

# Wednesday, March 21, 2012

## Full Day Schedule

<b>7:00 am – 5:00 pm</b>	Registration
<b>8:00 – 9:00 am</b>	Breakfast
<b>9:00 – 10:30 am</b>	Welcome & Opening Plenary (Simultaneous Translation provided) <i>Celebrating International Day to End Racial Discrimination</i> Mot de bienvenue et séance plénière d'ouverture (service de traduction simultanée au besoin) <i>Célèbre la Journée internationale pour l'élimination de la discrimination raciale</i>
<b>10:30 – 11:00 am</b>	Refreshment Break & Exhibit Hall
<b>11:00 am – 12:30 pm</b>	Concurrent Sessions
<b>12:30 – 2:00 pm</b>	Lunch & Exhibit & Poster Hall, Regional Networking Opportunities
<b>2:00 – 3:30 pm</b>	Concurrent Sessions

**OPENING PLENARY/SÉANCE PLÉNIÈRE D'OUVERTURE 9:00 – 10:30 am**

“The International Day for the Elimination of Racial Discrimination is observed annually on 21 March. On that day, in 1960, police opened fire and killed 69 people at a peaceful demonstration in Sharpeville, South Africa, against the apartheid “pass laws”. Proclaiming the Day in 1966, the General Assembly called on the international community to redouble its efforts to eliminate all forms of racial discrimination (resolution 2142 (XXI)).

Since then, the apartheid system in South Africa has been dismantled. Racist laws and practices have been abolished in many countries, and we have built an international framework for fighting racism, guided by the International Convention on the Elimination of Racial Discrimination. The Convention is now nearing universal ratification, yet still, in all regions, too many individuals, communities and societies suffer from the injustice and stigma that racism brings.

The first article of the Universal Declaration of Human Rights affirms that “all human beings are born free and equal in dignity and rights”. The International Day for the Elimination of Racial Discrimination reminds us of our collective responsibility for promoting and protecting this ideal.”

*UN Web Services Section,  
Department of Public  
Information, United Nations  
2010*

To recognize and celebrate this day – Rainbow Health Ontario is pleased to welcome featured keynote speakers trey anthony, author of the hit play and TV series *Da Kink in My Hair*, and Notisha Massaquoi, Executive Director of Women’s Health in Women’s Hands Community Health Centre – to bring their own insightful perspectives to the Opening of the 2012 Rainbow Health Ontario Conference.

# Full Day Conference

# Wednesday, March 21

**OPENING PLENARY/SÉANCE PLÉNIÈRE D'OUVERTURE** *continued/suite*

Le 21 mars de chaque année, on célèbre la Journée internationale pour l'élimination de la discrimination raciale. En 1960, la journée du 21 mars a été marquée par une intervention de la police de Sharpeville, en Afrique du Sud, qui a ouvert le feu sur les citoyens et tué 69 personnes qui manifestaient pacifiquement contre les « lois adoptées » pour promulguer l'apartheid. Lors de la proclamation de cette même journée, en 1966, l'Assemblée générale de l'ONU a appelé la communauté internationale à redoubler d'efforts pour éliminer toutes les formes de discrimination raciale [résolution 2142 (XXI)].

Depuis, le régime de l'apartheid en Afrique du Sud a été démantelé, les lois et les pratiques racistes ont été abolies dans de nombreux pays et nous avons bâti une structure internationale pour combattre le racisme, en nous basant sur les grandes lignes de la Convention internationale pour l'élimination de la discrimination. Cette convention est maintenant sur le point d'être ratifiée de manière universelle, mais malgré cela, dans toutes les régions, trop de personnes, de communautés et de sociétés souffrent encore d'injustices et de la réprobation associée au racisme.

Selon l'article premier de la Déclaration universelle des droits de l'homme : « Tous les êtres humains naissent libres et égaux en dignité et en droits ». La Journée internationale pour l'élimination de la discrimination raciale nous rappelle notre responsabilité collective de promotion et de protection de cet idéal. »

Section des services Web des Nations Unies,  
département de l'information publique,  
Nations Unies, 2010

En hommage à cette journée et pour la souligner, Santé arc-en-ciel Ontario est heureux d'accueillir les prestigieux conférenciers que sont Trey Anthony, auteure de la pièce à succès *Da Kink in My Hair*, et Notisha Massaquoi, directrice générale du centre de santé communautaire Women's Health in Women's Hands, qui nous feront part de leur réflexion personnelle sur les perspectives en ce domaine lors de l'ouverture de la Conférence 2012 de Santé arc-en-ciel Ontario.

## I would like to bring all of my selves to the party: Reflections on Race, Culture & Sexual Orientation Across the Life Span

Notisha Massaquoi is originally from Sierra Leone and has been an advocate for Women's healthcare for the past 25 years. She is currently the Executive Director of Women's Health in Women's Hands Community Health Centre in Toronto. She holds a Masters Degree in Social Work from the University of Toronto and is completing her PhD in Sociology and Equity Studies at the Ontario Institute for Studies in Education/University of Toronto. Her research and numerous publications have focused on women and HIV/AIDS, queer refugees and increased access to primary healthcare for racialized women. Her work has appeared in *Canadian Woman Studies*, *Wagadu*, *Social Science and Medicine* and she is the winner of the 2008 IRN-Africa Audre Lorde award for outstanding writing. She has served on the boards of Sherbourne Health Centre, BlackCAP and the Association of Ontario Health Centres. She has been a lecturer for the faculties of social work at Ryerson University, Dalhousie University and currently York University. Her most recent publication is the edited anthology *Theorizing Empowerment: Canadian Perspectives on Black Feminist Thought*.

## J'aimerais inviter toutes les facettes de ma personne à participer à la fête : réflexions sur la race, la culture et l'orientation sexuelle au fil de l'existence

Notisha Massaquoi originaire de la Sierra Leone, milite pour le droit des femmes à des soins de santé depuis maintenant 25 ans. Elle est directrice générale du Centre de santé communautaire Women's Health in Women's Hands de Toronto. Mme Massaquoi est titulaire d'une maîtrise en travail social de l'Université de Toronto et termine présentement un doctorat en sociologie et études de l'équité en éducation à cette même université. Ses recherches et les nombreux articles qu'elle a publiés ont porté principalement sur les femmes et le VIH-sida, sur les réfugiés allosexuels et sur un accès accru aux soins de santé primaires pour les femmes racialisées. Ses travaux ont été publiés dans les revues *Canadian Woman Studies*, *Wagadu*, *Social Science and Medicine*. Elle a remporté en 2008 le prix IRN-Africa Audre Lorde pour l'excellence de ses articles. Elle a également siégé

**OPENING PLENARY/SÉANCE PLÉNIÈRE D'OUVERTURE** *continued/suite*

aux conseils d'administration du Centre de santé Sherbourne, de BlackCAP et de l'Association des centres de santé de l'Ontario. Mme Massaquoi a aussi prononcé des conférences aux facultés de travail social des universités Ryerson et Dalhousie et est présentement conférencière à l'Université York. Elle vient de publier une anthologie intitulée *Theorizing Empowerment: Canadian Perspectives on Black Feminist Thought*.

**Superwomyn dropped out of the sky!  
(Why do queer folks suffer from the over  
achieving complex!) An informative and  
humorous look at how to set boundaries  
and how to be healthy and queer!**

trey anthony is a queer activist, speaker, comedian, and the award winning playwright of the hit play, 'da Kink in my hair'. She is also the co-creator and co-producer of the television series " 'da Kink in my hair," based loosely on the play which aired on Global Television. Trey is a published playwright and her work has been seen in numerous publications. She is a former television producer for The Women's Television Network, WTN, and has written for the Comedy Network and CTV and worked on "The Chris Rock Show" (HBO).

**La Superwomyn est tombée du ciel!  
(Pourquoi les allosexuels souffrent-ils  
d'un complexe qui les pousse à se  
surpasser constamment ?) Un coup  
d'oeil informatif et humoristique sur la  
façon d'imposer ses limites et d'être un  
ou une allosexuelle en santé!**

trey anthony est allosexuelle militante, conférencière, comédienne et auteure dramatique primée pour la pièce à succès *Da Kink in my hair*. Elle est également cocréatrice et coproductrice de la série télévisée *Da Kink in my hair*, interprétation libre de la pièce du même nom diffusée sur les ondes du réseau Global. Plusieurs pièces de trey ont été publiées, en plus de nombreux textes qu'elle a signés. Elle a déjà été productrice pour la chaîne de télévision spécialisée *The Women's Television Network (WTN)*. Elle a travaillé comme scénariste pour le *Comedy Network* et pour *CTV* et a fait partie de l'équipe de production du *Chris Rock Show*, sur HBO.

# Wednesday, March 21 A.M. Concurrent Sessions

## **(ST) D1: 1A** *(Simultaneous Translation provided)*

### Format & Focus: Seminar, Social Policy News From Quebec: Informing Social Policies With Fresh Data on the Health & Wellbeing of the LGB Population

#### **Presenter:**

*Dominic Beaulieu-Prévost, Professor, Department of Sexology, Université du Québec à Montréal*

In 2011, our research group produced a report on the health and wellbeing of the LGB population in Quebec. This report was based on secondary analyses of data from the Canadian Community Health Survey and it was the result of a contract with the Ministry of culture, communication and women's affairs, and it was requested by the Government to inform and guide their action plan against homophobia (2011-2016). The analyses were done by combining four consecutive waves (from 2005 to 2009), which increased the precision of the estimates beyond what was possible before. This increase allowed to differentiate the specific needs of lesbians, gays and bisexuals across gender. It thus provides the most precise and up to date information about the health of the LGB population in Quebec and it will be used to inform provincial policies.

We are presently applying the same procedure to analyse the same data at the Canadian level and this approach can improve the precision and specificity of the information provided to the community and to public institutions.

This seminar will first consist of a presentation of the main results coming from this report and of a brief discussion of the implications of these results. It will be followed by a brief presentation of the method used to improve to precision of the analyses and by a discussion about the new possibilities offered by this type of approach, such as the possibility of taking into account notions of intersectionalities and complex realities in a quantitative framework.

#### **Objectives**

1. Learning about the health and wellbeing of the LGB population in Quebec and about the implication of these results for social policies.

2. Differentiating the specific health needs of lesbians, gays and bisexuals.
3. Understanding the possibilities offered by new approaches in population health research.

## **(ST) D1 : 1A**

*(service de traduction simultanée au besoin)*

Forme et thématique : séminaire, politique publique

### Des nouvelles du Québec: Informer les politiques sociales à partir de données récentes sur la santé et le bien-être des populations LGB

#### **Présentatrice :**

*Dominic Beaulieu-Prévost, professeur au département de sexologie de l'Université du Québec à Montréal*

En 2011, notre équipe de recherche a produit un rapport sur la santé et le bien-être des populations LGB au Québec. Ce rapport était basé sur des analyses secondaires de données provenant de l'Enquête sur la santé dans les collectivités canadiennes et était le résultat d'un contrat avec le Secrétariat à la Condition Féminine. La demande du gouvernement a été faite dans le but d'avoir des données pour orienter le plan d'action de sa politique de lutte contre l'homophobie (2001-2016). Les analyses ont été faites en combinant quatre cycles consécutifs de l'enquête (de 2005 à 2009), ce qui a permis d'augmenter la précision des estimations au-delà de ce qui avait été possible auparavant. Cette augmentation de précision a aussi permis de différencier les besoins spécifiques des lesbiennes, gais et bisexuel(le)s. Ce rapport a amené une mise à jour des informations disponibles sur la santé des populations LGB au Québec et il est maintenant utilisé pour informer les décideurs publics des besoins spécifiques de ces populations.

Nous sommes actuellement en train d'appliquer la même procédure à l'échelle canadienne et nous croyons fermement que l'approche par cumul de cycles que nous avons utilisée peut améliorer la précision et la spécificité des informations produites pour la communauté

et pour les institutions publiques. Ce séminaire va premièrement consister en une présentation des principaux résultats provenant de ce rapport et en une brève discussion des implications de ces résultats. Cette partie sera suivie par une brève présentation de la méthode utilisée pour améliorer la précision des analyses et par une discussion à propos des nouvelles possibilités offertes par ce type d'approches, telles que la possibilité de tenir compte des notions d'intersectionnalités et de réalités complexes à l'intérieur d'un cadre d'analyse quantitatif.

### Objectifs d'apprentissages :

1. Apprendre à propos de la santé et du bien-être des populations LGBT au Québec et à propos des implications de ces résultats pour les politiques sociales;
2. Différencier les besoins de santé spécifiques des lesbiennes, gais et bisexuel(le)s;
3. Comprendre les possibilités offertes par les nouvelles approches en recherche sur la santé des populations.

## D1: 2A

Format & Focus: Research Soundbyte 8, Immigrant Health

### (1) Reconstructing the Notion of a Good Citizen: Grounded Theory Insights into the Relationship between Activism and Mental Health Promotion for Sexually Diverse Immigrant Women”

#### Presenters:

*Judith MacDonnell, Assistant Professor, School of Nursing, York University, Toronto;*

*Mahdieh Dastjerdi, Assistant Professor, School of Nursing, York University, Toronto;*

*Racquel Bremmer, Community Educator, Women's Health in Women's Hands Community Health Centre, Toronto;*

*Nimo Bokore, MSW, University of Toronto, Doctorate student in Social Work, York University, Toronto*

As a group, immigrant women often experience a disproportionate share of mental health concerns and mental illness that are linked to a variety of social determinants of health including gender, race, socioeconomic status, violence, and employment. During resettlement, immigrant women across age, geography and other social locations, often encounter

multiple barriers to health and wellness including social isolation, precarious and unpaid work, discrimination, altered family dynamics and limited access to relevant programs and services. Limited research examines sexual diversity in relation to resettlement experiences or implications for their wellbeing. This participatory policy study was undertaken by Women's Health in Women's Hands Community Health Centre in collaboration with York University researchers from the School of Nursing. We collected qualitative data through 7 focus groups with 57 immigrant women from the Greater Toronto Area during 2009-2011 to explore how immigrant women conceptualize activism and its relationship to their mental health and wellbeing. This was a constructivist grounded theory study using gender lens and intersectional analysis. Theoretical sampling and a constant comparative approach were used. Most participants identified a language other than English as their first language and they represented diversity with respect to country of origin, education, age, years living in Canada, and sexual orientation. Five participants who self-identified as members of sexually diverse communities offered insights into the particular ways that sexual diversity, gender, racialization and wellbeing are related. The narrative findings showed that multiple social and material factors influence women's settlement experiences, wellness, and their capacity to take action. Unique insights from these findings validate how immigrant women themselves contribute to system-level transformation. Findings illustrate how wellness is associated with immigrant women's expressions of agency towards individual and community self-determination. Through their actions to face everyday challenges, they become resilient and in doing so, reconstruct the notion of what it means to be a "good citizen." In this presentation a member of the immigrant women's community speaks to these findings in terms of implications for promoting the mental health and wellbeing of diverse groups of immigrant women.

#### Objectives:

1. To learn about findings from a community-based participatory policy study that foreground sexual diversity in settlement experiences in relation to immigrant women's mental wellbeing.
2. To understand community perspectives on the findings and implications for action. 3) To discuss implications for program and policy change with respect to supporting diverse groups of immigrant women's wellbeing.

## (2) Deepening Our Understanding of Lesbian, Gay, Bisexual, Trans, and Queer (LGBTQ) Immigrant Youth in Toronto

### Presenter & Co-Authors:

*Zack Marshall, Community Based Researcher, Social Worker, and Activist; currently Doctoral Student, Universities Without Walls Fellow, and Instructor in the School of Social Work, Memorial University of Newfoundland;*

### Co-Authors

*Tess Vo, Supervisor, Community Connections and the ReachOUT Program, Griffin Centre, Toronto and Dr. June Ying Yee, Associate Professor, School of Social Work, Academic Coordinator, Chang School's Internationally Educated Social Work Professionals (IESW) Program, Ryerson University, Toronto*

What are the settlement experiences of LGBTQ newcomer youth in Toronto? Staff from the ReachOUT Newcomer Network at Griffin Centre conducted 27 semi-structured interviews with LGBTQ immigrant youth ages 16 to 24 in Toronto. In an effort to obtain a deeper understanding of newcomer youth eligible for Citizenship and Immigration (CIC) funded settlement supports, all participants were permanent residents and/or government-assisted refugees. Results from this study provide new information about the experiences of immigrant youth with social services in an urban setting, including recommendations for outreach and developing services that are more welcoming to LGBTQ newcomers. Demographically diverse, participants in this study typically immigrated to Canada with their parents or through spousal sponsorship and had been in the country for an average of five years. Many participants spoke English as a first language, were full-time students, and immigrated from a range of areas with an emphasis on the Caribbean, West Asia, South Asia and Southeast Asia, and Central and South America. Youth participants talked about the services they sought when first immigrating to the country, if and where they found support, and the types of social services they needed. Settling in a new country is a complex process, impacted by intersecting oppressions of racism, homophobia, transphobia, and economic pressures. The level of isolation described by some LGBTQ newcomer youth meant that they often did not know where to turn for information or help. As community members and service providers it is important to know how to reach

LGBTQ immigrant youth. Many participants reported that they were not familiar with the term “settlement services”, often used in advertising supports for newcomers. What then is the best outreach approach? Results from this study suggest that social media is key: the internet was an essential source of information for almost all participants. The experiences of the youth we spoke with suggest that the social services sector could be doing a better job in responding to LGBTQ immigrant youth in Toronto. In this presentation we will discuss what’s missing for LGBTQ newcomer youth, propose outreach strategies, and provide recommendations on how to move forward in developing an enhanced community response.

### Objectives:

1. To improve knowledge of the experiences of LGBTQ newcomer youth in Toronto, particularly in relation to settlement and service access.
2. To increase the visibility of newcomers who are also LGBTQ-identified.
3. To support the development of more accessible social services that better meet the needs of LGBTQ newcomer youth.
4. To share recent research results from Ontario in an interactive forum that includes researchers, service providers, and community members.

## (3) We're here → Where are you?

### Presenter:

*Joseph Jilitovich, LGBT Settlement Counsellor, Settlement Program, London Cross Cultural Learner Centre, London*

In this panel you will learn about the London Cross Cultural Learners Centre (LCCLC) and how we started providing services to LGBT Newcomers. LCCLC is funded by the Federal Government of Canada through the Department of Citizenship and Immigration. Our team helps clients navigate Canada’s immigration system, and plays an advocacy role for those who are experiencing difficulty. We do everything from assisting individuals to acquire Canadian documentation, to providing social supports. As of July, 2008 we have specifically targeting LGBT newcomers in London. We deliver anti-homophobia trainings within the newcomer population at ESL classes and also through LINC (Language Instruction for Newcomers) Schools. We also provide LGBT awareness training for other agencies who serve newcomers.

**Objectives:**

1. Get the word out what SPO's (service providers) are here.
2. Work with LGBT newcomers' community instead of working for them.
3. Identify what LGBT newcomers want/need.
4. Involve newcomers in planning and implementing change.

**D1: 3A**

Format & Focus: Seminar, Two-Spirit, Education & Training

## Two-Spirit Identity, Colonization and Holistic Teachings

**Presenter:**

*Amanda Johnston, MSW student, York University, Toronto*

The term "two-spirit" has grown out of an Indigenous-led movement toward recognition of Aboriginal identity in queer communities, as well as a means to develop a sense of support and community among queer Aboriginal people. The term itself has provided a vehicle for the recognition of the history of diverse sexualities and gender identity in Aboriginal cultures across North America, as well as a means for two-spirit identified people to unify. Despite the fact that the adoption of this term has led to great strides in two-spirit community development, the visibility of Aboriginal identities in more 'mainstream' queer spaces, as well as a means to address homophobia and promote recognition in Aboriginal communities – the term itself has evolved to a place where it has become problematic in its inconsistent and often abstract definition, interpretation and application. A term that was meant to unify a community so that it may mobilize for recognition in and between queer and Aboriginal communities has also become inaccessible for much of this community. This seminar-style presentation links problems in the conceptualization of two-spirit peoples to a history of colonial values and long lasting impacts of colonization. Through the use of a holistic, Indigenous medicine wheel framework, this presentation explores the history of LGBT and two-spirit persons in North American Aboriginal communities, the development of the two-spirit identity label, and the continued results of colonization on the way that these identities are understood today. The medicine wheel is used on honour all parts of self: physical, mental,

emotional and spiritual, in this discussion and is provided as a means to understand "two-spiritness" outside of categories of gender and sexuality, and instead as a term which can represent many different parts of self and identity to individuals.

**Objectives:**

1. Participants will be offered a holistic understanding of what "two-spirit" means and the terms origins.
2. Participants will learn about the history of LGBTQ and Two-Spirit Indigenous populations in North America, and the diversity amongst conceptualizations of two-spirit identity between Indigenous cultures.
3. Participants will become more aware of the diversity within the two-spirit community.
4. Participants will learn about basic Aboriginal (Ojibway) philosophies of being in the world and living in a way that honours the holistic self.
5. Participants will become more aware of the problematic way that two-spirit identity is often understood and taken up in practice and how this awareness may negatively impact the service user.
6. Participants will become aware of the links between the colonial history of Aboriginal peoples in North America and the way LGBT peoples are understood today.

**D1: 4A**

Format & Focus: Seminar, hospital socio-demographics

## Collecting Patient Demographic Data for Health Equity or How we Learned to Love Data

**Presenters:**

*Marilyn Kanee, Director, Diversity & Human Rights Office, Mount Sinai Hospital, member Anti-Homophobia/Transphobia Action (AHA) Committee, Toronto;*  
*Anthony Mohamed, Diversity and Special Projects Coordinator, St. Michael's Hospital, Toronto;*  
*Janet Mawhinney, Manager, Diversity & Equity, Centre for Addiction and Mental Health, Toronto;*

In Canada, hospitals rarely collect demographic data on their patients other than age, sex and postal code. We don't really know who we are serving and can't evaluate results for different groups. This creates a significant barrier to health equity initiatives. The literature is clear that the gold standard for identifying health disparities

is to link patient-level health data to patient-level socio-demographic data. Evidence suggests that health care inequities among different language, racial/ethnic, and socioeconomic groups have been linked to increased medical errors, prolonged length of stay, avoidable hospitalizations and readmissions, as well as over- and under-utilization of medical procedures. Unfortunately, this data is not systematically collected in Canadian health care settings, so we do not have information on who we are serving, who is not having access to service, and what impact patient identities and incomes are having on patient outcomes. This gap greatly limits our ability to measure, respond to, and evaluate our interventions to reduce health inequities. Effective solutions must be found to educate patients and the public, train and motivate staff, and record data. An inter-professional team from three urban hospitals and Toronto Public Health are collaborating on a project that aims to meet that standard by developing a model to gather patient demographic data to increase quality of care and improve patient outcomes. The specific objectives of this project are to: determine which socio-demographic data to collect; create a survey tool for the collection of this data; determine the most effective ways to gather sensitive personal information; develop a methodology and training materials to guide its collection; and create IT solutions that will integrate the collection of socio-demographic patient data into hospitals systems. Over the past two years, this team has created a survey tool, posters and brochures to communicate the project to patients and staff, training materials and IT solutions that will work in an uncoordinated IT environment. In this presentation, we will discuss the challenges in collecting patient demographic data on variables such as gender, sexual orientation, race, income, immigrant status and others; the process the team engaged in to implement this project; strategies to engage health care providers in this task; methods to communicate the rationale to patients, and initial learnings from the pilot project.

### Objectives:

1. To provide an overview of the key learnings and challenges of the pilot project on collecting patient demographic data.
2. To share strategies to engage health care providers in collecting patient demographic data, and communicate to patients.
3. To exchange ideas with participants on other approaches.

## D1: 5A

Format & Focus: Seminar, Youth

### Making it Better NOW (TEACH) & S.H.A.G. (Sexual Health Advisory Group)

#### Presenters:

*Anna Penner, Program Coordinator, Teens Educating and Confronting Homophobia (TEACH), Planned Parenthood Toronto; David Udayasekaran, Peer Educator, TEACH, Planned Parenthood Toronto; Torin Sollows, SHAG Member, Youth Services Bureau of Ottawa*

This split session will be presented by staff from the Sexual Health Advisory Group from the Youth Services Bureau of Ottawa and Teens Educating and Confronting Homophobia (T.E.A.C.H.) from Planned Parenthood Toronto.

Over the past year, initiatives such as the “It Gets Better” campaign have worked to reassure LGBTQ youth that their lives will improve as adults. While this message may play an important role in combating isolation, depression and thoughts of suicide among LGBTQ youth, it ignores how youth can create positive change now. Youth can (and do) recognize and address the need for change in their communities and lives. Instead of looking forward to a day when things will get better, these youth are asking: “Why wait?”

The Sexual Health Advisory Group is a team of youth dedicated to educating, advocating and acting as a resource on sexual health and wellness for our peers in Ottawa. They have been trained to support young people in learning and exploring topics not typically covered in Sex Ed. The Sexual Health Advisory Group from Youth Services Bureau of Ottawa will share insights and experiences along with models they have adopted. The presentation will focus on the services that have been created and offered to peers in the Ottawa area. These include planning and delivering workshops at high schools; creating a blog for youth in the Ottawa community to have easy access to information about sexual health delivering a monthly event at a local wellness centre with workshops on a wide range of topics such as trans issues, safer sex, and HIV. The presentation will offer a unique youth perspective to front line service delivery, as well as a thorough description of the very successful youth engagement program. Staff from T.E.A.C.H., a peer-to-peer anti-homophobia education program of Planned Parenthood Toronto, will review current research on experiences of homophobia among

Canadian youth and provide an overview of some of the formal and informal initiatives youth have developed to confront it. Using examples from across Canada, the conception that youth have to wait for things to get better will be challenged: the role service providers and adult members of the LGBTQ community can provide in supporting youth to create safer and more welcoming environments will be explored. Service providers and LGBTQ community members will be encouraged to support youth in creating safer and more welcoming environments.

**Objective:**

Learn concrete strategies for promoting youth engagement in anti-homophobia education.

**D1: 6A**

**Format & Focus: Seminar, Family Formations**  
**Improving Perinatal Care to Clients who are Trans Masculine- and Male-identified as well as Lesbian, Bisexual and Queer (LBQ) Women: A Change Process for Organizations and Providers**

**Presenters:**

*Jay MacGillivray, Registered Midwife, Founder of Positive Pregnancy Program at St. Michael's Hospital, Toronto;*  
*Juana Berinstein, Director of Policy, Association of Ontario Midwives;*  
*Vivian Lee, Policy Analyst, Association of Ontario Midwives*

Using visual aids, tip sheets, and interactive activities, this seminar creatively shares with participants the Association of Ontario Midwives' organizational change process directed at supporting its members in providing competent and responsive care to trans masculine- and male-identified clients, as well as LBQ women, and their families. This session will outline the development, integration and evaluation of the AOM's change process. The workshop will be useful to both health care providers and organizations seeking to engage in a process to improve the care provided to LBQ women as well as trans masculine and male-identified clients. In 2010-2011, the AOM, in close collaboration with experts in the LBQ and trans perinatal care communities, developed a series of resources and training sessions focused on increasing the competency of members in providing care for trans masculine-and male-identified clients as well as LBQ women. This work began because while there

is a long history of LBQ women accessing midwifery care there had been little formal resources developed to support the provision of care to LBQ women. In addition, members were actively seeking resources to support a growing number of clients who were trans masculine and male-identified. Midwifery, with its core principles of informed choice, choice of birth place and continuity of care was well poised to provide leadership and education in the provision of care to LBQ women as well as trans masculine and male-identified. Although the change work was predominantly focused on the AOM as an organization and on midwives as primary care providers, other health care professionals, such as physicians and nurses, also participated or made use of the education sessions and materials. The presentation will provide participants with information about the various stages of developing, introducing, and evaluating this change process. Presenters will honestly and candidly share experiences and lessons learned. Interactive exercises will engage participants and tackle head on the barriers that we encounter, both organizationally and personally, in engaging with change work.

**Objectives:**

1. Increased knowledge of the processes that enable systemic change, in particular change required to competently provide care to clients who are trans masculine and male-identified, as well as to LBQ women, and their families.
2. Increased confidence when reviewing health promotion and clinical training programs and resources for their effectiveness in serving clients who are trans masculine and male-identified, as well as LBQ women, and their families.
3. Increased awareness of health promotion resources and clinical tools required for both health care providers and for organizations to provide competent care to clients who are trans masculine and male-identified, as well as LBQ women, and their families.
4. Increased knowledge of the challenges and clinical research gaps related to trans masculine and male-identified clients as well as LBQ women who are accessing perinatal care.

**D1: 7A**

Format & Focus: Research Soundbyte 7,  
Experience in Health & Social Services

### (1) Community spaces, clinical spaces: Health care experiences of LGBTQ women in two Canadian cities

**Presenter:**

Mary Bryson, Professor, Faculty of Education, University  
of British Columbia, Vancouver

**Co-Authors:**

Brenda Beagan, Erin Fredericks and Lisa Goldberg

This paper explores the experiences of LGBTQ women seeking health care in two Canadian cities, Halifax and Vancouver. In particular it examines their constructions of community and clinical spaces, both existing and imagined. Qualitative interviews were conducted with twenty community-recruited LGBTQ women in each site, asking about their health and experiences of health care. Interviews were recorded, transcribed verbatim, and analysed inductively using AtlasTi, informed by critical, feminist and queer studies approaches. In both cities, women talked about how health care experiences were shaped by networks of LGBTQ-friendly health care providers, how they discovered care providers through social networks, and how they benefited from the networks available in urban centres. Although Halifax is a much smaller city and participants there spoke about the benefits and challenges of small communities, participants in Vancouver surprisingly depicted a sense of a small city or cities as they navigated a large area and large population within boundaries set by access to and openness of LGBTQ-friendly health care. Formal and informal networks operated differently in the two sites. And despite the sense of 'small community' in both places, some participants expanded the boundaries of community with intense immersion in cyber-communities. Interestingly, participants in both sites frequently referred to how much better things were in other places, other contexts of care. In Halifax, participants frequently referred to how much better things were in larger cities, like Vancouver; in Vancouver some participants focused on superior LGBTQ health care in Toronto. The paper explores the implications of these imagined, idealized spaces, which may simultaneously give hope and direction for local activist efforts, and set up false impressions that things are always better elsewhere. Finally, it explores the imagined, idealized space of

the clinic or health care provider office. Repeatedly participants told us that health care for LGBTQ women would be improved if only health professionals did not make assumptions or judge people. This idealized assumption-free, value-free, judgement-free neutral space of health care provision does not exist, nor – it argues – can it exist. The paper explores the implications of this ideal assumption-free space, asking how it may hinder attention to more productive ways to think about queer health care encounters.

**Objectives:**

To explore the impacts of imagined and experienced spaces – both local and extra-local – on LGBTQ experiences of health care.

### (2) Ruptures and Resilience: Examining Career and Workplace Dynamics for Trans Health Providers

**Presenters:**

Judith MacDonnell, Assistant Professor, School of  
Nursing, York University, Toronto;  
Alisa Grigorovich, PhD Candidate, School of Women's  
Studies, York University, Toronto

Workplace issues for trans people often focus on issues of human rights and sensitivity training related to diversity and gender identity. Individual narratives offer important insight into the everyday lived experiences and challenges shaping many trans people's worklives: gender presentation, transitioning, and health concerns, discrimination, violence, underemployment or unemployment and social support. Yet, little research addresses career trajectories, especially for those involved in the health and social services arena. This qualitative policy study uses comparative life history methodology and critical feminist analysis to 1) explore how trans-identified health providers in Canada experience and understand their career lives; 2) create strategies for enhancing health and wellness and career/workplace support. A purposeful convenience sample of 8 Canadian health care providers included trans-identified people and providers of health care for trans people as key informants. They represented diversity in terms of profession, geographic and social location, and experiences of health and work. The findings of these in-depth interviews offer insight into continuities and discontinuities in their health and work lives and the impact of factors such as rural and urban dynamics, social and workplace support, choice of workplace

setting and career and visibility in the workplace. The narratives highlight trans people's resilience and the ways they and their allies challenge the dominant gender hierarchies and create multiple openings for trans-positive change. Implications will be discussed in relation to: 1) trans providers' health and wellbeing including their resilience 2) material and social support from organizations, communities and the health professions.

**Objectives:**

1. To learn about lived experiences that illustrate the relationships between work/career and health for trans people working in health services
2. Implications for program and policy change with respect to supporting trans peoples' health and wellbeing in relation to their career and worklives
3. To open space to discuss career, work and health for trans people in the health and social service professions.

**(3) Health care interactions with LGBTQ women: Nurses' experiences and perceptions**

**Presenters:**

*(presenting author) Erin Fredericks, PhD student, School of Occupational Therapy, Dalhousie University, Halifax*

This paper explores primary care nurses' perceptions and experiences of working with patients who identify as lesbian, gay, bisexual, transgendered or queer. Qualitative in-depth, semi-structured interviews were conducted with twenty nurses in Halifax and Vancouver, asking how they experienced primary health care practice with LGBTQ women. Interviews were recorded, transcribed verbatim, and analysed inductively generating themes and subthemes which were coded using AtlasTi software. Informed by critical, feminist and queer theoretical approaches, coding was conducted by a team of researchers in constant communication to reach consensus on codes and the use of codes. Transcripts were read and re-read, and coded segments were interpreted both in the context of the larger interview, and in comparison with the other transcripts. Drawing on the coded data, and again returning to transcripts repeatedly, the analyses in this paper explore the range of understandings expressed by the nurses and approaches to patient care. The sample was self-selected, thus participants might be anticipated to have an unusually high level of experience and familiarity with LGBTQ patients. In the interviews,

nurses described a range of approaches to working with diverse sexual orientations and gender identities. A common approach was the idea that difference does not matter, in other words the denial of difference. When difference was taken into account, the focus was often restricted to a focus on sexual practices and gender-neutral language. Some participants sought to better understand diverse sexual orientations and gender identities, and some focused on avoiding discrimination and stereotyping by avoiding making any assumptions. An overwhelming message was the desirability of treating patients as individuals. Very few nurses described understandings and approaches that concentrated on using existing biases to improve their provision of care. The predominant approaches assumed controlling one's own biases was possible, and participants sought greater cultural competence in this arena, striving for comfort in their interactions with LGBTQ patients. We challenge notions of 'cultural competence,' and whether 'comfortable' is a desired attribute in LGBTQ health care interactions. In contrast, we propose the possible value of discomfort, in particular the discomfort of politicized critical reflexivity, suggesting a potentially fruitful direction for LGBTQ health care provision.

**Objective:**

To explore the implications of taking different approaches to effective health care with LGBTQ patients.

**D1: 8A**

**Format & Focus: Panel, Public Policy**  
**Supporting Families with Gender Independent Children: Gaps and Emerging Needs**

**Presenters:**

*Jake Pyne, Research Assistant/Project Coordinator, Ryerson University/Concordia University, Toronto;*  
*Chris Veldhoven, Coordinator, Queer Parenting Programs, The 519 Church Street Community Centre, Toronto;*  
*Shuvo Ghosh, Assistant Professor, Pediatrics, McGill University, Head of the Developmental-Behavioural Assessment & Continuity Clinic (D-BACC) in the Child Development Program of the Montreal Children's Hospital;*  
*Kimberley White, Associate Professor of Law and Society, Chair of the Department of Social Science, York University, Toronto;*  
*j Wallace, Equity and Inclusive Education Team, Halton District School Board*

In recent years, children who do not conform to expected gender roles (gender independent children) have received unprecedented professional and popular media attention. The current revisions to the “Gender Identity Disorder in Childhood” DSM-V diagnosis have sparked ongoing advocacy campaigns, prominent clinicians have attracted protestors to their public speaking engagements, and parents who openly challenge gender norms in their child-rearing have invoked public outcry. In short, families with gender independent children are surrounded by controversy. In light of this, what do these families need from us as service providers, professionals and allies? How do we support healthy childhood gender expression? This panel will explore perspectives on supporting gender independent children from a child-centred perspective. Panelists will review current research and literature in this area; present results from a recent

provincial survey with families of gender independent children; highlight current practice in clinical care of gender independent children; discuss strategies for parents; and outline approaches for supporting these children within schools. Fostering a dialogue with audience members, we will explore how to move forward with building services and communities which can support safe and healthy children and families.

**Objectives:**

1. Understand the current needs of gender independent children and their families in Ontario.
2. Learn about current service gaps for these families including schools, community resources, and clinical care.
3. Strategize with other participants around building better supports for these families.

**(ST)D1: 9P***(service de traduction simultanée au besoin)*

Forme et thématique : séminaire, aînés  
 Le visionnement d'un documentaire intitulé "70 Ans... et au Placard?" : produit par Médiatique inc. et réalisé par Robin McKenna pour Radio-Canada

**Présentatrice :**

*Danièle Caloz, productrice de télévision, Médiatique inc., Toronto*

« Être gai, francophone en Ontario et vieillir est une combinaison à laquelle je n'avais pas beaucoup réfléchi jusqu'à tout récemment. Mais maintenant que j'ai presque 60 ans, je suis confronté à cette réalité », dit Jean-Rock Boutin de FrancoQueer, l'association francophone des lesbiennes, gais, bisexuels-les et transgenres (LGBT) de l'Ontario.

Les aînés LGBT ont vécu une partie de leur vie dans un monde qui était toxique pour eux, voire dangereux. Finalement sortis du placard, ils se demandent si la perception qu'ont d'eux les professionnels de la santé et les foyers d'accueil ont suffisamment évolué.

Ce documentaire suit Jean-Rock Boutin dans son enquête. On y découvre, grâce à des témoignages, des mises en situation et des interactions avec différents interlocuteurs, les réalités et les difficultés auxquelles font face les aînés de cette communauté dans la province. Pour Jean-Rock Boutin, il serait déplorable, après tout le travail accompli pour permettre aux gens de la communauté de s'épanouir et de vivre en français, qu'ils soient forcés de vivre les dernières années de leur vie dans l'inquiétude. Leur faudrait-il, paradoxalement, retourner dans le placard pour protéger une identité et une stabilité si chèrement acquises?

Après en avoir discuté avec Gabriel Roy, Ronald Dieleman et Marcel Grimard, de FrancoQueer, Jean-Rock Boutin interroge tour à tour Mireille Ouellet, Paul-François Sylvestre, Gilles Barbeau et Guy Mignault, de Toronto; Line Chamberland,

de Montréal; Denyse Culligan et Bernard Viau, de Thunder Bay ainsi que Linda Young et Chuck Ducharme, de Windsor.

À Montréal, Jean-Rock visite « Maison urbaine » en compagnie du fondateur, André Saindon. Il s'agit d'un ensemble de résidences privées pour retraités dont le mandat est précisément de faciliter l'intégration de la communauté gaie et lesbienne en offrant des foyers « gay friendly » et ouverts à tous. M. Saindon plante en ce moment des résidences semblables à Toronto. Du côté des établissements financés par les fonds publics, la province compte 11 foyers bilingues. Mais il n'y en a aucun dans la ville reine. Et aucun de ces 11 établissements francophones n'est réservé aux gais.

Les participants se réunissent finalement à Toronto pour une table ronde. Guy Mignault anime le débat sur une question capitale : « Vaut-il mieux vieillir dans un établissement francophone où les gais sont en minorité ou dans un établissement anglophone réservé aux gais et lesbiennes, mais où les francophones ne sont peut-être que tolérés? »

**Objectif d'apprentissage :**

Informers les LGBT francophones qui sont confrontés par le vieillissement sur les enjeux, défis et options qui les concernent.

**(ST) D1 :9P** *(Simultaneous Translation provided)*

Format & Focus: Seminar, Seniors  
 Screening of a Documentary Entitled « 70 years...and back in the closet ? » produced by Médiatique Inc., and directed by Robin McKenna for Radio Canada

**Presenter:**

*Danièle Caloz, Television Producer, Médiatique Inc., Toronto*

"The combination of being gay, Francophone in Ontario and aging, is a mix I hadn't given much thought to, but now that I'm approaching 60 years of age, I am having to consider it", reports Jean-Rock Boutin of FrancoQueer, the

Francophone association for lesbian, gay, bi-sexual and transgender (LGBT) people of Ontario.

LGBT seniors have lived part of their lives in a world that was toxic and even dangerous for them. Finally out of the closet, they now have to ask themselves whether healthcare professionals and retirement residences have evolved sufficiently. This documentary accompanies Jean-Rock Boutin on his investigation, and through testimonials, situational simulations and interactions with a variety of representative individuals, we discover the realities and challenges faced by the aged of this community in this province. In the opinion of Jean-Rock Boutin, it would be shameful, if after all the work accomplished to allow their community to be itself, and in the French language, if its members should have to spend their final years in a state of anxiety. Will they have to return to the closet in order to, paradoxically, protect a dearly bought identity and stability? After discussions with Gabriel Roy, Ronald Dieleman and Marcel Grimard of FrancoQueer, Jean-Rock Boutin posed questions in turn to Mireille Ouellet, Paul-François Sylvestre, Gilles Barbeau and Guy Mignault of Toronto, Line Chamberland of Montreal, Denyse Culligan and Bernard Viau of Thunder Bay as well as Linda Young and Chuck Ducharme of Windsor. In Montreal, accompanied by its founder André Saindon, Jean-Rock Boutin visited "Maison Urbaine", a group of private residences for retirees whose mandate is specifically to facilitate integration of the gay and lesbian community by offering "gay friendly" homes, open to all. Mr. Saindon is in the very act of opening up similar residences in Toronto. When we consider publically-funded institutions, the province has eleven formally bilingual retirement residences, but none of these are located in the Queen City. And none of these eleven Francophone establishments is reserved for gays. In the final act, participants gathered in Toronto for a roundtable. Guy Mignault facilitated the debate around the principal question: "Is it better to live in a Francophone institution where gays are a minority, or in an Anglophone institutions reserved for gays and lesbians but where Francophones are perhaps merely tolerated?"

**Objective:**

To inform Francophone LGBTs who are dealing with aging, of the issues, challenges and options that involve them.

**D1: 10P**

Format & Focus: Research Soundbyte 4, Lesbian & Bi Women's Health

**(1) Eating Disorders in Lesbian, Bisexual and Queer Women: Perspectives on Inclusivity and Marginalization in Psychological Research and Treatment**

**Presenter:**

*Danielle MacDonald, Graduate Student, Clinical Psychology, Ryerson University, Toronto*

This seminar will focus on the ways in which lesbian, bisexual and queer women (collectively, "queer women") are represented in research and treatment literature on eating disorders. Although female gender has been identified as a risk factor for eating disorders, queer women have been both misrepresented in and conspicuously absent from the literature. As such, ideas about eating disorders in this group are often rooted in stereotypes. For example, because of heterosexism in eating disorders literature, the diversity of gender role orientations and their impact on eating disorders has rarely been recognized. Additionally, many studies have assumed that queer women are exempt from cultural beauty standards because of their sexual orientations, doing which has both simplified the well-documented biopsychosocial etiology of eating disorders and has marginalized queer women's experiences. A review and critique of current literature and existing findings related to eating disorders and body image problems in queer women will be presented. Following this, a discussion of the current disjuncture between empirically supported cognitive behavioral therapy (CBT) treatments for eating disorders and culturally competent modifications of CBT for queer clients will be undertaken. Throughout the seminar, the marginalization of queer women's experiences in mental health frameworks will be discussed, and the role of identity intersections in the experience of eating disorders and their treatment will be emphasized. For example, the experiences of women of colour and/or older women may differ from the experiences of the younger, white women who are often the subjects of research in eating disorders. The seminar will close by providing recommendations for modifications to both research and practice in order to be more inclusive of queer experiences. The emphasis here will be that improved understanding of sexually

diverse women's experiences with eating disorders will create more accurate research findings, greater respect and improved treatment for such clients, and a richer and more nuanced understanding of eating disorders in general.

### Objectives:

1. Understand the key limitations of current research on eating disorders as it pertains to queer women.
2. Understand how the experience of eating disorders may be different for queer and heterosexual women.
3. Understand that there has been no published culturally competent modification of cognitive-behavioural treatment for eating disorders.
4. Be aware of potential changes to research and practice that may lead to greater inclusivity of queer women's needs.

## (2) A Comparison of Sexual Functioning in Lesbian and Heterosexual Women

### Presenters:

*Heather Armstrong, PhD Candidate, Experimental Psychology, Human Sexuality Research Laboratory, University of Ottawa; Elke Reissing, Assistant Director of the School of Psychology, Associate Professor, University of Ottawa*

Sexual functioning, or the absence of distress with regards to sexual behaviour, response, and satisfaction, can be affected by many aspects, at an individual level, within the context of a relationship, or on a larger scale by social and cultural influences. In many ways, the sexual functioning of lesbian women is comparable to that of heterosexual women. For example, for all women, there appears to be a close association between sexual function, relationship satisfaction, and sexual satisfaction. When one of these variables changes, the others tend to change as well. Other effects, such as age, income, psychological well-being, and the importance of partner and relationship variables such as relationship duration, frequency of sex, and similar levels of sexual desire, also appear similar for all women, regardless of sexual orientation. As such, these effects may be considered reflective of female sexuality in general. Lesbian women, however, have additional variables contributing to sexual functioning which are not relevant to, or observed in heterosexual women. Lesbian women tend to place higher value on the emotional intimacy and level of equality in their relationships. Further, lesbian women experience a very different social climate than heterosexual women, such as a lack of social support

and cultural recognition, and this has been shown to affect sexual function. Related to this, internalized homonegativity of self and partner, as well as differences in levels of outness between partners can also affect the sexual relationship. Based on a comprehensive review of the available academic literature, these similarities and differences will be discussed within the framework of a proposed model of sexual functioning for lesbian women.

### Objectives:

1. To understand the unique variables which contribute to sexual health and well-being in lesbian women.
2. To understand how and why these variables are the same and/or differ between lesbian and heterosexual women.

## (3) Negotiating social networks: Surviving Sexual Assault Between Women

### Presenter:

*Kelley Anne Malinen, PhD Candidate, Laval University, Quebec City*

Preliminary analysis of my interviews with survivors of sexual assault between women, as well as service providers they encounter, indicates that social networks – systems of relationships between people – matter when it comes to surviving this violence. My presentation explores how and makes related recommendations for providers. Previous research indicates survivors who are isolated relative to abusers experience increased vulnerability. Isolation from social networks diminishes their chances of finding safe space and of abusers being sanctioned. Further, we know that LGBTQ people are particularly vulnerable to isolation from family and other networks and that abusers use isolation as a strategy. Providers counteract violence-conducive isolation to the extent that they can become part of the survivor's network. Yet, there are at least three network-related reasons why these survivors may not benefit from available support. These relate to "social capital" – network-based resources such as trust, reputation or allegiance. First, like other survivors, these women may measure their reputations against those of aggressors before seeking assistance. Second, organizations or specific staff may acquire reputations among client networks as LGBTQ friendly or phobic, also influencing help-seeking. Third, where gendered assumptions cannot be used to (correctly or incorrectly) identify the survivor, social capital may be more likely to serve as a shortcut. Providers connected to aggressors can become inaccessible in this way. In one case, shelter

staff informed an aggressor with whom they were friendly the survivor was seeking help. The latter explained, “They weren’t really my friends, you know? They didn’t realize the situation that I was in...so if I needed to leave I had nowhere to go. I stayed in my truck, basically.” Whether the survivor has someone to talk to or a place to go is a question of social connections. Resulting suggestions for providers are as follows: First, outreach strategies targeting LGBTQ communities and survivors isolated from them are vital. Second, providers should be aware of network - related survivor vulnerabilities inside and outside provider contexts. Finally, adoption of screening procedures developed by anti-violence projects should replace heterosexism and social capital to establish survivor status.

**Objectives:**

1. To raise awareness about sexual assault between women.
2. To help service providers help survivors of this form of violence.

**D1: 11P**

*Format & Focus: Seminar, Mental Health*  
**Working with Fluidly Identified LGBTQ Identified People Throughout the Lifespan**

**Presenter:**

*Allisa Scott, Lead Counsellor, Inclusive Counselling, Consulting & Training, Kitchener*

In our growing health care system, there is often more support today for gay and lesbian identified people, but there is minimal support or understanding for people that identify as fluid. This includes people that identify as: bisexual, pansexual, transgender, and other labels that are often ignored or excluded due to the lack of education and understanding about how to work with these populations. This seminar focuses on fluid identity (both gender and sexual orientation), and how you can support LGBTQ fluidly identified people over the lifespan as a mental health professional. A combination of theory and practical application of working with fluid identities will be shared in a lecture and discussion format. This is an introductory seminar, but it is recommended that participants have a basic knowledge of fluid identities before attending.

**Objectives:**

1. To gain a greater knowledge of fluid identities.
2. To understand the intersection of multiple identity.
3. To understand how fluid identities flow over the lifespan.
4. To gain knowledge of theory and practice in working with fluidly identified people.
5. To gain an understanding of how to work with fluidly identified people in a mental health setting.

**D1: 12P**

*Format & Focus: Seminar, Public Policy*  
**Building a Community Coalition to Advocate for LGBTIQ Kids & Youth**

**Presenters:**

*Jodi Pearce, Health Promoter, Windsor Essex Community Health Centre and Mark Ferrari, Executive Director, Windsor Family Health Team, Co-Chairs of SAFE Windsor (community coalition)*

A community coalition of service agencies working on behalf of LGBTIQ kids and youth can have a powerful influence on the way a community designs and delivers services to young people. It can also heighten a community’s awareness about the challenges and pressures that young LGBTIQ people contend with that can adversely affect their overall health and wellbeing. Understanding the importance of the issues is just the beginning. Taking intentional steps to support vulnerable youth can have a dramatic effect on their quality of life and sense of belonging.

Getting started! The seminar will explore coalition building amongst service agencies within a community who work with children and youth with the intention of ensuring that services delivered within the community are sensitive to the needs of LGBTIQ kids and youth. We’ll start by looking at current issues and trends that make this type of advocacy important? We’ll also look at: How to start organizing a coalition? What are the legal issues? What are the advantages of a coalition versus formal incorporation? How to get the right people on board to help shape and influence your work? How to develop a cohesive network of interested and motivated people to help with the advocacy effort? What are some strategies for engaging boards and administrators? How to create a roadmap for your areas of effort? Lastly and of critical importance, once organized how to begin to create a presence in the community and advance advocacy priorities.

## Objectives:

1. How to engage non-profit boards who provide services to kids and youth to gain commitment.
2. How to organize a coalition including finding/recruiting interested partners, developing terms of reference that includes defining membership and member obligations, selecting an executive to establish coalition leadership, and developing the voting structure for decision making.
3. Strategies for engaging your community to promote your coalition, create a recognizable presence and affirm credibility.
4. Steps towards understand the needs of your community to drive your work.
5. Understanding the value of a strategic plan to ensure the coalition has achievable deliverables.

## D1: 13P

Format & Focus: Workshop, Seniors

### The Next Frontier of Advocacy: Asset Based Community Development Within the LGBT Seniors Community in Ottawa

#### Presenters:

*Donna Munro, Health Promoter, Centretown Community Health Centre, Ottawa; Marie Robertson, Therapist (private practice), and Community Developer, Ottawa Senior Pride Network;*

*Barrie Deeprise, Ottawa Senior Pride Network and Co-chair, Gay Men's Wellness Initiative; William Staubi, Community Member, Ottawa*

In this workshop, both service providers and LGBT seniors will share their experiences over the last 3 years working together using an asset based community development model to both build community and promote LGBT senior positive spaces and services. The next generation of LGBT seniors bring a lifetime of ground-breaking activism. We are applying our skills in innovating social change to improving options for LGBT seniors and others who are at risk of isolation and discrimination as they age. In 2008, Centretown Community Health Centre hosted the first meeting of the Ottawa Senior Pride Network (OSPN), with representatives from agencies that provide either community or residential services to seniors; and activists of the LGBT seniors community. An LGBT Community Working Group has also been formed to look at ways to build a strong, proud LGBT seniors community in Ottawa. Senior Pride Network was successful in a

funding submission in 2009 to New Horizons to support their work. Two key events took place during the year of the grant. The first, a very successful one-day open space conference "Taking LGBT Aging Out of the Closet" was held in June 2010 where 65 LGBT seniors 50+ had an opportunity to create workshops based on their interests/energy. Out of this conference sprung three project groups, a Social Spaces group that is promoting social inclusion; A Seniors Helping Seniors group that is focusing on working with home support agencies in providing LGBT positive spaces and services; and an End of Life Care group that has organized three very successful workshops to date. In addition there was a significant increase in LGBT senior visibility in the 2011 Ottawa-Gatineau Pride activities. The second event was a two hour training with not-for-profit long term care facilities. You will take away inspiration and practical tips in building LGBT strengths in your community.

## Objectives:

1. Learn about how to leverage the growing potential volunteer resources in the LGBT community and build on strengths related to cultural competence and sound human resource practices in agencies providing home-based services.
2. Hear about the lessons learned so far.
3. Explore the structures that are needed to support this kind of initiative.
4. Explore how this initiative and others across the province can support each other.

## D1: 14P

Format & Focus: Seminar, Mental Health

### Intersecting LGBTQ/Mad Identities: Resisting Mentalism

#### Presenters:

*Mad Students Society Working Group on Queer/Mad Intersections, Richmond Hill*

This seminar will explore the varied intersections in identity of LGBTQ people who have mental health concerns and the discrimination that is unique to people with mental health concerns: mentalism. There has been increasing conversation about mental health research in the LGBTQ communities and an increased effort to learn more about how we can positively impact LGBTQ health and wellness. Unfortunately, some of this research and the events created to obtain or disseminate this knowledge have perpetuated and/or maintained

mentalist and ableist stereotypes or been inaccessible for people with ‘lived experience’ of mental health systems. Discrimination and injustice must be dismantled and these projects have a duty to examine their ableist and mentalist methods. Many of the conversations in the LGBTQ research community have been extensions of the minority stress or stress vulnerability model, but there has not been a disability analysis nor an exposure of mentalism/ableism within this body of research paradigms. This seminar will provide opportunities to examine some of these unexposed sites and methods of discrimination. Participants will learn about more inclusive ways to create research that does not perpetuate mentalism or other forms of discrimination. You will learn techniques and tools for creating research that is anti-oppressive. You will learn how to increase the accessibility of your services and how to better connect with and support voices that are not currently participating in your service or research.

**Objectives:**

1. Learn language that varied LGBTQ and mental health communities use to identify themselves.
2. Uncover mentalist and ableist assumptions in research processes and what you “know” about mental health.
3. Develop an understanding of the communities formed by people with mental health or wellness concerns, the Mad community and its history (who, when, where we’re from and WHY) Discover Mad culture.
4. Explore the intersection between Queer and Mad communities and develop techniques to outreach and involve members of these communities.
5. Challenge mentalism and advocate for achieving accessibility.
6. Plan for program development and research protocols that are open to alternatives to the medical model of mental health.
7. Celebrate diversity in all its forms.
8. Access alternative community resources.

**D1: 15P**

Format & Focus: Workshop, Asian MSM

**Interesting, Intriguing, and Complicated: Sharing diverse communities’ best practices strategies to address the needs of diverse multi-generations of Asian MSM**

**Presenters:**

*Richard Utama, Men’s Sexual Health Coordinator, Asian Community AIDS Services (ACAS), Toronto;*  
*Alan Li, MD, HIV Primary Care Physician, Regent Park Community Health Centre, Toronto*

In May 2011, ACAS hosted a sexual health forum on Asian men, S.L.A.M! 2, which attracted over 70 East and Southeast Asian MSM. The forum consisted of interactive workshops that focused on Asian men’s sexual health needs such as HIV/STI knowledge, relationships, internet dating, sex outside relationships, parenting, spirituality, body image, aging, mental health, harm reduction etc. Fascinating diversity and interesting cross cutting commonalities emerged from the discussion that informs community needs and poses complicated challenges for future program planning. This workshop aims to share the findings from the SLAM forum and plans to engage the audience in further exploration of programming strategies to address these emerging needs. This workshop will discuss the SLAM Forum, report on the background, activities and key issues identified. Using a community needs mapping exercise, workshop participants will be able to identify their experiences and strategies in addressing similar needs/issues in their communities/agencies to generate a resource map. Based on this map, in small discussion groups participants with similar needs/expertise will share their insights and best practices to address similar/related needs in their communities. Each small group will generate recommendations to share with the large group. Key lessons and specific ways to collaborate amongst communities will be explored and identified.

**Objectives:**

1. Share knowledge and experience on innovative community program model that integrates health promotion, needs assessment and research planning.
2. Increase participants knowledge and awareness of needs and issues affecting Asian MSM.
3. Increase participants’ awareness, knowledge and skills to develop programs/practices to address emerging community needs.

## D1: 16P

Format & Focus: Seminar, Sexuality & Disability  
**Let's Talk About Sex: Disability, Sexuality and Resistance**

### Presenters:

*Jennifer Paterson, Ryerson University, Toronto;*  
*Onyii Udegbe, ReachOUT Griffin Centre, Toronto*

This is an interactive, interdisciplinary seminar that explores sexuality and disability from critical race, disability rights and sex positive perspectives. Disabled people and activists argue that there are limited representations of disability and sexuality that are not othering and oppressive in dominant culture (see Clare, E, 1999, Erickson, L, 2007, Tepper, M, 2000). Dominant representations of disability and sexuality are often absent or oppressive and disabled people and allies are resisting and disrupting in various ways. During this seminar, we will screen *Everyday Monsters* (2009, 7 min) a short video on the lived experience of an African woman living with a disability and *Our Compass*, a documentary featuring voices of LGBT youth labeled with intellectual disability. Together, these films offer complex and multilayered explorations of sex positive and contemporary narratives of sex and disability and resistance as imagined by members of the disability community.

### Objectives:

1. Explore disability as a politicized identity and its intersections with race, class, gender and sexuality.
2. Discuss why sexuality is a critical component of LGBTQ health, sexual health policy and practice.
3. Discuss the issues that inform and frame sexuality and disability.
4. Discuss the impact the framing of sexuality and disability has on peoples lived experience.
5. Review some of the work being done by disability activists around sexuality and resistance.
6. Discuss who must be involved in the work of doing sexuality and disability.

## (ST)D1: 17P *(service de traduction simultanée au besoin)*

Forme et thématique : séminaire, politique publique  
**Les entités de planification de santé en français de l'Ontario: qu'est-ce que cette nouvelle bibitte administrative ?**

### Présentateur :

*Marcel Grimard, président de Reflet Salvéo.*

À la suite des revendications de la communauté francophone, le gouvernement de l'Ontario a modifié le cadre législatif des réseaux locaux d'intégration des services de santé (RLISS) afin d'abolir les conseils consultatifs de planification de la santé en français au RLISS et de créer une nouvelle structure administrative qui aura le mandat de planifier, de conseiller et d'assurer la mise en œuvre d'un continuum de services de santé dans les six entités de planification des services de santé (EPSS) de la province. La conférence présentera le cadre législatif des entités et un bilan de ses activités de la dernière année. On y présentera également l'expérience de Reflet Salvéo. Nous présenterons les problèmes que nous devons résoudre, nous décrirons les solutions que nous avons trouvées et les prochaines étapes. Nous tenterons enfin de répondre à une question cruciale : que peuvent faire les EPSS pour améliorer la santé des GLBTT francophones de la province?

### Objectif d'apprentissages :

Mieux comprendre le mandat de ce nouvel organisme dans le processus de planification de la santé en Ontario.

**(ST) D1: 17P** *(Simultaneous Translation provided)*

**Planning Bodies of Ontario's French Language Healthcare Services: What is This New Administrative Critter?**

**Presenter:**

*Marcel Grimard, President of Reflet Salvéo*

On the heels of petitioning by the Francophone community, the Government of Ontario has modified the legislative framework of Local Health Integration Network (LHINs) with the effect of abolishing French language healthcare advisory councils in favour of a new administrative structure that was given the mandate to plan, advise and oversee the implementation of a continuum of healthcare services via each of 6 French Language Health Planning Entities (FLHPEs) of the province. In addition, this presentation will elaborate on the experience of Reflet Salvéo.

We will present the issues to be resolved, we will describe the solutions we have found, and the next stages. However, the crucial question that we are trying to answer is: What can the FLHPEs do to improve the health of Francophone GLBTTs of the province?

**Objective:**

To better understand the mandate of this new organization in the Health Planning process in Ontario.

**D1: 18P**

**Format & Focus: Seminar, Gender Understanding gender variant expression in children**

**Presenter:**

*Françoise Susset, President, Canadian Professional Association for Transgender Health (CPATH), Montreal*

"Mom, when I grow up I'm going to be a mommy like you" (David, age 4)

"There's a little boy in my Kindergarten class who says he's a girl, who hugs his male friend and tells him he wants to marry him. What should I do? Does that mean he's trans? Gay?"

"Caroline, my 6 year old, won't sit down to urinate; she insists on standing up. Is that normal? Should I insist she sit down...?"

"Ever since Halloween, Patrick insists on wearing the pink princess costume we got him, every day after school. We finally said he could wear it for a half-hour but has to change back to his regular clothes for supper. Are we doing the right thing?"

As a society we are ill-equipped and often uncomfortable when confronted with a child's unconventional gender expression. Schools and parents alike struggle with how to interpret these behaviors and with appropriate ways to respond to them.

In this seminar, we will explore:

- the meaning of these differences and what we know about normative gender identity development
- the controversies surrounding the pathologizing of these differences
- tools available to support families and schools confronted with these differences

## D1: 19P

### Format & Focus: Workshop, Muslim Youth Halal Love: Supporting the Needs of LGBTQ Muslim Youth

#### Presenters:

*Suhail Abualsameed, Supporting Our Youth (SOY),  
Sherbourne Health Centre, Toronto; Farrah Khan,  
Counsellor, Barbra Schlifer Commemorative Clinic,  
Toronto*

Muslim LGBTQ youth are bombarded with stereotypes, assumptions, and profiling of their communities from a variety of sources including the media, educational institutions, service providers and their peers. Additionally they may be struggling with community expectations, family obligations and their own internal questions. All this can make it tremendously difficult for LGBTQ Muslims to navigate sexuality and gender journeys. This interactive skill building workshop will explore the ways in which the LGBTQ community can support the emotional, physical, mental and spiritual health of LGBTQ Muslim youth that honors their autonomy. This workshop will make use of case studies, research and art.

#### Objectives:

1. Offer context and provide strategies for supporting LGBTQ Muslim youth in a non-judgemental youth centred manner.
2. Increase their safety by creating opportunities for empowered decision making, boundary setting and community building.

## D1: 20P

### Format & Focus: Workshop, Bisexual Health Bisexuality and Bisexual Health Issues

#### Presenter:

*Cheryl Dobinson, Consultant, Centre for Addiction and  
Mental Health, Toronto*

This interactive workshop will provide an overview of the unique issues, needs and experiences of bisexual people - including myths and stereotypes, the impact of biphobia, relationship dynamics, and health disparities. It will draw on current Canadian research as well as the presenter's extensive experience working with bisexual communities in Toronto. The session will aim to build the knowledge and capacity of health care and social service providers to offer inclusive and appropriate services for bisexual clients.

#### Objectives:

1. Gain an understanding of the unique issues and experiences of bisexual people.
2. Learn about the health issues which affect bisexual people more often or in different ways than other sexual orientation groups.
3. Increase their capacity to offer inclusive and appropriate services for bisexual clients.

## D1: 21P

### Format & Focus: Workshop, Organizational Competence/Trans GLBTTQ Inclusivity and the Social Determinants of Health

#### Presenters:

*Alex Thomas, TransAction Coordinator and Jade  
Pichette, Creating Safer Spaces Coordinator, Pink  
Triangle Services (PTS), Ottawa*

Our health and wellness is profoundly affected by the social determinants of health especially our experiences with the health care system. For many GLBTTQ people the effects of having an inclusive environment are not taken into account. We will be discussing how health and social services can be inclusive for GLBTTQ clients as well as their own staff.

TransAction Program at Pink Triangle Services in Ottawa is conducting audits of health and social service agencies to measure their inclusiveness for trans people and to provide feedback and training. Drawing on the project, and work with over fifty health and service providers, we will provide an overview of appropriate language and make recommendations for creating an inclusive and responsive service.

#### Objectives:

1. An understanding of how to use queer and trans inclusive language.
2. How inclusive language and practices affects queer and trans individuals using the social determinants of health.
3. The results of the trans service audit. What made services inclusive or not for trans people.
4. Concrete practices health and service providers can use to improve their inclusion of queer and trans individuals.

**D1: 22P**

Format & Focus: Panel, Queerspaw  
 A Journey: Through Our Roots

**Moderator & Presenters:**

*Danielle Sutherland, Project Coordinator, Through Our Roots; Queerspaw Rosa Brooks, Sadie Epstein-Fine, Madeleine McDonald, Eliza Musselwhite and Sage Whitworth*

Have you ever heard of Queerspaw? Well, we have, because we are Queerspaw. We are youth who have LGBTQ parents, but we are more than that. We are part of LGBTQ communities and we want a voice. Through an interactive panel, documentary and discussion, we will begin the conversation about why we are often not included in LGBTQ communities, but should be. The documentary: *Can Queerspaw Be An Identity?* will be screened and then discussed with the filmmaker and youth from the film. Through our process of finding other Queerspaw, we have also developed an organization specifically for Queerspaw called Through Our Roots. As part of our discussion, we will take you on the journey we have been on creating this organization. We want this panel to give participants a view into a community that is not often discussed and to give them knowledge to take back to their communities. As youth who are beginning on this journey, we would like to start a discussion that can be continued well after this conference.

**Objectives:**

1. To begin a discussion about Queerspaw within LGBTQ communities.
2. To give participants an idea of who Queerspaw are and what services/support we MAY be looking for.
3. To begin a discussion about how some Queerspaw view their identity.

**D1: 23P**

Format & Focus: Research Soundbyte 6, Measurement

(1) What is the state of health research on gay, bisexual and other men who have sex with men? A systematic review of the literature.

**Presenters:**

*David Brennan, Assistant Professor, Factor-Inwentash Faculty of Social Work, University of Toronto; Greta Bauer, Associate Professor in Epidemiology & Biostatistics, Schulich School of Medicine & Dentistry, University of Western Ontario, London; Kaitlin Bradley, Research Assistant, Infection and Equity Research Group, Department of Epidemiology and Biostatistics, The University of Western Ontario, London; Oth Vilaythong Tran, Master's Student, Social and Personality Psychology, York University, Toronto*

Health research studies on sexual minority men have used a wide variety of measures of sexual orientation. Currently, there are three common dimensions used to measure sexual orientation: self-reported identity (gay or bisexual), reported same-sex sexual behaviour and same-sex attraction. However, the definition and use of sexual orientation measures, even for the same dimension, is widely varied and can lead to confusion about how to interpret research findings regarding health outcomes for sexual minority men. For instance, depending on the study's focus and the population of interest, researchers may utilize a combination of asking about behaviour, identity and attraction. This presentation reports the findings from a systematic review of the literature which found extraordinary complexity and diversity in the ways in which the sexual orientation is measured across health studies. As well, these definitions of sexual orientation in research are often not the same as community-based definitions, which poses many issues for those interested in using research findings to develop programs and interventions, or in caring for their clients or patients. This presentation will share information on the current state of health research on sexual minority men, the topics most under- (and perhaps over-) researched, types of research conducted, diversity of populations studied and to what extent all of these have changed over the past decade. This presentation will provide healthcare and other service providers with knowledge to be used to critically examine how measurement of male sexual orientation in

research may influence research findings. This knowledge will help to inform providers of the most relevant research findings for the populations they serve. Additionally, the presentation will assist community members in considering the ways in which service delivery is relevant to the ways in which they understand their own sexual orientation. Finally, these findings suggest that researchers in the area of male sexual orientation and health must be clear about the rationale for their choices of how they measure sexual orientation measures.

### Objectives:

1. Participants will be able to identify the various ways in which sexual orientation is measured for men in health research.
2. Participants will be able to identify trends in research among sexual minority men.
3. Participants will be able to critically examine research studies on male sexual orientation and health with an understanding of the limitations imposed by the way sexual orientation is measured.

## (2) Developing a critical understanding of research on bisexual health

### Presenters:

*David Brennan, Assistant Professor, Factor-Inwentash Faculty of Social Work, University of Toronto;*  
*Greta Bauer, Associate Professor in Epidemiology & Biostatistics, Schulich School of Medicine & Dentistry, University of Western Ontario, London*

Health research studies that focus on sexual orientation often use behavioural measures based on survey questions as to whether one has had male or female sex partners (or both or neither). By definition, such a past-year measure will require an individual to have a minimum of two sex partners (one male, one female) within the past year to be classified as bisexual. However, to be classified as behaviourally homosexual or heterosexual only one partner is required. While identity and sexual partner choice are not necessarily concordant, this presents a special problem for bisexuality. Many bisexuals do not have “bisexual” experiences in any given year, and such a requirement does not match personal or community definitions of bisexuality, pansexuality, or other non-exclusive orientations. Given this, to what extent should results of such studies be viewed with suspicion? This study used data from the 2002 U.S. National Survey of Family Growth to explore this issue. Results showed that a minority of bisexual-identified people were captured when using past-year behavioural bisexuality

measures: 40.2% of women and 18.1% of men. We then examined to what extent associations between bisexuality and certain health-related outcomes may be due to researchers requiring a minimum of two sex partners to be considered bisexual. Initial analyses suggested that those who were classified as past-year behaviourally bisexual reported greater odds of substance use and sexual risk outcomes than those who were classified as exclusively heterosexual or exclusively homosexual. However, the effects were largely and consistently attenuated when analyses were limited to only those with two or more partners in each group. This analysis suggests that when researchers report an increase in sexual risk or substance use among behaviourally bisexual persons, they may inadvertently be confusing the effects of bisexuality with the effects of higher numbers of partners. While this would not, in fact, be a problem if the higher number of partners were naturally occurring among bisexuals, here it is artificially created by researchers. Research using such measures must be interpreted with caution, and researchers are urged to consider alternate coding strategies or conduct sensitivity analyses. This presentation will discuss how to critically assess research literature on bisexuality with regard to its applicability to patient, client or community settings.

### Objectives:

1. Participants will be able to articulate methodological concerns with using behavioural measures for researching and learning about bisexuality.
2. Participants will be able to critically examine research among bisexual persons in order to ensure that the findings presented are accurate and relevant to the individuals and communities they serve.

## (3) Are lesbians really women who have sex with women (WSW)? Are gay men really men who have sex with men (MSM)?

### Presenters:

*David Brennan, Assistant Professor, Factor-Inwentash Faculty of Social Work, University of Toronto;* *Greta Bauer, Associate Professor in Epidemiology & Biostatistics, Schulich School of Medicine & Dentistry, University of Western Ontario, London;* *Kaitlin Bradley, Research Assistant, Infection and Equity Research Group, Department of Epidemiology and Biostatistics, The University of Western Ontario, London*

Sexual orientation has been measured in various diverse and inconsistent ways among health research studies. A wide range of definitions and measures have been used to capture different dimensions of sexual orientation, which includes behaviour, identity, and attraction. For example, behavioural measures may define sexual orientation according to sexual activity during different timeframes (Ever? Past six months?) and may define “sex” variably or not at all. Identity measures may involve scales or categories, including culturally specific categories, or options such as “unsure” or “something else,” and may combine categories (e.g. gay and bisexual vs. heterosexual). Despite varying measures, researchers and policy makers combine data across studies, formally and informally, assuming that results obtained using one measure are comparable to those that would be obtained using another. Using data from two large population databases that contain multiple measures of sexual orientation, we explored this assumption using outcomes ranging from obesity to tobacco use to sexual risk-taking, and found it to be invalid. Defining sexual orientation in different ways sometimes produced very different results for a wide range of health measures. This has serious policy and practice implications, and these will be discussed. For example, what are the implications when research on gay-identified men is used to apply to men deterred from blood donation for sex between men? What are the implications when tobacco use studies of women who have had recent sex with women are used to target queer women’s community?

### **Objectives:**

Participants will be able to critically examine whether particular research on sexual orientation and health is relevant for a particular policy or practice issue.

## **D1: 24P**

**Format & Focus:** Seminar, Two-Spirit Research Migration, Mobility and the Health and Well-Being of Aboriginal Two-Spirit/LGBTQ People

### **Presenters:**

*Janice Ristock, Associate Vice-President (Research) and Professor, Women’s and Gender Studies Program, University of Manitoba, Winnipeg; Art Zoccole, Executive Director, 2-Spirited People of the 1st Nations, Toronto*

This session presents the findings from a research project designed to explore the trajectories of migration/

mobility of Aboriginal people who identify as Two-Spirit, lesbian, gay, bisexual, transgender and/or queer and the impact of mobility on health and wellness. This included migration from First Nations reserve communities to urban centres or rural communities (and back and forth). The research also examined the intersection between sexual and gender identities with cultural/Nation and other identities within the historical and present context of colonization in Canada.

The research utilized a community-based, qualitative design. Aboriginal research principles of Ownership, Control, Access and Possession (OCAP) were adopted as the guiding framework to ensure that there was a commitment to produce and share meaningful knowledge in a way that respects the integrity and rights of Indigenous peoples and communities. Fifty Aboriginal Two-Spirit /LGBTQ people in Winnipeg and Vancouver were interviewed (either as individuals or in focus groups). The findings indicate that participants in this study have moved many times in their lives (often starting with experiences of forced mobility, such as foster care and residential school). They spoke of struggles with gaining acceptance for the different parts of their identities (for example as gay, male, Aboriginal, youth) both within First Nation communities or rural communities and within urban gay and lesbian communities. Their experiences of dislocation often had a negative impact on their health and well-being. At the same time many participants showed great resilience in their efforts to create a sense of belonging, community and home. To understand and hear the truths of diverse Aboriginal Two-Spirit/LGBTQ peoples, it is important to understand the colonization experience that has created a shared history for them, shaping distinctive conditions of health, risk and resilience.

### **Objectives:**

1. To better understand migration and mobility patterns of Aboriginal Two-Spirit LGBTQ people in a context of colonization.
2. To better understand the impact of mobility on health and well-being and identity.
3. To better understand the implications of the research findings for health and social service providers.