Collective Action and Community Change 2021-2023

Réseau ACCESS Network

HIV/Hepatitis Health and Social Services

Services sociaux et de santé pour l'hépatite et vih

WHAI Women & HIV/AIDS Initiative

Prepared and written by Majero Bouman

Introduction

This report is a road map describing some of the regional realities of the Greater Sudbury area. It is the result of a combined effort driven by women with lived experience, the provincial WHAI team, and local coordinators. The provincial team takes direction from the Initiative membership - who take direction from community. The consultation process, time frames and tools were developed with extensive consultation before hand and throughout - over 20 WHAI members were interviewed, a survey was done, and key informant interviews with women from our priority populations informed every step including tool development and analysis of the stories shared. The sights we are invited to contemplate however, are pointed out and described by women who live in the Greater Sudbury area.

There are back alleys and hidden doorways not visible from the main streets. And there are women here as well. So, the content here offered arrives with the pauses and silence of what is not spoken, as well as what does not have a voice to speak it. Read for these silences. The issues taken up in the report are critical to the lives and livelihoods not just of the women representing their realities, but of those they support – families near and far. They are also the issues of all of us who live here, for every racist slur and derogatory judgment, every violence suffered, speaks to a communities at large and the shared culture they create. This is not a report about "Them" over "There," it is a report on the state of our own social health and wellbeing. This is a road map of where we live. Navigate it with care for the seen and unseen regional realities we inhabit and co-create.

Acknowledgements

Many people were involved in gathering, creating, and generating content for this report. I would like to acknowledge the women,* both named and anonymous, who participated in focus groups, 1 on 1 consultations and brief interactions. Their generosity of feedback and engagement is the backbone of the work we do and defines the ways we will move forward together. They are the only experts in their experience, and we respect the labour they have done in this collaboration. I would also like to name Réseau ACCESS Network, our local ASO, which houses several the primary stakeholders that continue to define and contribute to the field of HIV prevention and care in so many sensitive and challenging ways, from harm reduction to Pride events, and children's education, as well as mobilizing for greater and more meaningful community involvement and leadership.

WHAI coordinator Lisa Toner collected the stories and experiences represented in this report, and Stephanie Fournier had been instrumental in helping to organize the material. The Provincial WHAI network has contributed sections and ongoing support in producing this material.

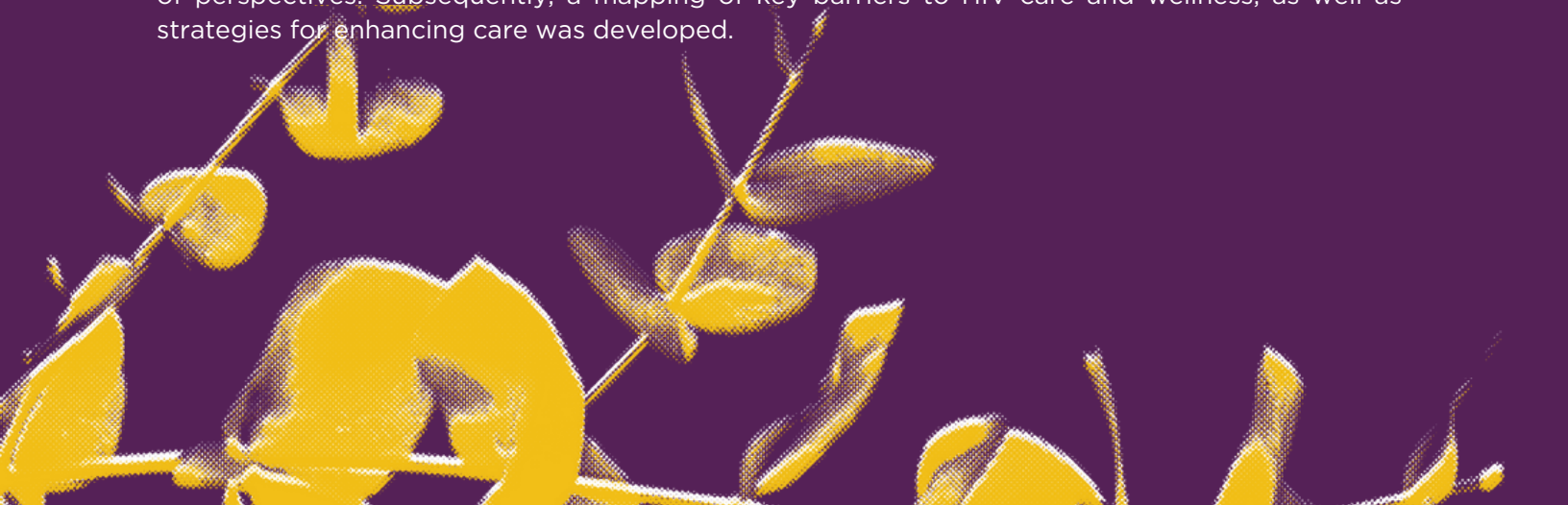
Background

Summary

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



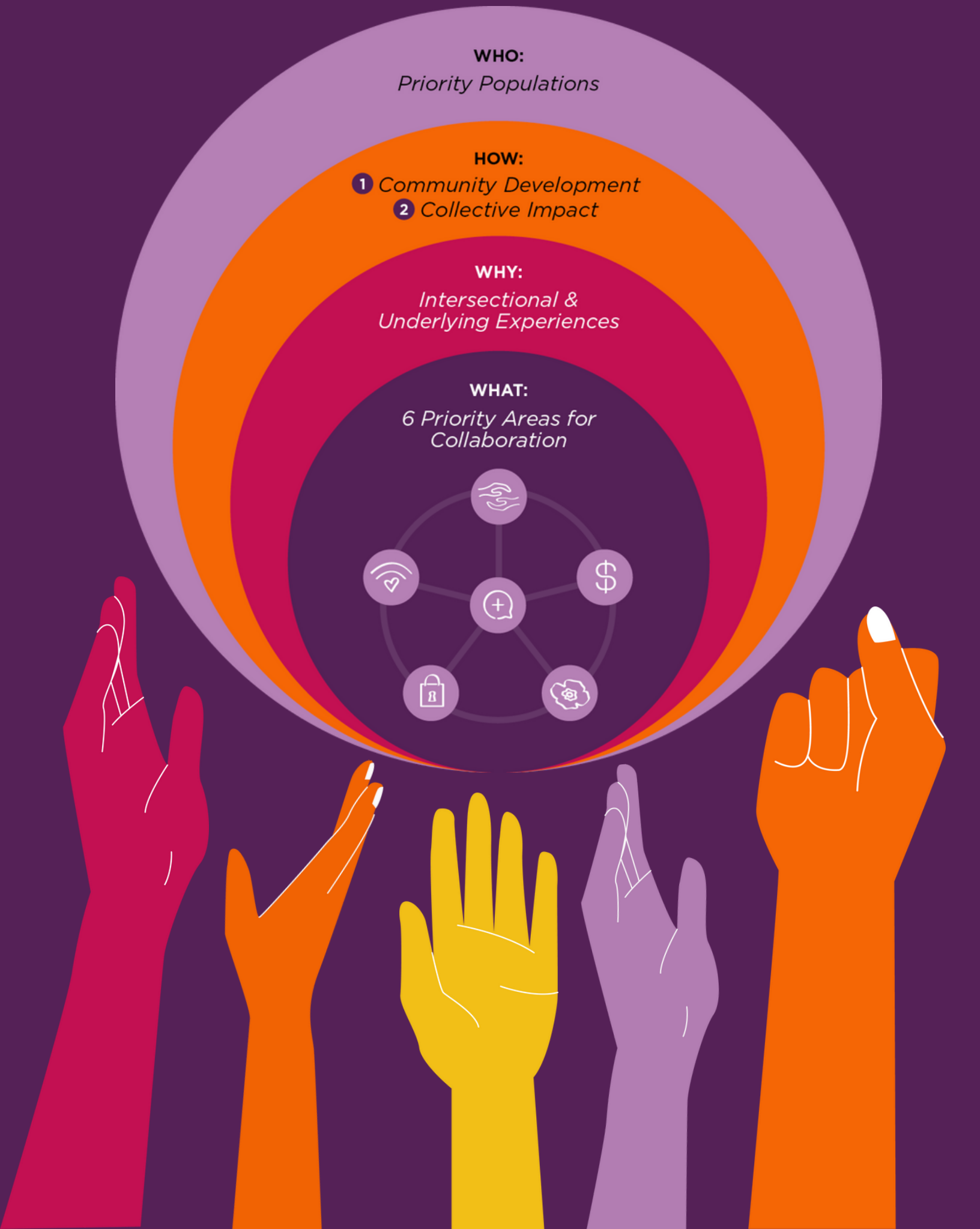
What is WHAI

The Women and HIV/AIDS Initiative (WHAI) is a community-based response to HIV and AIDS among cis and Trans Women, 2-Spirit 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:

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 voices of community members are centered in determining priorities. Community development is an ongoing, iterative process that guides WHAI. Coordinators work as liaisons between community groups and organizations in order to collectively develop relevant strategies to further women's HIV related care. (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.

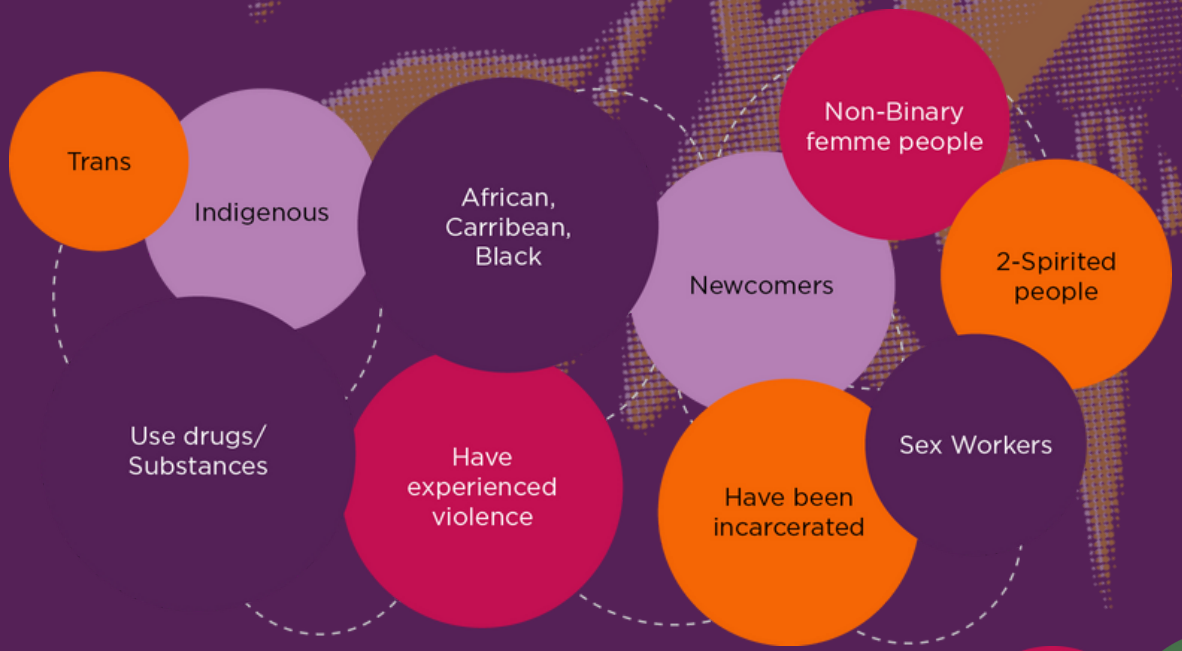

WHO:
Priority Populations
HOW:
1 Community Development
2 Collective Impact
WHY:
Intersectional &
Underlying Experiences
WHAT:
6 Priority Areas for
Collaboration

Who we work with, and what we mean by "WOMEN"

WHAI seeks to be informed by, and amplify, the experiences of those who face structural discrimination and exclusion, impacting HIV risk and the health outcomes of those living with HIV. Our work focuses on engagement with cis and Trans women, 2-Spirit and Non-Binary Femme people who are living with HIV, are African, Caribbean, Black, Indigenous, or newcomers, who use drugs or substances, have experiences with violence and / or have been / are incarcerated. Within these communities, our work includes those who are pregnant or parenting, living with different abilities, and span from young adults to seniors.

Throughout this document the term 'women' is written in colour to remind us of the importance of prioritizing and centering communities of women who face disproportionate structural risk factors related to HIV, as well as being a reminder that gender is not binary, and the importance of thoughtfulness towards inclusivity for Trans, 2-Spirit, and Non-Binary femme people in WHAI work. Identities are capitalized throughout, except "cis." This is to remind us of the privilege and space afforded cis gender people, and to support the amplification of identities outside gender-binary constructions.

(1) whai.ca/our work
(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 herehttps://www.tamarackcommunity.ca/collective-impact.



Methods and Participation

The local content of this report emerged through a variety of groups and engagements with both women and stakeholders. Three types of engagement were used to reach women in the community: 1 on 1 consultations, brief interactions, and focus groups.

There was a total of eight 1 on 1 consultations. The 1 on 1 consultations generated the most information from participants, particularly because they were asked whether there might be any additional feedback they'd like to share following questions aimed at priority areas. The women in these consultations were also asked whether anything was missing and what changes they'd like to see. This type of circling back helped to generate detail and, more importantly, enabled them to contribute to this report in individually meaningful ways.

There was a total of 16 brief interactions. These were developed to ensure that people who couldn't participate in a more in depth discussion were still included. It was framed for women dropping in to harm reduction or other programs, at food banks, or that kind of thing. Women who maybe had mention health struggles, trauma, or otherwise didn't want to engage. Each one made use of a "7 Areas of Focus Visual" to identify the most important areas of focus for the local community. Questions derived from a WHAI template also accompanied use of "The Wellness Wheel" to generate focused feedback. Tools like the 7 areas of focus visual and the wellness wheel help identify and define what is most important to participants, and what wellness means to different individuals. The brief interactions took place at the Community Drop In, in collaboration with The Samaritan Centre, at Women's Recovery Services, and at the Wahnapitae First Nation Health Centre, in collaboration with the First Nation Community Wellness Worker. A peer was engaged to take notes for each session.

There was a total of 3 focus groups that moved through questions by rounds so that each participant had a chance to answer. There were 5 question rounds in each focus group. Each group was informed that participants could choose to remain anonymous or have their participation recognized. They were also informed that they might skip any questions they might feel uncomfortable answering. The locations of the focus groups included YMCA Immigrant Services on December 8, 2021, and the Réseau ACCESS Network Peer Program on December 15 and 20, 2021. A peer was engaged to take notes for each session.

The diversity of women who participated in generating content for this report spans WHAI's priority populations, with almost all women self-identifying as disproportionately impacted by Covid-19. Besides those disproportionately impacted by Covid-19, the highest represented populations were women who have experience

with diverse types of violence (23), and women who use substances (22), and about a third of participants were women engaged in sex work (11). Cultural and racialized representation was spread amongst Indigenous women (13), newcomer women (7), and African Caribbean and Black women (7).

It is important to note that Trans women were not represented in any of the methods for generating information. While this omission is not due to an absence of trans women in the community, it may indicate that either the methods or places where participants were engaged were insufficiently diverse in scope. Another possibility is that trans women are insufficiently empowered in the community, leaving them at a disadvantage in opportunities to show up and speak up. Trans women are disproportionately impacted by barriers to participation like access to transportation and house-lessness, as well as unemployment and underemployment. Depending on their identities and intersections of identity, they may also be facing compounded impacts of oppression. A trans woman of colour would be experiencing transmisogynoir, the combined impact of transmisogyny and anti-Black racism that targets Black trans women specifically.

Trans women might thus be both wanting to participate in research and motivated to do it; however, empowerment in this case needs to come in the form of lowered barriers to access.

Almost all the participants contributing to this report were engaged in the urban setting of Sudbury, in Wahnapitae or online. Another population that is thus under-represented is women living in rural areas of the Greater Sudbury region and Manitoulin Island. This geographic area covers more than 14,757 square kilometers. The sample of women who participated in the local report is potentially not representative of the experiences of many women living in non-urban settings.

Finally, this report also drew on the combined input from 7 organizations representing stakeholders in HIV prevention and care. 13 representatives of these organizations participated in one of two focus groups. The organizations engage with the sectors of HIV support, SCS, Harm Reduction, Healthy Sexuality, Peer Coordinators, Volunteer Support, Newcomer Services, Mental Health Services, the Women's Center, Victim Services, the Soup Kitchen, and the Peer Program Director.

"We need more opportunities to gather and have our voices heard"

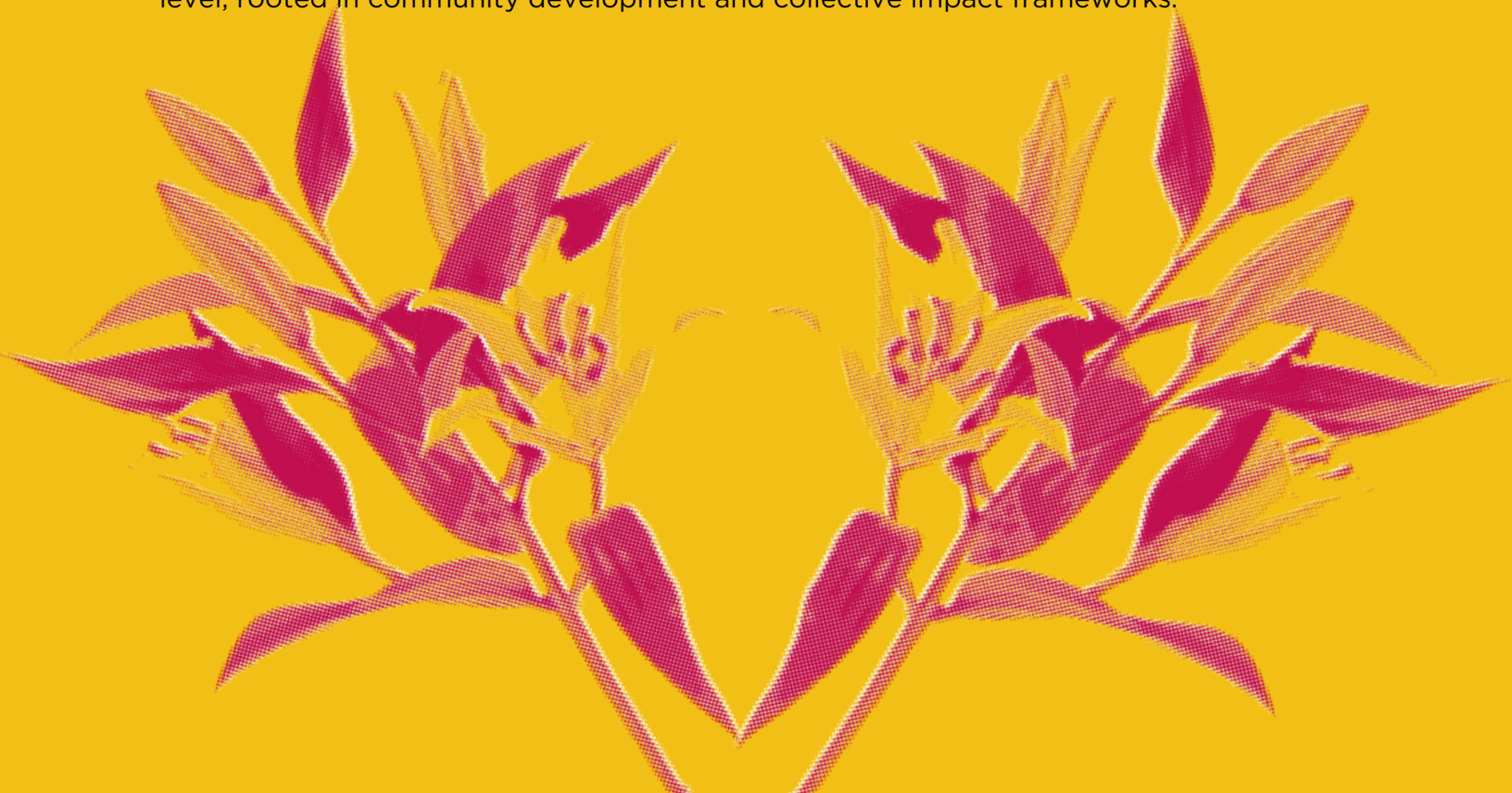
Understanding Women's Stories and Community Partner Feedback

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-Spirit 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 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.



Understanding WHAI Priority Areas for Collaboration in the Context of Regional Realities

The regional realities of the Greater Sudbury area that are here represented speak to all WHAI's Priority Areas for collaboration. 1 on 1 discussions and brief interactions revealed that Economic Autonomy is the most salient issue for the women who participated. They shared stories about their local realities of insecure and insufficient housing, as well as unemployment and underemployment, all of which result in uncertain futures regarding education, treatment, prevention and care around HIV. The two second most important areas identified in the region were Wholistic Care based on Women's needs, and Community Connection. The information below relevant to each priority area draws from all the methods of participation including both women and stakeholders.

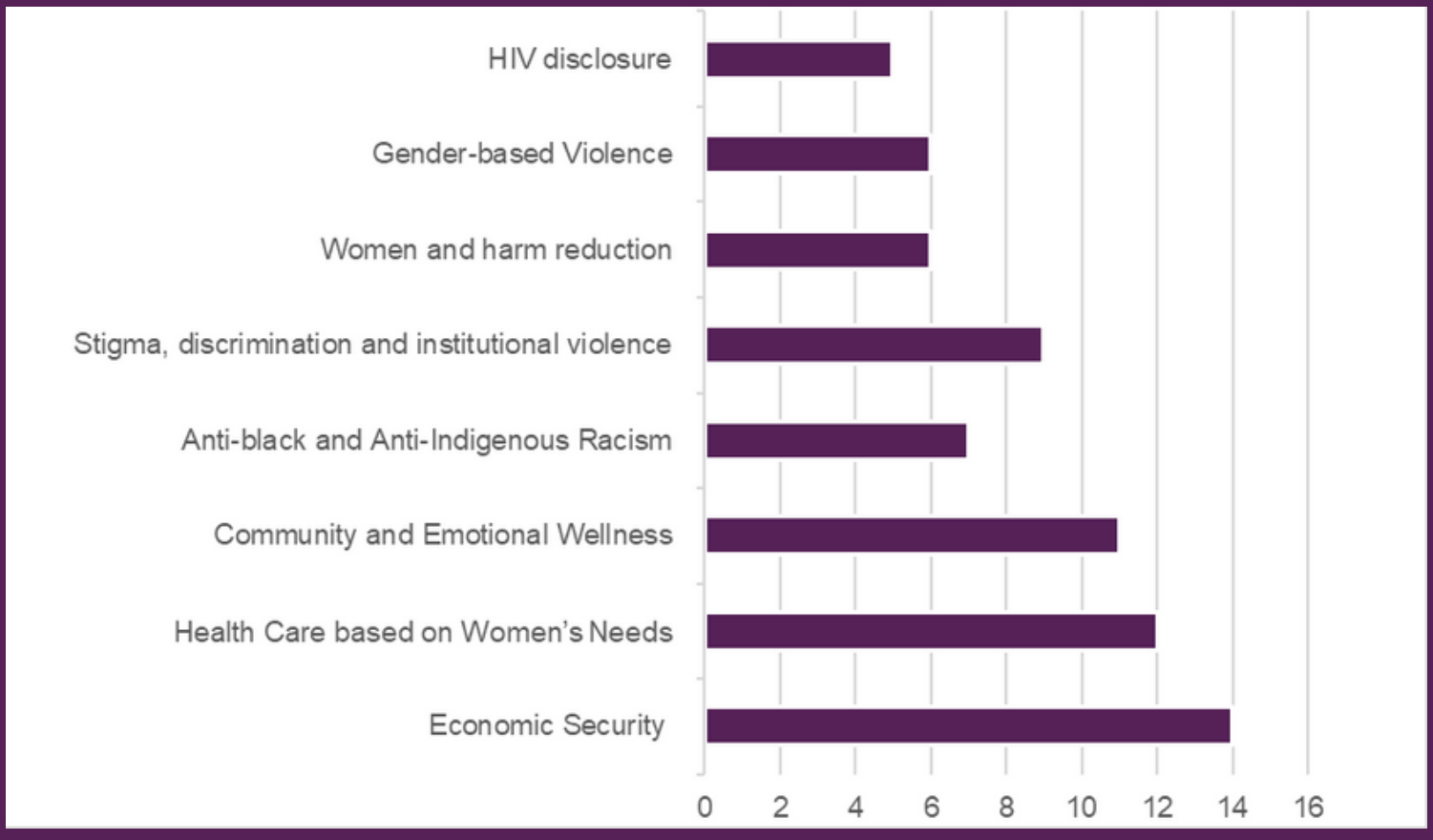

Community Connection
Wholistic Care
Economic Autonomy
HIV Education, Prevention, Care & Support
Safety
Women Centred Harm Reduction

"Women need to have access to good healthcare, it's so important."

"I can't afford housing on a limited income."

"We need more opportunities to gather and have our voices heard"

Priority Areas the participants indicated were most important or relevant to their and their communities' wellness (from brief interactions and 1 on 1s)



1.

HIV EDUCATION: PREVENTION, CARE & SUPPORT

HIV Prevention, Care and Support are the core of WHAI work. In the Greater Sudbury Area, a key theme that emerged in consultations and focus groups was that there is a general lack of understanding and information. Women identified that they are interested in preventative measures, rather than interventions, while women and stakeholders alike identified addressing the stigma related to HIV as an ongoing need. However, different cultural milieux require different types of approach and information. One woman said, "Teach them, get the message out, people do not do their own research especially in ACB community." Clearly, any HIV Education will require cultural sensitivity in both content and distribution.

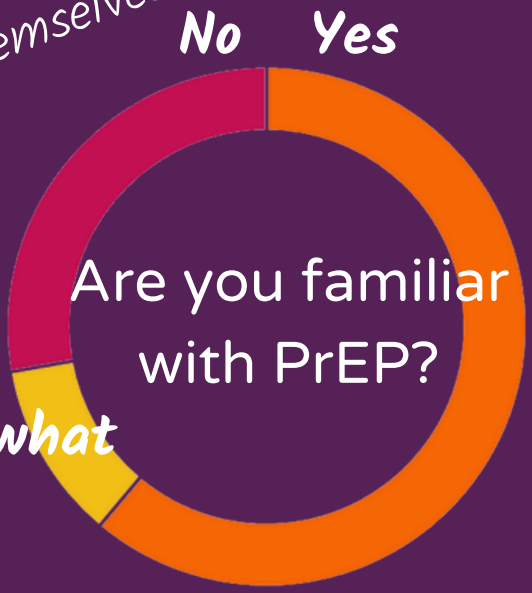
Discussing social media campaigns, women felt they were helpful, but not always accessible, explaining that "some people could be scared to follow due to stigma etc. Anonymity and confidentiality are essential for many people." There remain misconceptions about HIV that for example caused "loved ones and others to shy away" after one woman disclosed her status. Another explained that "Stigma associated with HIV makes disclosure so difficult, [I am] afraid to disclose because of people's fear of HIV and what they will think." One solution offered was that different agencies might share information about HIV for those worried to follow Réseau ACCESS Network.

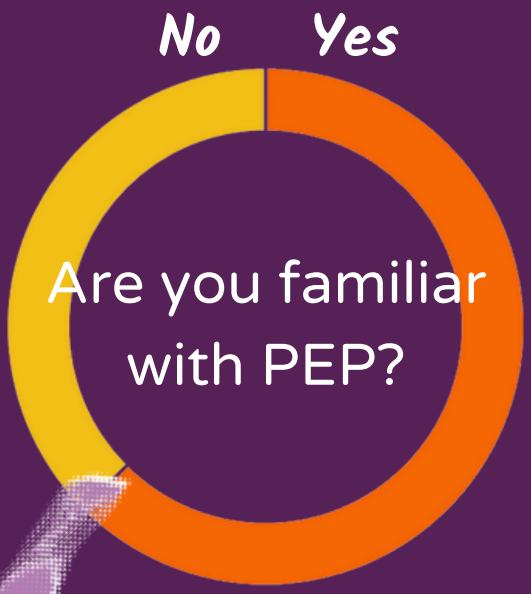
Building awareness regarding the realities of HIV is central for women at risk and living with, just as for everyone. But social media is insufficient as an information platform, particularly for populations most at risk that lack access to technology. Women called for information to be made available on public community boards and spaces with tearaway numbers so that people can access resources in a more anonymous, confidential way. Overall, respondents felt there were not enough information and resources available through walk-in clinics, doctors, and nurse practitioners.

While the percentage of women in the Greater Sudbury area who answered that they were aware of PrEP and self-testing was above the provincial average, we aren't seeing much uptake in the programs. One stakeholder suggested that this was possibly due to cost and accessibility. There is thus a need to think creatively not only about how to get these messages out to women but to identify and strengthen avenues of access to prevention, medication, information, and care.

"post things where struggling people can see to get involved - not social media"

"U=U can create a safety net where people aren't taking the precautions that they used to. It helps decrease stigma but can decrease how careful people are around protecting themselves and others."





"I learned this [U=U] in the peer training that I took. In Uganda HIV equals scary / death and people are afraid. This could change that."

2.

COMMUNITY CONNECTION

Wellness is...

"Community, gathering, traditions, health, land, water."

Time and again, in focus groups, one on one consultations and brief interactions, women centered the importance of belonging in a variety of ways. Community connection creates possibilities for belonging and cultural connection. When asked to describe wellness, women named "harmony," "positivity spreading through life and feeling a sense of belonging," "Meeting new family members, grandkids," "knowing and trusting your circle, community, emotional health," "Having a sense of purpose and something to believe in," "being connected to culture and family," as well as the detriments of "being alone." The importance of community and emotional wellness for overall health seemed to be a foundation for one focus group: "We need more opportunities to gather and have our voices heard, share opportunities in safety and with other like-minded women." Within these generalized calls for community connection though, there was an emergent disconnection between the desire for belonging and women's lived experiences of racialization, violence - both within systems and interpersonally, discrimination, economic insecurity, insufficient housing, and lack of safety, all of which collude to make trust and connection challenging.

Building trust is essential for sharing and vulnerability, and there was an identified lack of spaces in which to create these relationships. Women asked to be met where they are at. Many women highlighted the importance of culture and traditions, which often included the importance of being in nature: "Community, gathering, traditions, health, land, water." Community connection in the North might thus be understood not only as human connection, but also connection to our more than human communities that ground ecological belonging in terms of connection to something larger than the self and the human.

Wellness is...

"Connection to Indigenous spiritual practices, community, and family. Access to appropriate and culturally aware non-oppressive healthcare services. Nature, exercise, movement, fresh air, sunlight. Safe affordable housing. A sense of belonging and connection."

3.

ECONOMIC AUTONOMY

"more help with loss, abuse and trauma, and more affordable housing. I can't afford housing on a limited income"

Economic autonomy intersects with all WHAI priority areas for collaboration because it underpins the most basic requirements of safe and affordable housing to support populations identified as most at risk. Further, structural racisms cut across every level of care and opportunity. Anti-Indigenous and anti-Black racialization continue to undergird inequitable access to education, housing, employment, health care, and human rights protections. An undue burden of this system falls on the backs of women, who support others' physical and mental health as well as nutritional and financial needs. Often, women are forced to compromise their safety in order to be housed in substandard living conditions while living in unsafe or difficult neighborhoods.

Women's safety also intersects with economics in terms of access to technology. Without a phone or ready internet access, women are unable to reach out to Victim Services when it is unsafe for them to walk into the police station. Further, many services and programs require the use of technologies which some women are unable to access.

Poverty and financial insecurity are among the most critical barriers to women's health equity and to HIV prevention, care, and support. Local respondents emphasized the significant financial challenges faced by women, including low income, underemployment, and high living costs like food and transportation. According to one respondent, "We do not make enough money to meet all needs: underemployed (part-time), the rate of pay is too low, culturally relevant food is very expensive, rent is too high, and I have not heard back about subsidy." Another respondent stated that the "budget is tight so I can't afford everything that I need. Income is limited. Transportation is a challenge." The theme of transportation came up repeatedly with women naming a lack of funding for transportation. Agencies like the YMCA Immigrant Services are only able to compensate for transportation if the person is already registered in a program. The Women's Center remains inaccessible even with transportation because there is neither a bus stop there, nor a sidewalk on that side of the street.

3.

... ECONOMIC AUTONOMY

"Transportation is a big barrier, Sudbury does not have a good transit system and I am unable to get to work and back based on my shifts on the weekend and where I live just outside of town."

In the 1 on 1 consultations, economic challenges were often identified as "particularly impactful" barriers to wellness. While some women appreciated the support provided by organizations like ACCESS, such as vouchers for food and medication, they still faced significant financial barriers to accessing healthcare and named the need for "more support with legal matters and better affordable legal representation." Another explained that "Transportation is a big barrier, Sudbury does not have a good transit system and I am unable to get to work and back based on my shifts on the weekend and where I live just outside of town." She wants "meaningful work, that pays enough to support my three children and myself." To this end, women asked for workshops and employment opportunities, but at the same time mentioned concerns around the exposure of health status or the discovery that they are HIV positive. Women identified the economic need for accessing more therapeutic counselling specific to PTSD not only for themselves but for their dependents as well. They require "more help with loss, abuse and trauma, and more affordable housing: I can't afford housing on a limited income."

4.

WOMEN-CENTERED HARM REDUCTION

Woman-centered harm reduction is an approach addressing the unique needs of women. It emphasizes gender-responsive services, intersectionality, and safe environments to improve health outcomes and social equity for women.

While the focus groups and consultations did not provide a lot of specific insight into women-centered harm reduction, this area was a priority for participants. In Sudbury, there is concern not only for safety, but also for exposure and stigma for women accessing harm reduction services. “Nowhere to be/exist” is a prevalent theme with women who access Victim Services. Respondents explained that it is hard to be accepted, welcome, respected, free of judgment and discrimination in places like shelters etc., especially for women who use substances.

Women-centered harm reduction includes access to safe supply because women are multiply disadvantaged by toxic drug supply. The inclusion of sedatives like benzo dope can leave women unconscious and unable to protect themselves. Further, with no housing specific to Indigenous women and little access to affordable housing, let alone safe-housing, multiple and inadequate living situations put women at a disadvantage. These factors collude to put women at higher risk of being victimized. Women-centered harm reduction in Sudbury and the surrounding areas must meet women where they are at, facing inadequate and unsafe living situations, vulnerable to a toxic supply, and suffering at various intersections of stigma and discrimination.

Harm reduction and overdose prevention spaces play a crucial role in the Women and HIV/AIDS Initiative (WHAI)'s objective of building community capacity to respond to women living with and facing structural risks related to HIV.

“Some health care providers don't understand unique needs of women when it comes to HIV, the emotions regarding the disease”

“Women need to have access to good healthcare, it's so important.”

5. SAFETY

"Total wellness is when racialized people don't have to worry about the effect of their blackness, when family doesn't have to worry about their loved ones."

Safety, with regard to HIV prevention and care for those living with HIV in the Greater Sudbury area, is tied to other priority areas like economic autonomy and women-centered harm reduction, but these intersections are further complicated by racialization, stigma, discrimination, and the systemic injustices that emerge from them. Establishing a safe environment is crucial for overall wellness. Women reported that experiences of discrimination and institutional violence in the Greater Sudbury area, especially from hospital and healthcare staff, created significant barriers to accessing care and support. Illustrating this issue, one woman stated that "racialized women [are] impacted particularly harmfully, Indigenous women face incredible racism when engaging with any services, health or social." Another stated she might have "Total wellness when racialized people don't have to worry about the effect of their blackness, when family doesn't have to worry about their loved ones." Theses quotes emphasize a lack of spaces where diverse individuals can feel safe and supported, regardless of their background.

Key stakeholders identified that Victim Services is located inside the police station, a space that is perceived in itself to be unsafe for and by women in WHAI's priority populations. Without technology and feeling unsafe entering the police station, women experiencing violence are left in a double bind. Victim Services is often unable to contact those that do cross these barriers to access without creating further safety risks.

The two areas of women experiencing violence and the emotional and mental impact of discrimination collude to isolate women. Such experiences undermine trust in community and healthcare systems.
Stakeholders identified the need for more cultural awareness and consideration, particularly in Victim Services, and the need for safety resources for racialized women.

"Finding people are real and trustworthy. Being treated fairly at the hospital and treated like other patients instead of judged from them looking at my chart and seeing past challenges."

6.

WHOLISTIC CARE

Wholistic care is a comprehensive approach to health and wellness that considers the whole person, including their physical, mental, emotional, and social well-being. It is critical to the prevention and care of HIV/AIDS because it underscores the connection of mental and emotional well-being with physical wellness.

Pre-Covid, the local ASO, Réseau ACCESS Network, used to hold "Pap and Pamper" days, which were appreciated offering in the area of wholistic care. Women were able to access information and sexual health care, as well as makeup and massages. Réseau ACCESS Network was also named as a resource for food support, connection, help to get to appointments, help with insurance coverage for medication. Their peer programs were listed as being valuable supports for training and community: "Elizabeth Fry was life changing for me, they connected me to the Sudbury Counselling Centre and Homelessness Network. OW was great and supports people until they can get on their feet. ACCESS Network for giving me the chance to receive training and do some good. The shelter in Sudbury, I am thankful for but could have been a better experience."

Nonetheless, women reported that some of the most challenging barriers to wellness included "being disconnected from children and family," and "Managing your emotions based on past traumas, and emotions that are arising as a result of decreased drug use." Another woman stated that "the biggest barrier is trying to reach out for support. That can be difficult. I need to be well to be a good parent to my children." Many women underscored similar sentiments to the following: "Feeling emotionally supported is so important and impacts all parts of your life and depression can set in and it can become dangerous. Emotional health impacts physical and all other parts of life. It is most important." Treating the body with medications and separating out symptoms through many different organizations contributes to a siloing of services that runs contrary to wholistic care.

"Wellness looks like belonging, being proud, having a place to call my own, my own address, a safe place for my children. When I have these things, I can handle the challenges of life. Having a good counsellor to discuss my past struggles with and work through them. Wellness is having someone to trust and to talk to. When I wasn't well, I was very emotional, sad, empty. I felt invisible, my life had little meaning and no hope and a lot of regret. I was dependent on the system, with no voice."

NEXT STEPS

PROVINCIAL LEVEL

Implementation of this work will be rooted in the principles of collective impact and guided by community development frameworks. Provincially, the WHAI network will select Priority Areas for Collaboration to focus on annually, 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.

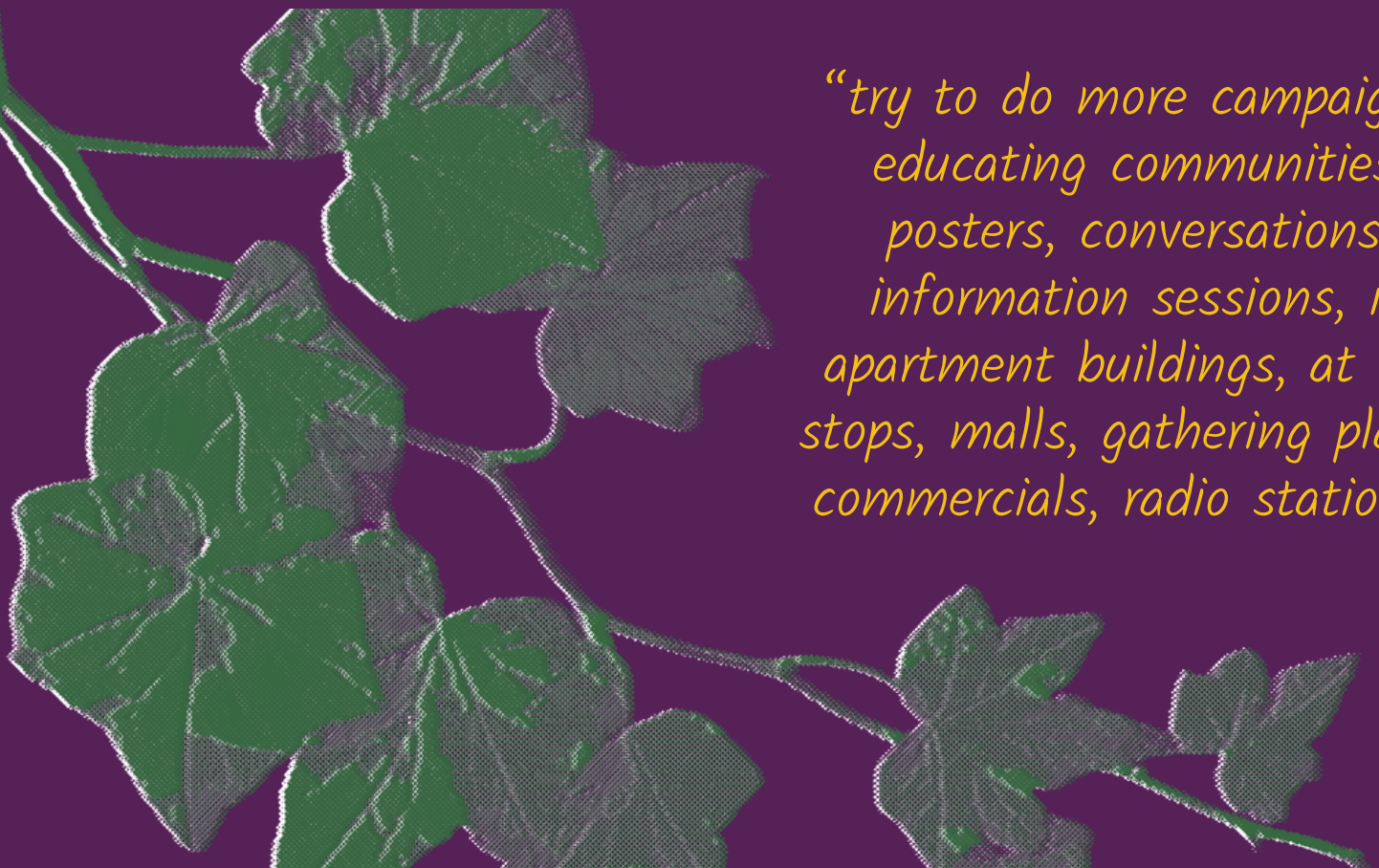
This report focusses on the local experiences shared, linking them to our Provincial Areas for Collaboration. Please see the WHAI website at whai.ca/resources for our provincial Collective Action Community Change Report.

NEXT STEPS

LOCAL LEVEL

In the post-Covid era, a priority for moving forward is re-engagement with community. This requires several concurrent and differing approaches given the diversity of priority populations in the Sudbury district. Some ACB women face layered isolation in their diagnoses due to high levels of stigma in their community. Greater and more meaningful involvement for them will maintain their anonymity while also providing a means to express and communicate amongst themselves in the form of a traveling creative arts journal. Also, while some women living with and at risk engage with the peer inreach program at Réseau ACCESS Network, not all women feel comfortable entering the premises due perceptions of safety and stigma around being a mother or care giver entering an organization engaged in harm reduction. These populations will be invited in through a variety of events and locations, like the yearly Pap'n' Pamper and ongoing women's groups. The local WHAI coordinator will also collaborate with local stakeholders to provide education around preventative HIV technologies that support the wellness and safety of Trans and cis-gendered women and the communities they nurture and financially support. While Email campaigns, community re-engagement and workshops will occur on the local level, the WHAI coordinator will also collaborate with the Provincial WHAI network to develop and offer education specific to incarcerated women in order to reach out and support them not only within the penitentiary system, but also in the uncertain period of transitioning out of it.

Collaboration with PWHAI and other WHAI coordinators in investigating, identifying and educating around avenues of access to preventative technologies and U=U (Undetectable = Untransmitable) is fundamental to our work in HIV prevention going forward. This work will extend to local stakeholders in healthcare including but not limited to both doctors and pharmacies. PWHAI and the network of WHAI coordinators will be critical in mobilizing more generalized campaigns to raise awareness around U=U and reduce stigma in local populations. Finally, collaboration with WHAI coordinators and local stakeholders around events and issues specific to non-urban northern populations will contribute to better education and prevention in outlier areas.



"try to do more campaigns, educating communities, posters, conversations, information sessions, in apartment buildings, at bus stops, malls, gathering places, commercials, radio stations."