# How the Ford Government Cuts Are Hurting Women Living

with HIV/AIDS X





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#### Effects of the Cuts

Since taking power in 2018 the Ontario Ford Government has made an abundance of cuts that drastically effect women living with and at risk contracting HIV/AIDS.

#### What the Cuts look like

Cut planned mental health funding by more than \$330 million Cut funding to the College of Midwives of Ontario Set overall health funding at less than the rate of inflation and population growth, let alone aging.

Plans to reduce the number of Public Health Units from 35 to 10. Cut 27%, or 200 million, of provincial funding for public health. Also Cancelled was funding for planned overdose prevention sites with six pre-existing sites suffering funding cut.



## Issue at a provincial & local level

Women represent 21% of new diagnoses, but 35% of new people accessing services, demonstrating an increasing number of women accessing HIV support services across Ontario (WHAI, 2016 p. 16) Provincially, HIV/AIDS affects women of different intersects in different ways. Approximately, 48% are from countries where HIV is an epidemic, 50% of new HIV infections among Indigenous people are women. One cohort we do not know a lot about is how trans women are affected by HIV/AIDS (WHAI, 2016 p. 6).

**Local Context** 

Locally, there is not a lot of information on women living with HIV/AIDS. The issue locally is the provincial funding cuts to health care, specifically the operational safe injection sites from the Ford Government limits the amount of clientele. specifically women living with HIV/AIDS that RHAC can reach (personal account, RHAC, 2020).

> Women represent about 1 out of every 6 new HIV diagnoses each year.

**Policy Brief**Because there are not a lot of statistics this means it makes it easier to cut services that do not have a lot of statistics. The policy recommendation is to gather local statistics in order to prove what services women living with HIV/AIDS are accessing in the London Ontario community. If local statistics were gathered this means RHAC and places catering to women living with HIV/AIDS could prove the need for funding.

#### Recommendations

The Recommendation is to gather these statistics in two ways. Firstly, collecting antonymous surveys in order to substantiate who is accessing RHAC services: "data help us identify priorities for improvement." (Schmoker, 2008, p.i). Thus, collecting data could provide areas to improve for RHAC as well as the provincial government. Ultimately, legitimizing the need for funding. Secondly, using women's personal accounts and stories as evidence as to what services women and women identifying folks are accessing.

