



## **Collaborate for Change: AVA Women's and Girls' Health Hub National Meeting Report**

### **Report prepared by:**

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### Introduction

Established in 2019, the Alliance against Violence and Adversity (AVA) is a health research training platform that is creating the capacity to transform community health and social services to promote the health and wellness of girls, women, and gender-diverse populations at-risk/affected by violence and adversity over the life cycle. The AVA team comprises over 200 partners, including 85 community agency partners across Canada.

The *AVA Women's and Girls' Health Hub National Meeting* occurred on June 19, 2024 on the Zoom video software system. This meeting commenced with scientific director Dr. Nicole Letourneau commemorating AVA's innovative internship projects and highlighting the alliance's collective successes. Thereafter, a series of strategizing sessions occurred with the objective of confronting pressing issues of violence and adversity. Guided by the President and Founder of InsightFormation, Mr. Bill Barberg, community agency representatives from across Canada set priorities and provided input for the purpose of confronting violence and adversity. Accordingly, regional cohorts discussed and voted on urgent issues crucial to communities that demanded attention. These strategizing sessions thereby ensured that AVA's research efforts are directly relevant and responsive to meeting the priorities of communities impacted by violence and adversity.

Overall, the AVA National Meeting was imperative with respect to commemorating the alliance's accomplishments and championing the health and wellness of girls, women, and gender-diverse individuals at risk of, or affected by, violence and adversity.

In total, there were 163 attendees from the following Alliance of Canadian Research Centres on Gender-Based Violence:

1. FREDA Centre for Research on Violence Against Women and Children (Burnaby, BC)
2. Research and Education for Solutions to Violence and Abuse (RESOLVE): Alberta (Calgary), Saskatchewan (Saskatoon), Manitoba (Winnipeg)
3. Centre for Research & Education on Violence Against Women & Children (CREVAWC) (London, ON)
4. Recherches Appliquées et Interdisciplinaires sur les Violences Intimes, Familiales et Structurelles (RAIV) (Laval, QC)
5. Muriel McQueen Fergusson Centre/Centre Muriel McQueen Fergusson (MMFC/CMMF) (Fredericton, NB)

## Speaker Biographies

### **Dr. Nicole Letourneau**



Dr. Nicole Letourneau is a Professor in the Faculty of Nursing and Cumming School of Medicine (Pediatrics, Psychiatry and Community Health Sciences) at the University of Calgary, where she holds the University of Calgary Research Excellence Chair in Parent and Child Mental Health. She currently serves as the Scientific Director of the AVA) Health Research Training Platform and Women's and Girls' Health Hub (funded by CIHR). She is also the director of RESOLVE Alberta and principal investigator for the CHILD (Child Health Implementation and Longitudinal Development) Studies Program at the [Alberta Children's Hospital](#) Research Institute; examining parenting and child health & development in the context of maternal depression, family violence and other toxic stressors and early adversity.

### **Mr. Bill Barberg**



Mr. Bill Barberg is a co-founder of the Population Health Learning Collaborative, is the President and Founder of [InsightInformation, Inc.](#), a Minnesota-based consulting and technology company that helps communities, regions, and states address complex social and health issues that require multi-stakeholder collaboration. His deep background in strategy implementation has been featured in dozens of conference presentations and webinars, and he both organized and hosted the recent virtual summit on *Innovations in Naturally Affordable Housing*. He has been a pioneer in many projects that have pushed forward the practices for achieving *Collective Impact* on a wide range of issues – from addressing the opioid crisis to transforming housing re-developments into Communities of Hope in Detroit. He is a globally recognized expert in Strategy Management, Collective Impact, and Balanced Scorecard methodology.

## Meeting Program and Key Takeaways

The meeting on the morning of June 19, 2024 with an overview presentation pertaining to AVA and the Women's and Girls' Health Hub that was delivered by Dr. Letourneau. Thereafter, Mr. Barberg delivered a presentation on the InsightVision Platform and how this strategy management software could be applied to the AVA strategic plan. Subsequently, Mr. Barberg introduced the workshop on topics related to minimizing GBV and early childhood adversity. Breakout sessions then occurred with the Alliance of Canadian Research Centres on Gender-Based Violence, which involved discussions and voting pursuant to these topics.

### ***Overview of the Alliance against Violence & Adversity (AVA) and AVA Women's and Girls' Health Hub***

Presenter: N. Letourneau

Dr. Letourneau highlighted the following:

- The primary objectives of AVA are:
  - To create the capacity to transform community health and social services to promote health and wellness of girls, women, and gender-diverse people (GWGP) at risk/affected by violence and adversity, via a collaborative, innovative, cross-sectoral/ disciplinary/jurisdictional training platform.
  - To reduce family violence and exposure to early childhood adversities, to improve Canada's UNICEF rankings for girls', women's, and gender-diverse peoples' health and wellness; with positive lifespan, intergenerational, and population impacts.
- The mandates of the AVA Health Research Training Platform (H RTP) are to:
  - Provide enhanced, community-engaged training to enable better use of evidence-based interventions and innovations for girls, women, and gender-diverse people affected by gendered violence and early childhood adversity.
  - Engage all interested parties (community agencies, academics, scholars) to break down silos and barriers.
- The objectives of the AVA Women's & Girls' Health Hub are to:
  - Convene regional and national knowledge mobilization meetings in both official languages.
  - Create and share a meta-inventory of evidence-based programs/interventions for diverse groups of GWGP.

- Foster scale-up of newly generated and existing knowledge and models of practice (e.g. programs, interventions).
- The impacts of the AVA Health Hub on the health of women and gender-diverse people are:
  - To advance more equitable, evidence-based, gender-sensitive, culturally safe, holistic healthcare and access to care for GWGP.
  - To ensure that a diversity of perspectives and lived experiences are represented on the team.
- As a member of the Alliance of Canadian Research Centres on Gender-Based Violence, the AVA HRTP provides mentorship and provides leadership aimed at addressing violence and adversity affecting GWGP.
- Explanations of and links to the following AVA resources were provided:
  - [Early Career Researcher Teaching Release](#)
  - [Triadic Mentorship Program](#)
  - [Community Agency Internship Program](#)
  - [AVA Online](#)
- Future directions that were discussed for AVA encompassed:
  - The ongoing Strategy Development, Management, and Evaluation Program, which intends to build organizational capacity in strategic planning and evaluation.
  - Plans to undertake community-engaged implementation science research to improve uptake and outcomes of evidence-based solutions to address GWGP at-risk/affected by gender-based violence (GBV).

***InsightVision Platform for the Alliance against Violence & Adversity***  
Presenter: B. Barberg

Mr. Barberg highlighted the following:

- Delivered an overview of the InsightVision Platform:

- A strategy management software which allows organizations and multi-stakeholder coalitions to define, convey, and enhance performance by transforming strategy into clear, measurable, and prioritized goals and actions.
- Provided a synopsis of the AVA strategy map, which encompasses a series of targets and indicators to answer the following evaluation questions:
  - What is the reach and engagement of the Strategic Planning Workshops among AVA trainees?
  - How does the composition of strategic planning workshop participants compare to AVA's Equity, Diversity, Inclusion, and Access (EDIA) guiding principles?
- Outlined AVA's Theory of Change:
  - Two frameworks have informed the development of the AVA strategy map: 1) the National Action Plan (NAP) on Violence Against Women & Gender-Based Violence, and 2) Adverse Childhood Experiences (ACEs) & Resilience Resource Commons for Communities (ARRCC).
  - The AVA strategy map has guided progress towards AVA's anticipated outcomes:
    - Transform women's health and social services delivery.
    - Build capacity for the next generation of women's health researchers.
    - Reduce ACEs, family, violence, & GBV.
- Identified imperative research objectives for AVA:
  - Improve the health, safety, development, and wellbeing of staff in the GBV sector.
  - Increase sustainable operational/core funding for GBV services.

### Workshop on Topics Related to Gender-Based Violence and Early Childhood Adversity

During the afternoon of June 19, 2024, breakout sessions occurred with the Alliance of Canadian Research Centres on Gender-Based Violence. Discussions and voting occurred with respect to minimizing GBV and minimizing early childhood adversity.

## List of Workshop Participants

The following comprises the list of groups by Alliance Center Regions that participated in the workshop on topics related to GBV and early childhood adversity, with the facilitators and participants for each group indicated:

### ***Breakout Group 1***

- Facilitator: Ms. Sarah Yercich  
Invitees: FREDA Centre for Research on Violence Against Women and Children

### ***Breakout Group 2***

- Facilitator: Dr. Kharah Ross
- Invitees: RESOLVE

### ***Breakout Group 3***

- Facilitator: Dr. Ashley Stewart-Tufescu
- Invitees: RESOLVE Saskatchewan

### ***Breakout Group 4***

- Facilitator: Dr. Kendra Nixon
- Invitees: RESOLVE Manitoba

### ***Breakout Group 5***

- Facilitator: Dr. Nicole Letourneau
- Invitees: CREVAWC

### ***Breakout Group 6***

- Facilitator: Audrey-Anne Lague
- Invitees: RAVI

### ***Breakout Group 7***

- Facilitator: Danie Gagnon
- Invitees: MMFC/CMMF

## **Workshop A: Topics Related to Gender-Based Violence**

During the first segment of the workshop, the highest-priority topics for GBV were considered in accordance with each Alliance Centre Region. The workshop commenced with a discussion and subsequent notetaking on a list of provided topics pursuant to GBV that AVa had devised (please refer to Appendix A, “List of Gender-Based Violence Topics to Vote On”). Thereafter, individual dot voting occurred on these topics. Dot voting is a method to identify problems or prioritize many options or ideas in a team. The participants distributed a predetermined number of dots to the available options. This strategy enabled a consensus to be reached among each

breakout group pertaining to envisioned changes to reduce GBV. Participants were also given the opportunity to provide additional comments, ideas and thoughts had for the prioritization of GBV topics.

The following is a summary of participants' insights with respect to strategies that should be undertaken to alleviate GBV, along with the corresponding Alliance Centre Region that recommended each strategy:

Alliance Centre Region	Recommended Strategies to Reduce Gender-Based Violence
Ontario	<ul style="list-style-type: none"> <li>Addressing poverty is critical, especially since poverty rates in Canada are increasing rather than decreasing. Poverty becomes another form of violence when survivors leave abuse.</li> </ul>
British Columbia	<ul style="list-style-type: none"> <li>Greater economic freedom for those most vulnerable to GBV so they have the means to leave abusive situations and support themselves independently</li> <li>More work must focus on perpetrator rehabilitation and education programs to address root causes, alongside support and empowerment for victims.</li> </ul>
Manitoba	<ul style="list-style-type: none"> <li>A trauma-informed culture (social, political); normalize acknowledging trauma and supportive healing.</li> <li>Provide better education to all genders about GBV at all levels and emphasizing the importance of these issues for all ages and levels of institutions.</li> </ul>
Alberta	<ul style="list-style-type: none"> <li>Empowering women and breaking taboos around violence.</li> <li>Teaching women and girls to speak to someone if they are experiencing GBV.</li> <li>Providing equitable and inclusive services for women and girls.</li> <li>Government powers need to make it a priority to address GBV and enable upstream actions.</li> <li>Providing sustainable funding for the sector.</li> <li>More coordination for NAP implementation across Canada.</li> <li>Breaking down the silos between researchers and agencies.</li> </ul>

	<ul style="list-style-type: none"> <li>• Empowering women, girls, and gender-diverse people; sharing experiences; embedding GBV into primary, secondary, and post-secondary curricula and through partnerships.</li> <li>• Improved collaboration between service sectors and an interdisciplinary approach to support.</li> <li>• Providing resources advertised in different languages to reach out to ethnic minorities.</li> <li>• Ensuring a broader adoption of practices of Strategy Management at Scale. This enhances Implementation Science with thinking for larger system change.</li> <li>• Ensuring a better understanding of and responses to coercive control.</li> </ul>
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### Workshop B: Topics Related to Minimizing Early Childhood Adversity

During the second segment of the workshop, the highest-priority topics for minimizing early childhood adversity were considered in accordance with each Alliance Centre Region. The workshop commenced with a discussion and subsequent notetaking on a list of provided topics pursuant to minimizing early childhood adversity that AVA had devised (please refer to Appendix B, “List of Minimizing Early Childhood Adversity Topics to Vote On”). Thereafter, individual dot voting occurred on these topics. This strategy enabled a consensus to be reached among each breakout group pertaining to minimizing early childhood adversity. Participants were also given the opportunity to provide comments, ideas, and thoughts for the prioritization of minimizing early childhood adversity topics.

The following is a summary of participants’ insights with respect to strategies that should be undertaken to minimize early childhood adversity, along with the corresponding Alliance Centre Region that recommended each strategy:

Alliance Centre Region	Recommended Strategies to Minimize Early Childhood Adversity
Ontario	<ul style="list-style-type: none"> <li>• Better support for substance use among parents</li> </ul>
British Columbia	<ul style="list-style-type: none"> <li>• Communities and organizations should make greater efforts to learn from each other and not need to reinvent and recreate things.</li> <li>• Focus on improving service (e.g., caregiving supports, childcare) accessibility.</li> </ul>

Manitoba	<ul style="list-style-type: none"> <li>• A trauma-informed culture (social, political); normalize acknowledging trauma and supportive healing.</li> <li>• Provide better education to all genders about GBV at all levels and emphasize the importance of these issues for all ages and levels of institutions.</li> </ul>
Alberta	<ul style="list-style-type: none"> <li>• Better childcare and parenting programs that are made readily available for parents for free.</li> <li>• Address childhood poverty and bring down barriers to services.</li> <li>• Creation and implementation of more upstream interventions. Commitment and action at all levels of government at reducing toxic stressors such as poverty and homelessness.</li> <li>• Stronger social supports for prospective parents to reduce the number of children born to families unprepared (whether financially, emotionally, etc.) for them.</li> <li>• Considering kinship placements and other options as opposed to traditional Ministry of Children and Family Development/child welfare responses.</li> <li>• Standardized national family support systems include accessible mental health care, parenting education, financial assistance, and community resources.</li> <li>• Better support for all communities with specialized approaches for different types of communities. Providing better resources for parents and families to support children and adolescents.</li> <li>• More funding to support community organizations.</li> <li>• Focus on improving service (e.g., caregiving supports, childcare) accessibility.</li> </ul>

## Meeting Evaluation

The following comprises a summary of the results from the meeting evaluation form, which was e-mailed out to participants on June 19, 2024 immediately following the conclusion of the AVA National Meeting. Participants responded from June 19 – July 4.

### Summary

A total of 16 people responded to the survey (eight from Alberta, three from British Columbia, three from Ontario, one from Quebec, and one from Saskatchewan). Nine respondents indicated that they had received AVA funding.

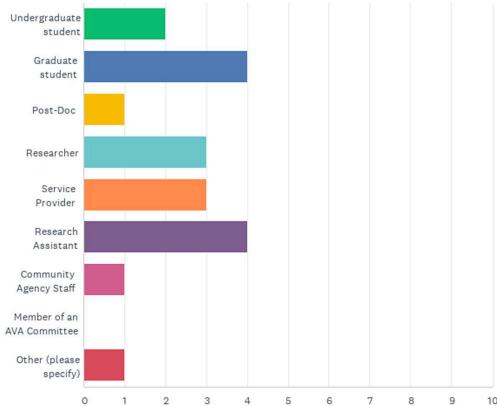
- All respondents felt that the meeting improved their understanding of AVA's activities.
- All respondents perceived that the meeting made them feel inspired to get involved in AVA's activities. However, 12 participants indicated that they would like to learn more about such activities. E-mail was the predominant method by which such participants sought to be informed by such activities ( $n = 11$ ; 91.7%); followed by the AVA website ( $n = 8$ ; 66.7%), social media platforms ( $n = 7$ ; 58.3%), AVA webinars ( $n = 5$ ; 41.7%), the forthcoming AVA podcast ( $n = 2$ ; 18.2%), and the AVA YouTube channel ( $n = 1$ ; 8.3%).

### Respondent Comments

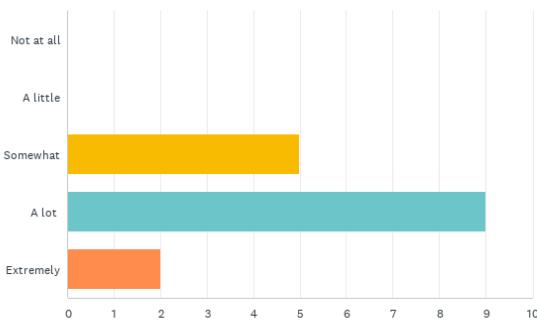
- Respondents generally perceived the national meeting to have been well organized and to have proceeded smoothly.
- Respondents appreciated the priority setting and discussion workshops that ensued, with opportunities for meaningful participation and interaction within alliance centre regions.
- Respondents provided positive feedback pertaining to the presentation which provided an Overview of AVA and the Women's and Girls' Health Hub.
- One participant asserted that accessibility could have been improved by simplifying the meeting processes.
- Other recommendations for improvement included having more frequent but shorter breaks, offering more time for discussion, having the discussion be preceded by dot voting, and providing the opportunity for AVA interns to deliver presentations.

### Summary of Responses to Survey Questions

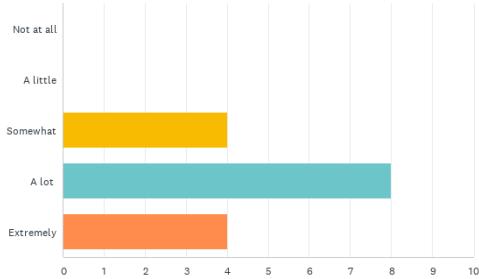
Please choose the option that best describes you (choose all that apply):



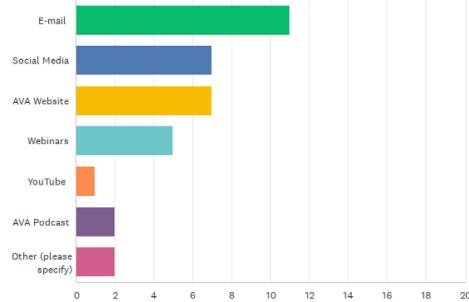
Did this meeting improve your understanding of AVA's activities?



To what degree did this meeting inspire you to get more involved in AVA's activities?



How would you like us to share more information about AVA's activities with you? (Select all that apply)



## Appendix A: List of Gender-Based Violence Topics to Vote On

Topic
1. Improve the health, safety and well-being of staff in the GBV sector
2. Increase the accessibility and capacity of GBV service spaces
3. Develop and use gender-informed and culturally relevant training for GBV service providers
4. Improve access to GBV services in rural, remote and northern communities
5. Minimize feelings of stigma, shame and fear about accessing services
6. Improve coordination and connection ( <i>including data system integration</i> ) across GBV support & service sectors
7. Innovate in multi-sector program & service delivery models addressing GBV
8. Improve & expand services to keep women & children safely in their homes rather than leaving
9. Improve awareness of GBV programs and services in communities
10. Improve ways to systematically identify needs & strengths to use that info to support families
11. Increase support for counselling, treatment and recovery programs
12. Expand approaches to address coercive control
13. Develop & refine effective two-generation interventions to address the impact of violence
14. Increase adoption of trauma- & violence-informed practices in a wide range of organizations
15. Strengthen relationship and coping skills, mental health, and self-esteem of girls, women, and GD people affected by violence; Strengthen relationship and coping skills, self-esteem, and mental well-being of girls, women & GD people
16. Increase Social-Emotional Learning (SEL) and self-regulation
17. Help men heal from their own trauma and develop relationship skills so they don't use coercion or violence
18. Improve access to culturally appropriate services that mitigate risk factors for vulnerable and marginalized populations
19. Improve Infrastructure for referrals and accessing resources

Topic
20. Reduce the risks & stigma associated with accessing violence prevention or care services
21. Support community evidence-based efforts to provide information and education to victims and survivors to enable them to have meaningful opportunities to engage in the criminal justice process
22. Enhance multi-disciplinary training for judges, justice system professionals, including police, legal advisers, victim service providers, and correctional services in the dynamics of family violence to improve justice system responses to GBV ( <i>e.g. prevent re-victimization and recurring trauma</i> )
23. Improve prevention of and responses to technology-enabled violence
24. Ensure a continuum of GBV support services to ensure comparable levels of service in all parts of the country, including virtual services
25. Understand and reduce the structural and system factors that keep people in poverty ( <i>e.g. Improve the economic security of young women and GD people affected by violence</i> )
26. Expand and improve supportive parenting programs for moms who enter shelter

## Appendix B: List of Minimizing Early Childhood Adversity Topics to Vote On

Topic
1. Minimize substance use/abuse among pregnant women
2. Home visiting programs for pregnant women
3. Improve Maternal & Child healthcare for disadvantaged populations
4. Improve options and access to early childhood education and care
5. Improve early detection and proactive strategies to reduce child trauma, neglect and abuse
6. Improve long-term data collection on early childhood interventions
7. Improve stability, healing and resilience after domestic violence
8. Expand rapid response and referral programs for children experiencing trauma
9. Minimize in-person and online bullying
10. Enhance secure parent-child relationships
11. Expanding trauma-informed practices in all sectors ( <i>e.g. schools, law enforcement, etc.</i> )
12. Develop innovative screening methods for early detection of family violence, trauma, coercion, and GBV
13. Improve data collection on trauma exposure and symptoms
14. Improve community understanding of ACEs, trauma and resilience
15. Improve youth skills in relationships, problem-solving, and social-emotional learning
16. Increase youth involvement in community and cultural activities
17. Strengthen parenting and family dynamics involving youth
18. Improve mental health and social support for parents
19. Expand and enhance mental health support and counselling for youth
20. Improve the prevention of youth substance use/abuse
21. Improve data collection on the impact of programs intended to help youth development
22. Enhance referral systems and collaboration for families in crisis
23. Strengthen peer support and natural supports among parents and youth
24. Improve understanding of how adversity and toxic stress affect brain development