

POSITIVE HEALTH NETWORK

Hamilton • Halton • Haldimand • Norfolk • Brant

January 2023

Collective

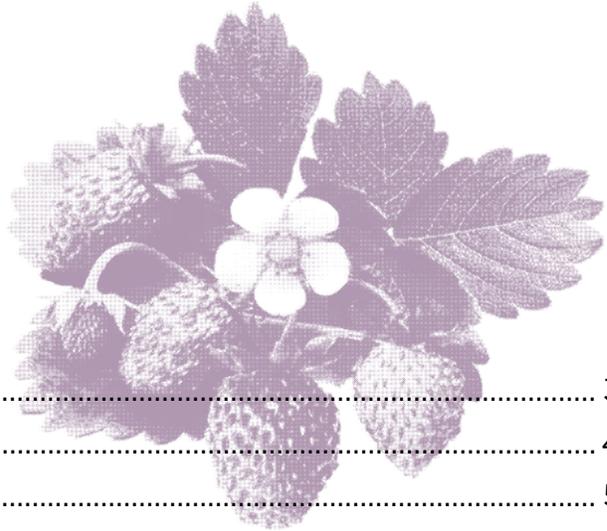
Action

Community

Change

A local Report of
Community Consultations





Contents

Introduction	3
Acknowledgements.....	4
Background.....	5
Summary	5
What is WHAI?	9
“Women”	10
What we did and who we spoke with	11
Consultations with WHAI’s Priority Populations.....	11
Consultations with Community Partners	14
Understanding Women’s Stories and Community Partner Feedback.....	15
Mapping our community’s needs to WHAI’s Priority Areas.....	16
Next Steps	20
Provincially	20
Locally	21
Afterward.....	23



Introduction

Positive Health Network provides support services, testing, outreach, harm reduction, education, referrals and community to people and communities affected by HIV in Hamilton, Halton, Haldiman, Norfolk and Brant.

In 2021, Positive Health Network's WHAI Coordinator began community consultations in alignment with WHAI's provincial initiative to better understand the obstacles women, including two-spirit, trans and non-binary people, meet when accessing sexual health services and related support systems. Through consultations with 12 stakeholder organizations and 20 women, two-spirit, trans and/or non-binary people in the community, and later discussions and analysis with partners, we learned what matters most to the communities we serve. It was a powerful, enlightening, and deeply moving process.

Across the province, a total of 501 respondents took part in this exercise, along with 317 partners from 161 community organizations and networks including ours. From this extensive analysis, WHAI named six Priority Areas for Collaboration that will drive WHAI's focus in the next 3-5 years in Ontario.

This report, which centres the voices of women, two-spirit, trans and nonbinary peoples in our communities as well as that of community partners, brings attention to how we and other organizations in the Hamilton, Halton, Haldiman,



Norfolk and Brant can enhance our responsiveness to the social and structural barriers that many women, two-spirit, trans and/or non-binary people face to sexual health and overall well-being.

In the following pages, we share our approaches to gathering information, what we learned, and our recommendations.

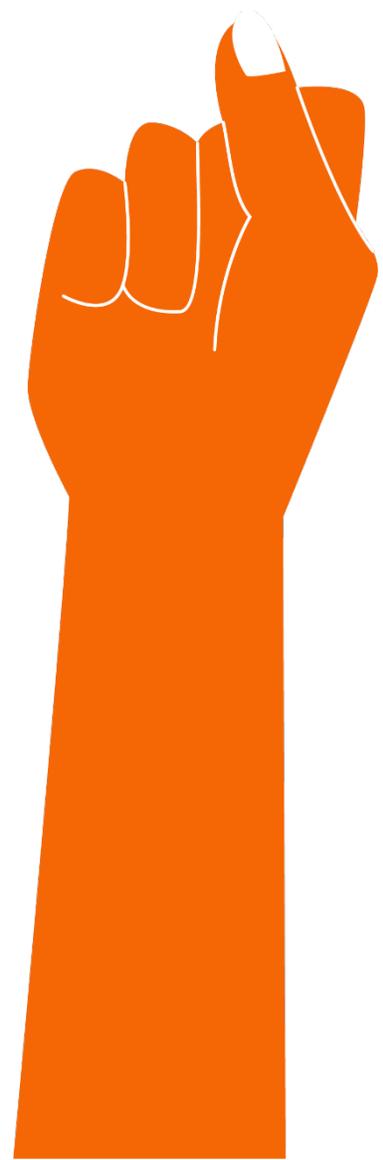
Acknowledgements

The Positive Health Network acknowledges that the land where we work and we and our clients live is the ancestral territory of the Anishinaabe, Haudenosaunee, Attawandaron, and Mississaugas of the Credit First Nations. We also acknowledge that Indigenous peoples have been addressing the health care of their communities long before settlers arrived. Indigenous ways of knowing and caring must inform all approaches to address the care of individuals living with HIV/AIDS.

We extend our deepest gratitude to the women, two-spirit, trans and non-binary people within our region who have courageously shared their stories and passions with us, including A.B., M.J., Suzie Q., Cathy, Chloe, Heather, Johanne, Thandie. N.N. and Tracy and others who wished to be anonymous. Despite facing many challenges, you continue to persevere and inspire us with your strength and resilience. You are not alone in this journey, and we are committed to walking alongside you every step of the way.

We extend our appreciation to the 12 stakeholder organizations that actively took part in our discussions, bringing diverse perspectives and insights to the table.

We would like to express our heartfelt gratitude to Noxy Goto, the former WHAI Coordinator, for her contributions and dedication to our organization and the Provincial WHAI



Program. We would also like to thank WHAI for its invaluable guidance and support to our organization and to all women in Ontario affected by HIV/AIDS.

Background

Summary

In 2021, the Women and HIV/AIDS Initiative (WHAI) began province-wide consultations with cis and trans women, two-spirit and non-binary people to focus its work to reduce HIV transmission; enhance community capacity to address HIV; and create environments that support women in their HIV-related experiences.



In keeping with the principles of collective action for community change, WHAI designed the consultation process to be participatory, inclusive and creative. WHAI seeks to amplify 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 and women who face systematic and structural risk factors, including those 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 WHAI Network planned the consultation process in collaboration with community partners and knowledge holders within a decolonial, anti-racist, participatory and trauma-informed lens. WHAI developed a set of four (4) knowledge gathering tools in consultation with community knowledge holders, including

- a one-on-one discussion guide
- a brief interaction tool

- a storytelling tool, and
- a focus group/talking circle discussion guide.

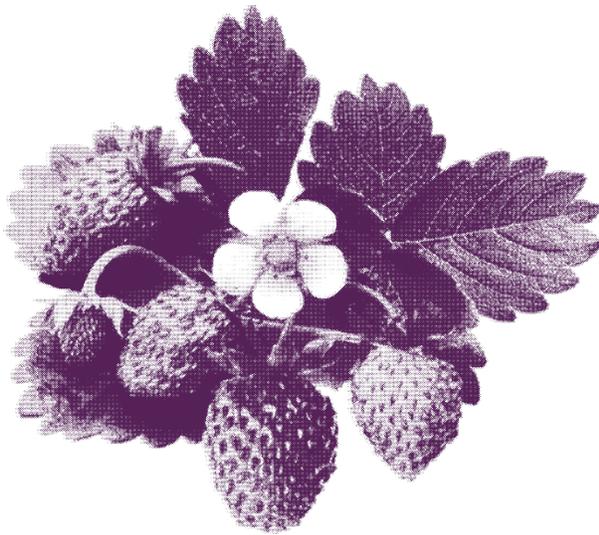
WHAI adapted the tools to meet COVID-19 related public health restrictions and catered to a range of facilitation and engagement styles, ensuring women had meaningful, accessible options for participation.

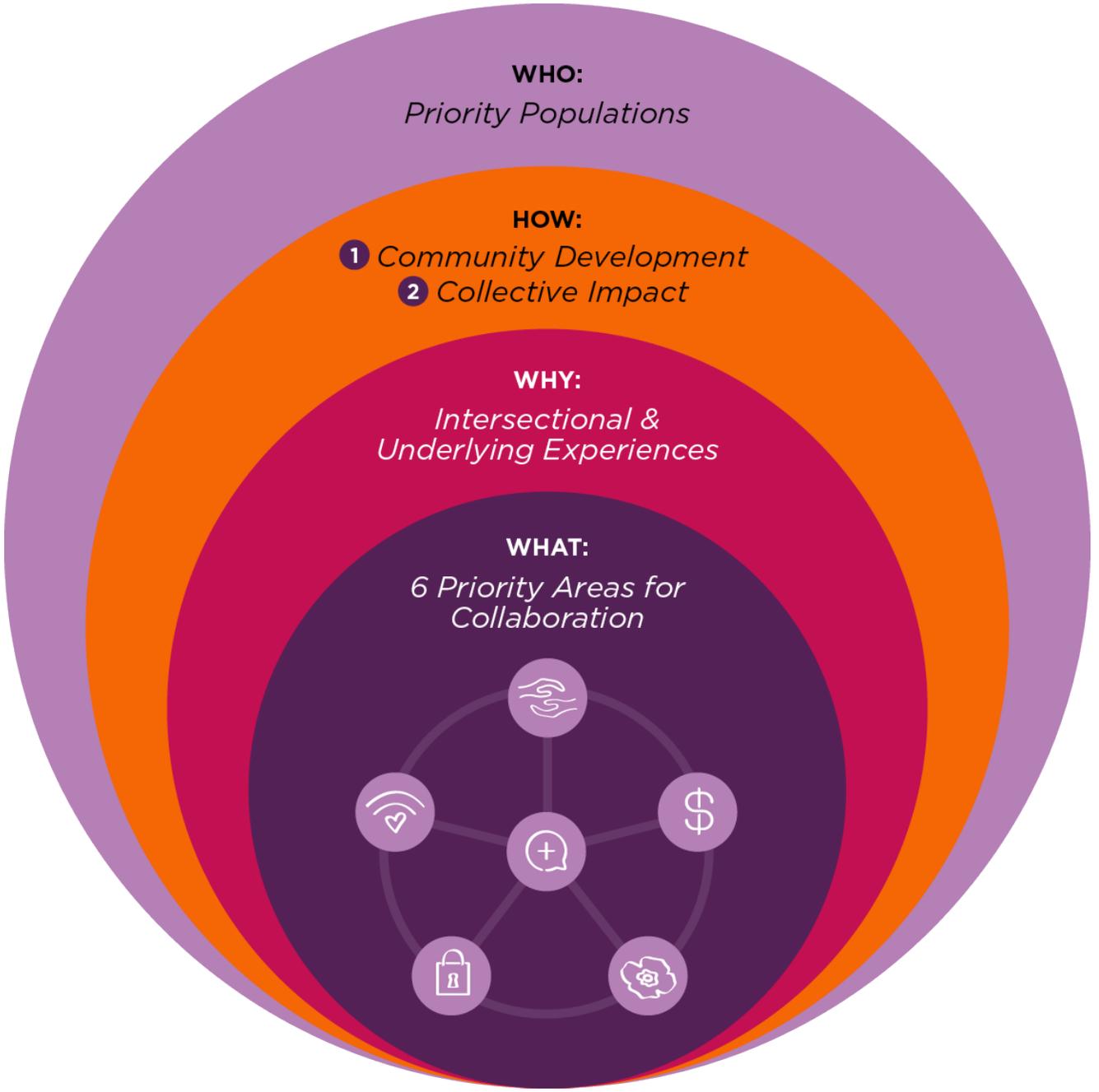
WHAI Coordinators implemented these tools in their consultations with women, two-spirit, trans, and non-binary people in their local communities. Coordinators carefully reviewed the responses to inform a second phase of consultations with community organizations and networks. WHAI developed a second discussion guide to support Coordinators in their consultations with community partners.



A total of 501 people from WHAI's priority populations took part in this exercise, 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 appeared.

WHAI and the team of coordinators collaboratively reviewed, analyzed and synthesized the collective knowledge we gathered from women, two-spirit, trans and non-binary people and community partners, along with relevant research and epidemiological reports. The provincial WHAI team collaborated with WHAI network membership and a provincial review team of community knowledge holders to ensure a plurality of perspectives. The team then mapped key barriers to HIV care and wellness and developed strategies for enhancing care.





What is WHAI?

The Women and HIV/AIDS Initiative (WHAI) is a community-based response to HIV and AIDS among cis and trans women, two-spirit and non-binary people in Ontario. Through a network of 17 WHAI Coordinators in 16 AIDS Service Organizations (ASOs) throughout Ontario, WHAI aims to

1. reduce HIV risk for women disproportionately affected by HIV and AIDS.
2. enhance local community capacity to address HIV and AIDS; and
3. build safe environments to support women's HIV- and AIDS-related needs.¹

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



Community development values the ability of community members to affect change in their lives, in ways that are most relevant to them. Instead of organizations identifying the issues of focus, the community development approach centres the voices of community members in determining priorities. Community development is an ongoing, iterative process that guides WHAI. Coordinators work as liaisons between community groups and organizations 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 The Collective impact approach values deepening community leadership, inclusivity, community conversations, collaboration, strengths-

¹ Whai.ca/ourwork

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

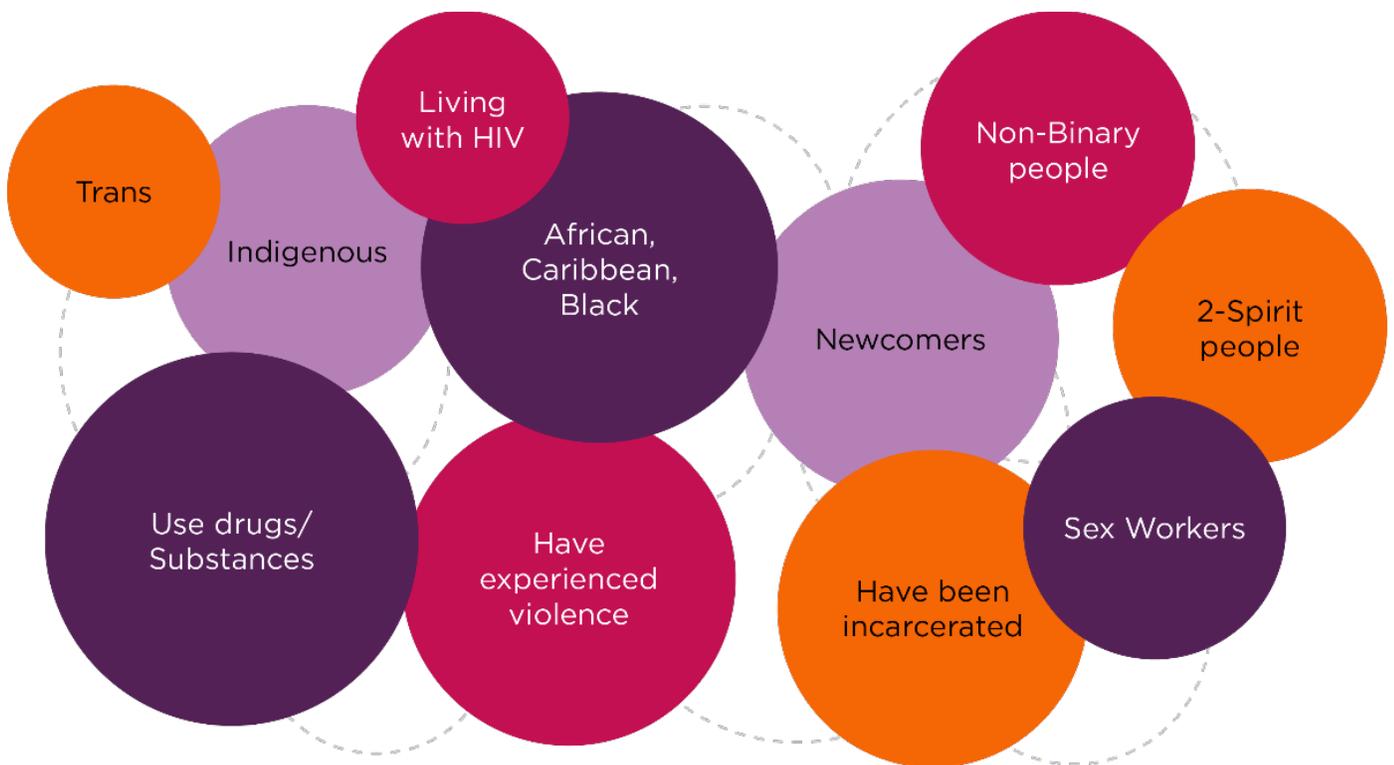
³ Learn more about the Collective Impact model at <https://www.tamarackcommunity.ca/collective-impact>

based approaches, developing relationships, and investing in long-term change.

“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, two-spirit and non-binary people who are living with HIV and

- are African, Caribbean, Black, Indigenous, and/or newcomers.
- who use drugs or substances; and/or
- have experiences with violence and/or incarceration.



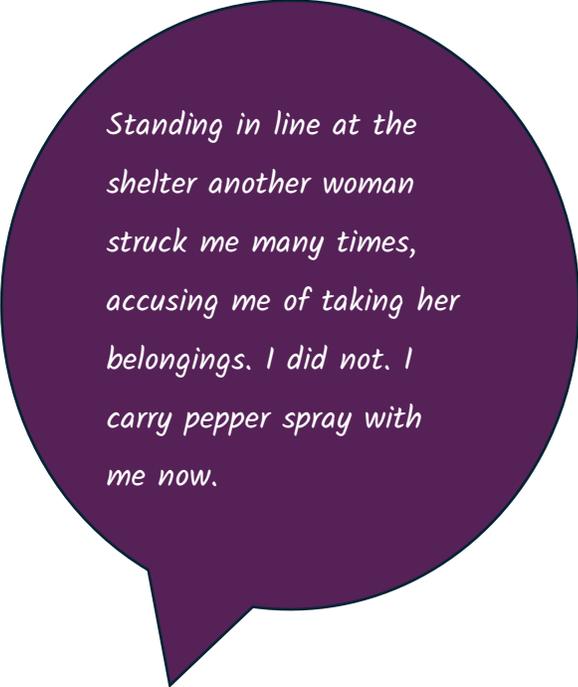
What we did and who we spoke with

Consultations with WHAI's Priority Populations

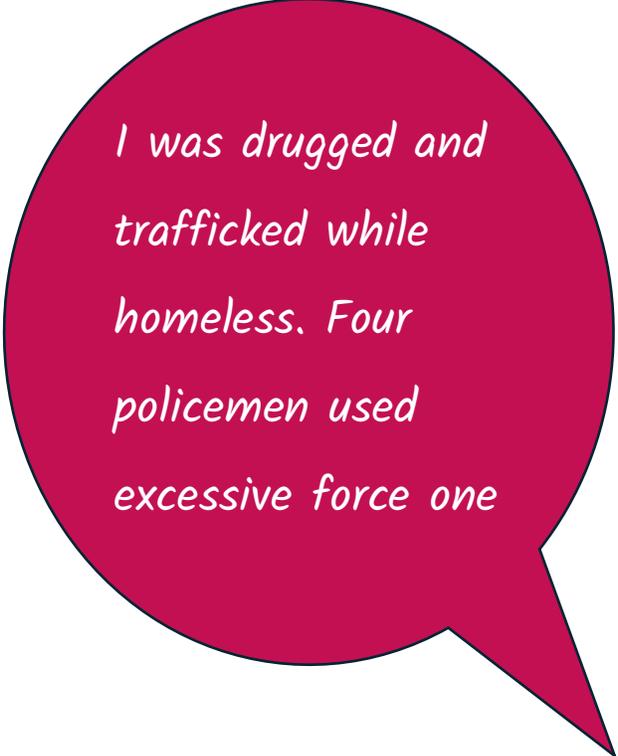
We recruited twenty people through local community organizations within the regions we serve (Halton, Hamilton, Norfolk Haldimand and Brant). We gave each participant an honorarium of \$50.

We used WHAI's "1-on-1 Discussion Tool" for 16 phone or in-person interviews. We also connected with four women with the "brief interaction" tool, which WHAI designed to reduce participation barriers.

Respondents' life experiences included immigration, substance use, discrimination, incarceration, sex work, food insecurity and violence.



Standing in line at the shelter another woman struck me many times, accusing me of taking her belongings. I did not. I carry pepper spray with me now.



I was drugged and trafficked while homeless. Four policemen used excessive force one



25% were African, Caribbean and/or Black



40% were women who experience violence



10% were Indigenous



20% Were women who were or are incarcerated



20% Were non-binary people or described themselves as "gender fluid"



45% were living with HIV



10% were two-spirit



15% were newcomers



10% were trans



10% were sex workers



35% were women who use drugs or substances

Very striking to us was that while many respondents did have some knowledge of HIV care and treatment...



only **65%** of participants understood the implications of U=U



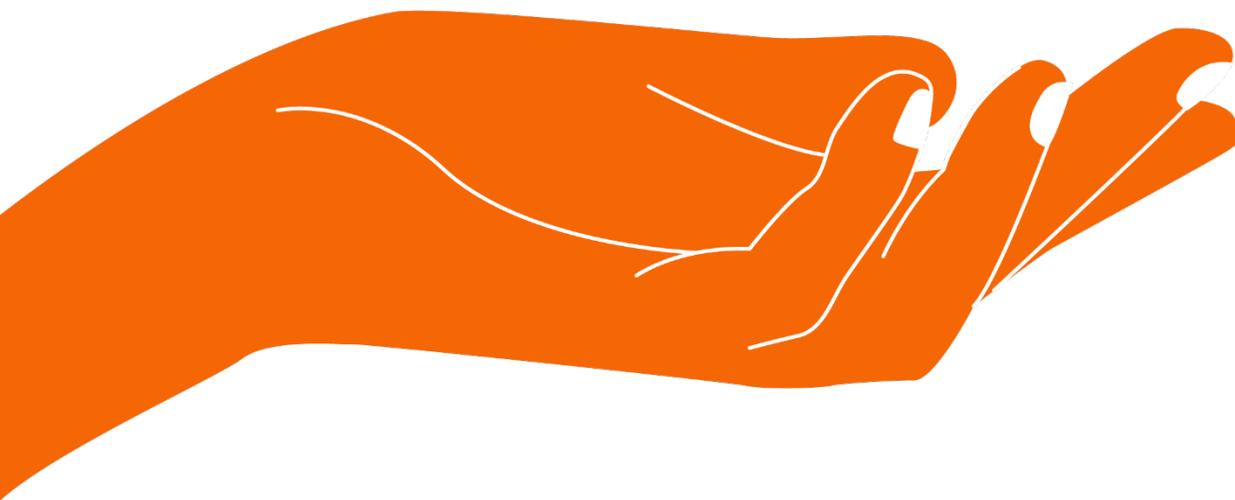
only **25%** of participants knew about pre-exposure prophylaxis (PrEP) or post-exposure prophylaxis (PEP)

These percentages tell us that we and our partners must do more to bring this critical education to our community.

PEP

U=U

PrEP



Consultations with Community Partners

We spoke to nineteen people, from executive directors to front line team members, at twelve organizations. We held these conversations via phone calls and video conferences over a several month period. Organizations included

1. Hamilton Caribbean Women's Group (HamCar)
2. Haldimand Norfolk London Learning Centres (HNLC)
3. Good Shepherd
4. Halton Region Sexual Health & Harm Reduction
5. Neighbour 2 Neighbour
6. Hamilton Urban Core Community Health Centre (HUCCHC)
7. Elizabeth Fry STARS Program
8. YWCA Hamilton Safer Use Site
9. Hamilton Health Sciences Sexual Assault/Domestic Violence Centre
10. Centre de santé communautaire Hamilton Niagara
11. Mission Services - Inasmuch House; and
12. Community Legal Clinic - Brant, Haldimand, Norfolk.

These twelve organizations offered a variety of perspectives because of the different work each does. For example, while HUCCHC focuses on harm reduction, the Community Legal Clinic offers legal support. All organizations offer core supports to women in our community.



Understanding Women's Stories and Community Partner Feedback

We used Collective Impact approaches for our analysis, interpretation and review of the information women and community partners shared. Community-led approaches helped to ensure we provided enough time and space to understand the experiences and wisdom that participants shared by communities across Ontario using multiple tools and approaches.

Facilitated by the provincial team, WHAI Coordinators used 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, two-spirit and non-binary people, and other groups who often face structural exclusion, to ensure their voices were captured and amplified. Overall, this uniquely collaborative approach to theming enabled a rich plurality of perspectives to deepen understanding and elevate women's voices in framing WHAI's Priority Areas for Collaboration.

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

1. Intersectional and underlying factors that affect women's health outcomes,
2. Priority Areas for Collaboration, and
3. Community actions for change at the provincial and local levels, rooted in community development and collective impact frameworks

Mapping our community's needs to WHAI's Priority Areas



There were several key commonalities shared among the women, two-spirit, trans and non-binary people we met with, all of which map to the six priority areas.

1. A significant trend is the prevalence of experiences of violence among these priority populations, including physical, emotional, or sexual abuse. This prevalence underscores why it is critical that we make safety, as well as wholistic care, a priority.
2. Women who use substances want support reducing harm, but with a women-centred approach. Women may not feel safe accessing harm reduction support in the same locations that men access them.
3. Another important aspect emerging from the information is the impact of incarceration on women, two-spirit, trans and non-binary people in the priority populations. Women with a history of incarceration face unique challenges related to stigma, healthcare access, and community reintegration, and this speaks to the priorities of community connection and wholistic care.
4. Food and housing are central to many women's concerns in our community and underscores the importance of economic autonomy as a priority area.
5. Participants also referenced desire for more connection generally, in the shape of support groups or gatherings.
6. Striking to us was the large number of participants still unfamiliar with U=U and options for pre- and post-HIV exposure prophylaxis. Thus, HIV Education, Prevention, Care and Support remain central.

Each community organization shared their unique perspective on needs and the tools that work to meet them. Key learnings for us include

- the importance of fostering culturally appropriate community connections and support networks for women, two-spirit, trans and non-binary people, especially those from marginalized backgrounds, to allay feelings of loneliness and isolation
- access to culturally sensitive care and services to address unique challenges women depending on the communities they identify with. For example, when offering food supports, we must ensure they are Halal in Muslim communities. We must also see beyond western Christian holiday schedules when planning our programming. Language
- Education and skills training to help women achieve financial independence and stability, fostering economic empowerment opportunities generally.
- Support for survivors of gender-based violence and trauma-informed care underscores why we must make wholistic care a priority.
- Access to safe, affordable housing with wraparound services echoes the requests from the women we spoke with and the need for economic autonomy.
- Women-centered, non-judgmental harm reduction services. Harm reduction should not be controversial, as it is fundamental to wholistic healthcare.
- Post-incarceration, re-integration programming and support services.
- Need for an intersectional approach to health care, recognizing the impact of social determinants such as racism, income, housing, education, and gender on women's health outcomes.
- Need for legal support and advocacy to address system issues impacting

women's rights and well-being.

Women and gender-non-conforming individuals are much more likely to trust your staff [if] your work is focused on and tailored to their actual needs and perspectives.

Having supports in place such as programs that centre around the needs of BIPOC women and family is a must.

There have also been women stating how common violence is in their daily life

Empathetic listening and emotional supports including referring to Indigenous-specific supports [is critical].

Next Steps

Implementation of this work will be rooted in the principles of Collective Impact and community development frameworks.

Provincially

Each year, HIV Education, Prevention, Care and Support will be our main area of work. In addition, as the WHAI Network select two or three targeted *Priority Areas for Collaboration*, PHN will prioritize these areas as well. These Priority Areas will focus our attention, foster collaboration across regional sites and within local communities, and generate mutually reinforcing activities.

By sharing annual priority areas, ASOs in the WHAI Network will serve a common agenda and better share local strategies and measurements for success.

Regular WHAI 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.

Please see the WHAI website at whai.ca/resources for our provincial Collective Action Community Change Report.

Locally

In the coming years, Positive Health Network will strive to

Strengthen HIV education, prevention, care and support by



- Conducting educational workshops and outreach sessions in local community centers and health clinics to raise awareness about HIV prevention and care.
- Organizing peer support groups for women living with HIV to provide emotional support and share resources.

Cultivate culturally appropriate community connections by



- Hosting community events and information sessions in local neighborhoods to connect with community members and promote healthcare resources.
- Establishing a community advisory board to ensure ongoing community engagement and feedback on healthcare initiatives.

Foster economic autonomy and greater housing security by



- Offering financial literacy workshops, job and entrepreneurship training programs for women, two-spirit, trans and non-binary women in local community centers and schools.
- Where we can, offer meaningful paying opportunities for members of these communities to participate in agency

work.

- Advocate for service accessibility among providers in our communities and improve our own service accessibility (for example, childcare, transit, etc.)

Build women-centered harm reduction approaches by



- Establishing harm reduction support groups for women, two-spirit, trans and non-binary people who use substances in partnership with local harm reduction organizations.
- Working with community leaders to address stigma and discrimination related to harm reduction practices.

Emphasize safety in community by



- Share materials and workshops with law enforcement to improve their honour and respect for overly criminalized communities.
- Accompanying clients to appointments when they feel unsafe.

Strengthen wholistic approaches to women's healthcare by



- Partnering with local organizations serving priority populations to create a network of support for women, two-spirit, trans and non-binary people in need.
- Developing more community health programming in consultation with women, two-spirit, trans and non-binary people that provides health screening and well-being

resources for those who are HIV+ or at high risk.

- Organizing workshops and training sessions for healthcare providers on trauma-informed care practices.

Afterward

Since this work began over two years ago, our agency has undergone significant change. We rebranded to Positive Health Network and underwent several structural and staffing changes. The Provincial government has since announced their changing approach to harm reduction, and the housing and food security challenges continue to escalate.

The process of collecting knowledge and perspectives, analyzing them at a local and provincial level, and reflecting on next steps has been invaluable. The key learnings for us, because of this process, have been

1. the importance of hearing from the women, two-spirit, trans and non-binary people we serve directly and in an ongoing manner and
2. strengthening our relationships with other service organizations so we can better understand, anticipate and meet the needs of our community.

Again, we thank WHAI for steering this provincial effort and, most of all, the women, two-spirit, trans and non-binary people and partners who shared their honest feelings, opinions and truths.

