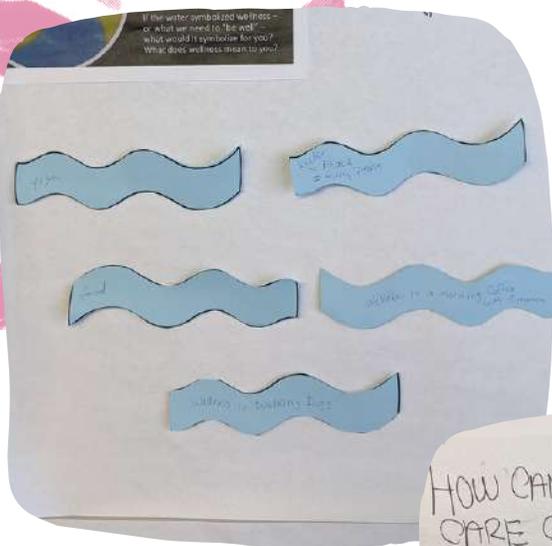
My circle - Kindness - Generous Affordable housing - myself - old habits - more caring - roots - living (empathy) a home - health care providers (connecting)	People not to be ignorant, to be more knowledge able
I want more suitable housing more support with Addictions.	I want to be more humble and I want to see more places that help the girls get back on track and rehabilitate
STRUCTURE Routine AFFORDABLE HOUSING BASE OF RESOURCES. More Rooming Houses, Women More safe Injection Sites Safe Supply - Cocaine Dose	Housing more Drop ins Equity Housing - ODSR, low People who needed

What do you want to see change?
(Areas of Change)

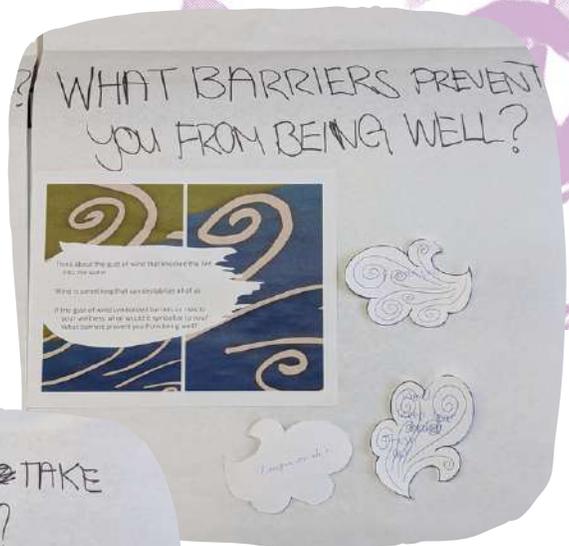


CONSULTATION IMAGES

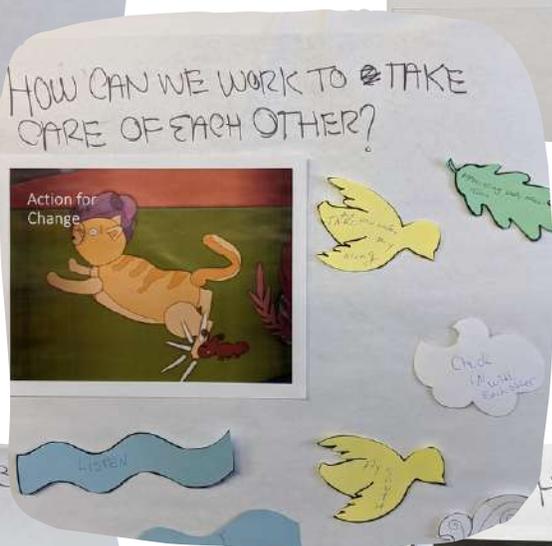
These are images from a Dove & Ant Fable consultation with women* living with HIV



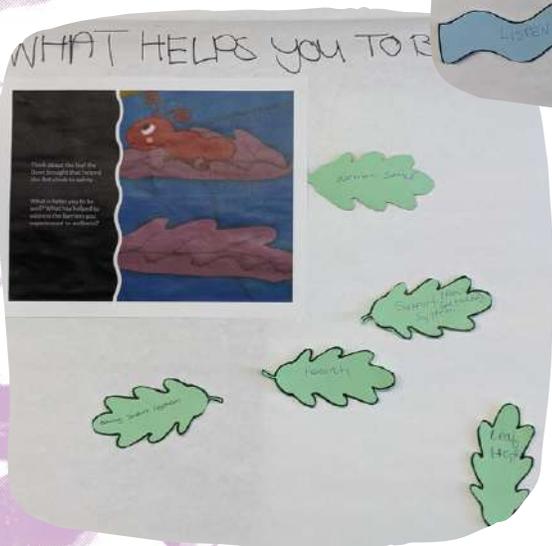
What does "wellness" mean to you?



What are some barriers to your wellness?



How can we work to take care of each other? (Areas of Change)



What helps you to be well? (Facilitators to Wellness)



What relationships are most helpful to you? (Facilitators to Wellness)

CONSULTATION IMAGES

These are images from a Dove & Ant Fable consultation with trans, non-binary and gender-diverse community members

safe housing, access to medical care, enough resources for food and also for fun! To be well is not to simply exist, but to thrive.

to be well, i need access to my HRT, mental health resources, and accepting friends in my life

the commodification of "wellness culture" could also be said to increase the dangers of the verbank ie barriers access

a social circle, artistic outlets, safe shelter

What does "wellness" mean to you?

getting diagnoses cost money

<<< accessing hrt and surgery can also be very expensive

want to see more people with the same life experiences so we dont have to explain why things are destabilizing (why may be a reason for)

covid was very destabilizing as i no longer has access my coping strategies (limits to physical spaces, cannot socialize comfortably etc)

normalizing well-rounded health care. it should be expected from all aspects of medical care to have the same interest in helping all members. not just straight, white, cis members.

What are some barriers to your wellness?

want to say, there needs to be more cross generational spaces for trans people to chat. I dont know of any. the aids crisis killed so many people that would be our elders that we could learn from. I would love the chance

Addressing the issues of social oppression such as individuals not being to obtain employment due to dealing with a disability

^^ related to this, i would like to see trans friendly/trans-led healthcare resources that i can turn to when i face a trans-related healthcare complication

How can we work to take care of each other? (Areas of Change)

my department being so supportive and progressive really makes me see how important it is to make university spaces as diverse and inclusive as possible... because for others in academics its not the case. student groups

each other marginalized members honest, but also my family personally. friends, professors too, but my department is VERY progressive

^^that would be great if other uni deps did that

my therapist, mutual aid, friends lending old binders and such without making you fill out forms to get it

What helps you to be well? (Facilitators to Wellness)

friend who supports me when my depression is making it hard to me to take care of myself

yeah i would have say the most impactful relationships are people who are like me... I dont know any trans people over 30.... though thatd be lovely...

talking to trans mentors/older trans people have been so helpful for me in accepting myself and giving me tips in accessing wellness

My mom has been an importnat part during my journey of dealing with depression and giving me tips to stay positive and happy

What relationships are most helpful to you? (Facilitators to Wellness)



CONSULTATION IMAGES

These are images from a Dove & Ant Fable consultation with ACB women* living with HIV

...ter can
...ent your
... your kids,
... work, whatever
... as you feel
... l, brings joy for
... wellbeing, your
... ess."

"There are many things that contribute to my wellness. My faith, first of all. I think the connection with my Creator."

"When you have a friend you trust and when you're troubled, then you run to your friends you feel comfortable. You cry with your friends, you laugh with the person, you are healing."

Think about th... to... city

"Taking care of myself, have a massage sometimes."

"What makes me feel good, to move forward, is my children."

"Even the medication, I take it even in my sitting room watching TV [...] I want to take my medication first; I take it, so now I am free."

"I can't stop buying [perfume]! I love smelling nice and it just makes me happy. I can't imagine not being able to buy a new bottle. If it's summer, you want something citrusy."

alth... he wh... at

"I got a connection - I met you guys here, became friends. You can connect me somewhere I can have help. And we always like new faces."

What does "wellness" mean to you?

"When you take the medication all the time, we need 4 hours to rest before we work."

"Nobody in my family knows and when I get medication delivered, I always take the label and stickers off."

"People using y status to cut you down because whatever background you are coming from, healthcare is for people that are not Black."

"The doctors themselves, even, confuse because they are saying if you have any illness, infection, disease and automatically it comes to the doctor's mind is HIV [...] And as doctor, you should ave known."

"I had a friend of mine starting nursing this September, and she told me she had to do blood work and things like that [...] so when it comes my turn to do that blood work, it's freaking me out."

"Sometimes, you meet a person and you feel like yes, we can share, we can talk, then my trauma started from there. Then for me, I thought, I will never get married. I will never date anybody."

"The doctors told me you cannot have a [...] you [...]

"On my wedding, my husband put the picture of us someone said to him, 'You sacrificed yourself like Jesus on the cross.'"

"My doctor told me there is no marriage so you contaminate the kids."

What are some barriers to your wellness?

Access to community hub for up-to-date information on HIV

More resources/guides for HIV women to date, explore relationships, romance, sex, etc

Need new ways to break stigma & to disclose one's status - little models/guides that are culturally-safe for ACB women

Healthy food on traditional foods/meals manage he HIV. Get the involved - v bridge the between g Communal to pantry 8

How can we work to take care of each other? (Areas of Change)

HIV injectables: Even if I go on vacation, I don't need to worry about someone, about whatever people say."

about the leaf the brought that helped climb safety.

helps you to be that has helped to the barriers you need to wellness?

Chosen family: "And if your family are blooded or not blood-related, whoever that loves you, that's your family. Whoever that doesn't love you, it's not your family."

Self-love: "It is in me. Healing is in me. Because no matter what you hide, no matter how you can hide yourself, one day they will point to another, somebody will know [...] So for me, healing is in me."

What helps you to be well? (Facilitators to Wellness)

Husband: "I told him, listen, I'll tell my son I am HIV positive and I knew on my wedding day, so fuck off, leave me alone." He said, 'oh, there's never a woman who say that to me in my life, so I'm going to love you.' I said, 'no, it can't"

Husband: "look at yourself where you are, you are higher than me. So to be able to live your life [...] you have to be proud and accept who you are then live your life. You can have children, you can go to school, you can live your life."

Friend: "she took me to her place. She took my hair and my makeup and my picture [...] I have people who help me to be who I am today. If you don't have anybody, it's hard internally and all the stigma inside."

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What relationships are most helpful to you? (Facilitators to Wellness)

CONSULTATION IMAGES

These are images from a Dove & Ant Fable consultation with queer newcomer women*.

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"Dancing and listening to spiritual songs."

"Traveling to new places."

"Making sure you have healthy habits, focus on my nails and making sure they're clean. Taking long walks and listening to music that pumps me up."

"Going to dancing and listening affirmati

What does "wellness" mean to you?

"Being at home in the pandemic got in the way for me."

"Your accent or your name, not comfortable socializing because they don't have the 'right accent'"

"I am an extrovert, not being able to socialize with my friends got in the way."

"Not socializing/staying at home during the pandemic made me depressed."

"Taken 3 doses of vaccine and still using face masks in public made me sick."

"Listening to and watching the news sometimes makes it hard to enjoy wellness...so much happening out there, e.g. Ukrainian War, poverty, deaths, etc."

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What are some barriers to your wellness?

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"Public transit is not very good, particularly for women waiting for a long time for the bus at night."

How can we work to take care of each other? (Areas of Change)

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"Praying."

"Because much of these days, I discovered more comedy channels that help me maintain my sanity."

"I tried to join some master class online to regain my mental health."

"Consciously trusting that everything will be fine."

"Learn how to play musical instruments: guitar and piano."

"Used to go on YouTube and try to see what I can create."

"Sharing resources within community: job opportunities, trainings for newcomers, fostering partnerships/networks within the government that champions our cause"

"They forget that some people might have family members here but they refused to house them. It's really unfair to assume."

What helps you to be well? (Facilitators to Wellness)

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"ACO -- volunteering since 2019 -- a space where there's going to be food, drumming, etc."

"My brother is a source of support for me. Connections are important. I'm enjoying my life now how they feel when you give attention."

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"Family and friends all the way for me."

"Seeing a psychologist has really helped me with my depression and anxiety."

What relationships are most helpful to you? (Facilitators to Wellness)



CONSULTATION IMAGES

These are images from a Dove & Ant Fable consultation with ACB women* living with HIV

"Wellness is being able to communicate your needs and then access the support from the people in your life who support you."

"Wellness and hope, they go together because you can do well but you have some disability. You can still tell what your problem is; you can be fixed and still do well."

"Just take care of yourself, accepting who you are and taking care of yourself."

"Wellness, boundaries, around people support you who take you that..."

What does "wellness" mean to you?

"The way that they talk to you, they want to remind you of your situation. So it's better to keep it to yourself. Yeah, because when you tell them, they want to make you feel pity. Like there's a way they will talk to you, you pity yourself, like..."

"I know someone who used to have hair. Someone else her I was HIV every time I cut my hair. But she was putting me down for forgetting who she was. That person she was that [...]. So the..."

"It's more my state of mind, sometimes it's challenging, I have to be really aware. I have to really do my best when I wake up in the morning to prepare myself really strongly. Some days, I was at the point I had to take medication and I'm..."

"I don't have friends because they might push you to do what you're supposed to do. It's better you do your own thing. I can help you. I don't tell you except you tell me..."

What are some barriers to your wellness?

Information on HIV shared through media: "It's different in Zambia, I think since 2006, they always put it on the radio, 'come and get medication' - they have like a support system. Now people talk about this..."

Reiki: "I want them to bring back those massage or reiki—those things that are good spiritually. I remember when I was very ill, there used to be someone who did reiki here, it heals you emotionally, it helps..."

How can we work to take care of each other? (Areas of Change)

"Make yourself eat the best food, take good care of yourself. Remove your mind, think positive."

"I put on my music and dance in my home."

Boundaries at work: "My boss, sometimes, he likes to put people down. I just keep silent. I don't even talk to him, I just ignore him. I tell myself, I came to work, I need my money. When he's talking I just do this..."

Disclosing on status: "For me personally, all family, my brother and sister, my children, they told them right because I found here and they young by the way now they know..."

What helps you to be well? (Facilitators to Wellness)

"I have a friend I talk to, sometimes I visit. I need that for me, for my mental health."

"For me since here, I have one person I connect with. The first time I saw her, I just felt like connect with this person. I look at my family. She's in Nigeria, if I have problems, I call her something is going..."

ACO: "We do have a good support system here. Like for me, this is the best thing. If I need food, I used to refuse taking food here but I take it. We get a lot of freebies for just being the way we are, so we should be grateful about..."

What relationships are most helpful to you? (Facilitators to Wellness)