



Rainbow Health Ontario
Santé arc-en-ciel Ontario

*A program of / Un programme de
Sherbourne Health Centre*

2018

CONFERENCE

**Because LGBTQ health matters
Car la santé LGBTQ, ça compte**

MARCH 21-24, 2018
DU 21 AU 24 MARS 2018

CANADA'S LARGEST LGBTQ2S
HEALTH CONFERENCE

LA PLUS IMPORTANTE CONFÉRENCE
SUR LA SANTÉ LGBTQ2S AU CANADA

Rainbow Health Ontario gratefully acknowledges our generous sponsors

C'est avec une grande reconnaissance que Santé arc-en-ciel Ontario remercie nos généreux commanditaires.

CHAMPIONS



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Institut de la santé des femmes et des hommes



Ontario Centre of Excellence for Child and Youth Mental Health
Centre d'excellence de l'Ontario en santé mentale des enfants et des adolescents



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Co-sponsors:

Access Alliance & Women's Health in Women's Hands

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Shkagamik-Kwe
HEALTH CENTRE

At the **Ontario Centre of Excellence for Child and Youth Mental Health**, we

work with agencies to strengthen mental health services and build an accessible system of care for children, youth and their families and caregivers. We offer a diverse collection of tools, services, products and training to help professionals find, use and share evidence that improve outcomes. Three strategic directions guide us in doing this work.

1. Strengthening skills and knowledge at the service area level
2. Providing consistent evidence-informed approaches to service planning and delivery at the system level
3. Inspiring excellence through continuous learning, evolution and innovation

Every cell is sexed and every person is gendered. Sex and gender influence our risk of developing certain diseases, how well we respond to medical treatments, and how often we seek health care. The **Institute of Gender and Health (IGH)**'s mission is to foster research excellence

regarding the influence of sex and gender on health throughout life, and to apply these research findings to identify and address pressing health challenges facing men, women, boys, girls and gender-diverse people. <http://bit.ly/CIHR-IGH>

Health Quality Ontario is the provincial advisor on the quality of health care. With the goal of excellent care for all Ontarians, Health Quality Ontario reports to the public on how the system is performing, develops standards for what quality care looks like, evaluates the effectiveness of new health care technologies and services, and promotes quality improvement aimed at substantial and sustainable positive change. Visit www.hqontario.ca for more information.

Unifor is Canada's largest private sector union, with more than 315,000 members across the country, working in every major sector of the economy. Unifor brings a modern approach to unionism: adopting new tools, involving and engaging our members, and always looking for new

ways to develop the role and approach of our union. www.unifor.org

The **Association of Ontario Health Centres** is the voice of a vibrant network of community-governed primary health care organizations that share commitment to advancing health equity through the delivery of comprehensive primary health care. www.aohc.org

If you haven't been to Sudbury lately, you haven't been to Sudbury! With its world-renowned attractions, urban comforts and four-season outdoor adventures, Greater Sudbury continues to surprise and impress. While mining remains a major influence on the local economy, Sudbury has evolved into a dynamic and diverse regional capital which functions as the service hub for all of northeastern Ontario. **#DiscoverSudbury more at SudburyTourism.ca**

UFCW Locals 175 & 633
www.ufcw175.com

Rainbow Health Ontario 2018 Conference exhibitors

Alzheimer Society of Sudbury-Manitoulin North Bay & District	Ministry of Children & Youth Services
Association of Ontario Health Centres	Monarch Recovery Services
Canadian Institutes of Health Research: Institute of Gender and Health	Ontario Centre of Excellence for Children & Youth Mental Health
Canopy Growth (Tweed Inc.)	Rainbow Health Ontario
Community Table	Réseau ACCESS Network
Health Quality Ontario	Shkagamik-Kwe Health Centre
LGBTQ Families Speak Out Research Project	UFCW Locals 175 & 633
Ma-Nee Chacaby Book Signing	UNIFOR

Committee members, Sudbury

Rainbow Health Ontario would like to acknowledge and thank the following Sudbury community members for their work in participating in planning the 2018 Conference:

Carla John, Manager, Equity, Human Rights, and Accessibility, Cambrian College

Gaston Cotnoir, Manager of Education and Community Development, Réseau ACCESS Network

Monique Beaudoin, Coordonnatrice en promotion de la santé, Centre de santé communautaire du Grand Sudbury

Michael Barnett, Primary Health Care Nurse Practitioner, Aboriginal Health Access Centre Shkagamik-Kwe

Shana Calixte, Manager, Mental Health and Addictions, Health Promotion Division, Sudbury & District Health Unit

Table of Contents

Sponsors and exhibitors	2
Welcome letters	4
Conference overview	8
Wednesday, March 21	10
Concurrent learning institutes	10
Thursday, March 22	16
T1 Opening plenary	17
T2 Concurrent sessions	19
T3 Poster presentations	25
T4 Concurrent sessions	28
T5 Concurrent sessions	35
Friday, March 23	39
F1 Plenary	39
F2 Concurrent sessions	42
F3 Poster presentations	49
F4 Concurrent sessions	53
F5 Concurrent sessions	59
Saturday, March 24	66
S1 Concurrent sessions	66
S2 Closing plenary.	71
Bios	73

Special thanks to...



The views expressed in the Conference do not necessarily reflect those of Sherbourne Health Centre or the Province.



Sherbourne Health Centre

2018 Rainbow Health Ontario Conference

March 21, 2018

I would like to extend my best wishes to everyone attending the 2018 Rainbow Health Conference.

As Ontario's Minister of Health, I'm proud to support Rainbow Health Ontario's work through funding from the Ministry of Health and Long Term Care.

Ontario is committed to putting the needs of patients first. Your efforts over the next four days will help us to strengthen our health care system and reduce health disparities for LGBTQ2S Ontarians.

Thank you all for taking part in this important conference, and for devoting your time and energy to improving health equity in Ontario.



A handwritten signature in black ink that reads "Helena Jacek".

Dr. Helena Jacek
Minister of Health and Long-Term Care

Message from the Mayor



Office of the Mayor - Bureau du maire

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www.greatersudbury.ca
www.grandsudbury.ca



As Mayor of the City of Greater Sudbury, I want to extend a warm welcome to all delegates taking part in the Fifth Biennial Rainbow Health Ontario Conference: Because LGBTQ2S Health Matters.

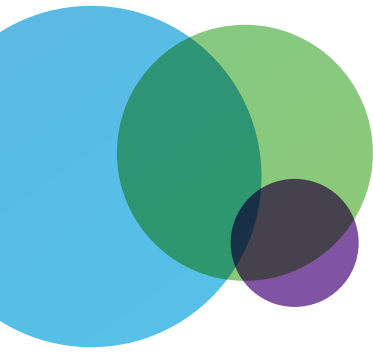
I want to thank the organizers for choosing Greater Sudbury as the host city for this round of Canada's largest conference on LGBTQ2S health. Our City as a venue of choice fits particularly well with the 2018 Conference's focus on northern, rural, Indigenous and Francophone populations.

While you are here in Greater Sudbury, I encourage you to explore our beautiful community. We have a thriving downtown area with a rich offering of culinary options along with an active arts scene, all surrounded by the natural beauty of Northern Ontario.

On behalf of City Council and the citizens of Greater Sudbury, I hope that our city is a setting that will inspire your work and nurture your sense of purpose over the coming days. Thank you once again for choosing Greater Sudbury as the venue for the important work you're here to do on behalf of LGBTQ2S health equity in Ontario.

All the best,

Mayor Brian Bigger
City of Greater Sudbury



Welcome

Dear Friends and Colleagues,

Welcome to our 5th Rainbow Health Ontario (RHO) Conference, and the City of Greater Sudbury, on the territories of the Atikameksheng and Wahnapiatae First Nations, who are part of the Anishnawbek Nation.

This conference is being held in Sudbury as part of prioritizing Indigenous, rural, northern, and/or Francophone LGBTQ2S health. In the coming days we will have many opportunities to learn from one another and expand our perspectives. We particularly encourage you to consider the intersections of the knowledge and perspectives that you encounter, and to be alert for approaches to intersectionality that you can learn from and take back to your work furthering LGBTQ2S health.

We see many of our partners and relationships reflected in the conference registration, and we're so pleased to have you all here together to connect and build relationships. There is strong representation from many regions across Ontario, including some rural and northern, and we are thrilled to be joined by folks bringing knowledge and perspectives from other provinces, including delegates from the Alberta, Quebec and the Northwest Territories. The networks you build and strengthen here can benefit all of our work, and Ontario's and Canada's LGBTQ2S communities, for years to come.

As a program of Sherbourne Health Centre, RHO's work is strengthened through both the support of our colleagues and the opportunities that arise from being part of Sherbourne's eco-system of interconnected programs and expertise serving LGBTQ2S folks. And, as a capacity-builder by mandate, our work would not be possible without partnerships and collaborations, both inside our offices, across the province, and nationally.

So much has happened since our last conference in 2016, due in part to the allyship and strong support of the Government of Ontario and the Ministry of Health and Long Term Care for RHO's work to improve LGBTQ2S health outcomes. Since 2016's regulation change opened up referrals and assessments for transition-related surgeries (TRS), the landscape is slowly starting to change for persons in Ontario who are seeking TRS. We're pleased to be driving this progress as the lead partner in Ontario's Trans Health Expansion, and we're eager to share more about our work, as well as hear about yours.

We encourage you to take every opportunity, from the welcome reception, to caucuses, an informal social event, and of course, our core conference programming, to learn, to share, and—perhaps most importantly—to connect. We are honoured to be your hosts.

“

In the coming days we will have many opportunities to learn from one another and expand our perspectives.

Hazelle Palmer
*President and CEO,
Sherbourne Health Centre*

Devon MacFarlane
*Director,
Rainbow Health Ontario*

Bienvenue

À toutes les personnes participantes
et à nos collègues,

Bienvenue à la 5e Conférence de Santé arc-en-ciel Ontario (SAO), dans la belle ville de Sudbury, sur les territoires Anishnawbek des Premières Nations Atikameksheng et Wahnapiatae.

Cette conférence a lieu à Sudbury dans un souci de mettre en priorité la santé des personnes LGBTQ2S autochtones et du nord, francophones ou vivant en milieu rural ou en région éloignée. Au cours des prochains jours, nous aurons la possibilité d'apprendre les uns des autres et d'élargir nos horizons. Nous vous encourageons particulièrement à vous pencher sur les éléments communs et les recoupements entre le savoir et les points de vue des personnes que vous rencontrerez, et à vous montrer sensible aux démarches d'intersectionnalité susceptibles d'ajouter à vos connaissances, et que vous pourrez rapporter pour la poursuite de vos travaux sur la santé LGBTQ2S.

Les inscriptions à la conférence sont le reflet des partenariats et des relations que nous entretenons – c'est un grand bonheur pour nous de vous voir vous joindre à nous pour échanger et tisser des liens. Plusieurs régions de tout l'Ontario sont bien représentées, y compris les régions rurales et du Nord, et il est fort agréable de compter aussi sur la présence de personnes des autres provinces — Alberta, Québec, Territoires du Nord-Ouest — qui se sont jointes à nous pour partager leur savoir. Les réseaux que nous créons et renforçons ici seront profitables pour le travail que nous accomplissons comme pour les communautés LGBTQ2S de l'Ontario et du Canada, et ce, pour des années à venir.

“
Au cours des prochains jours, nous aurons la possibilité d'apprendre les uns des autres et d'élargir nos horizons.

En tant que programme du Sherbourne Health Centre, SAO voit son travail renforcé par le soutien de collègues et par les possibilités qu'offre l'écosystème de Sherbourne, ses programmes interreliés et son expertise dans la prestation de services aux personnes LGBTQ2S. De plus, en tant qu'organisme créateur de capacités, notre travail serait impossible sans partenariats et collaborations dans nos bureaux, dans la province et à l'échelle de tout le pays.

Tant de choses se sont passées depuis la dernière conférence, en 2016, en raison notamment du statut d'alliés et du soutien énergique du gouvernement de l'Ontario et du ministère de la Santé et des Soins de longue durée qui ont permis au travail accompli par SAO d'améliorer les perspectives de santé des personnes LGBTQ2S. Depuis que les changements de 2016 à la réglementation ont ouvert la porte au renvoi en consultation et aux évaluations en vue de chirurgies de transition de genre (CRG), le paysage commence lentement à changer pour les personnes souhaitant subir une CRG en Ontario. C'est un grand bonheur pour nous de participer à ces progrès en tant que partenaire chef de file dans le cadre d'Expansion santé trans en Ontario. Bref, nous avons bien hâte de vous en dire plus sur nos travaux et de vous entendre parler des vôtres.

Nous vous invitons à profiter de chaque événement de la conférence, de la réception de bienvenue aux diverses rencontres, en passant par les événements sociaux informels et, bien sûr, à ne pas manquer la programmation même de la conférence. Voilà autant d'occasions d'apprendre, de partager et, surtout, de créer des liens. C'est un honneur pour nous de vous accueillir.



Hazelle Palmer
*La présidente et
chef de la direction,
Sherbourne Health Centre*



Devon MacFarlane
*La directrice,
Santé arc-en-ciel Ontario*

Conference Overview

- Registration desk opens in the afternoon of Tuesday, March 20.
- Conference activities begin with optional pre-conference learning institutes on Wednesday, March 21.
- The main conference then runs for three days, starting on Thursday, March 22, and ending on Saturday, March 24 at approximately 2:30 pm.

Conference theme and key issues

The largest conference in Canada focused on the health and wellness of lesbian, gay, bisexual, trans, queer and Two-Spirit (LGBTQ2S) communities, the biennial Rainbow Health Ontario (RHO) Conference is a learning and sharing forum for agents of change in LGBTQ2S health and wellness.

This year, we are gathering on the territories of the Atikameksheng and Wahnapiatae First Nations, who are part of the Anishnawbek Nation.

The conference's planning has been greatly enriched by the contributions, expertise and guidance of our planning committee members local to the Sudbury area, for which we are very thankful.

For this conference as with past conferences, we are bringing together health and social service providers, community members, researchers, and policy makers to advance the health outcomes of LGBTQ2S Ontarians. This conference's focus is on building partnerships in health and social services to promote the health of Ontario's diverse LGBTQ2S populations, including those in northern and rural areas.

In our Call for Proposals, we requested—and received—proposals for sessions that took an intersectional approach to health and well-being, streamed according to 7 themes: clinical practice; public policy, activism and human rights; community support and development; professional education and training; research; organization and systems change; and ethics and

law. Additionally, we encouraged submissions from within these streams that focused on Indigenous, Francophone, rural and northern, racialized, and newcomer LGBTQ2S needs and access issues.

The submissions we received were innovative, evidence-informed and inspiring. We're proud to present this program for the 2018 RHO Conference.

We are thrilled to be gathered here with new and returning delegates to Sudbury to learn from each other, grow relationships, cultivate networks, and together foster the continued progression of LGBTQ2S health and well-being in Ontario.

Rainbow Health Ontario

A program of Toronto's Sherbourne Health Centre, Rainbow Health Ontario (RHO) is a unique, province-wide program funded by the Ontario Ministry of Health and Long-Term Care. RHO's mandate is to improve the health outcomes of Ontario's LGBTQ2S communities.

Aperçu de la conférence

- Le bureau d'inscription à la Conférence SAO 2016 sera ouvert dès le mardi après-midi, 20 mars.
- La conférence principale, qui dure trois jours, aura lieu du jeudi 22 mars au samedi 24 mars, jusqu'à 14h30.
- Les activités commencent avec les séances de l'Institut d'apprentissage, en préconférence facultative, le mercredi 21 mars.

Thème de la Conférence et grands enjeux

La Conférence Santé arc-en-ciel Ontario (SAO) est la plus importante conférence au Canada consacrée à la santé et au bien-être des personnes des communautés lesbiennes, gaies, bisexuelles, transgenres, queer et deux-esprits (LGBTQ2S). Tenue tous les deux ans, la conférence offre un forum d'apprentissage et de partage pour les agents de changement en matière de santé et de bien-être des personnes LGBTQ2S.

Cette année, nous nous réunissons sur les territoires Anishnawbek des Premières Nations Atikameksheng et Wahnapiatae.

L'organisation de la conférence a grandement bénéficié de la contribution, de l'expertise et des conseils de notre comité de planification, dont les membres sont de la région de Sudbury et de Sault Ste-Marie. Nous tenons d'ailleurs à les remercier chaleureusement.

La conférence de cette année, comme celles des années précédentes, réunit des prestataires de services de santé et de services sociaux, des membres de la communauté et des personnes œuvrant en recherche ou occupant des fonctions décisionnelles pour l'avancement des perspectives de santé des personnes LGBTQ2S de l'Ontario. Le thème central de la conférence est la conclusion de partenariats dans les domaines de la santé et des services sociaux pour la promotion de la santé des populations LGBTQ2S diversifiées de l'Ontario, y compris des personnes vivant dans les régions rurales ou du Nord.

Dans nos appels de propositions, nous avons demandé – et reçu – des propositions de séances adoptant une approche intersectionnelle de la santé et du bien-être, que nous avons ensuite regroupé sous 7 grands volets : pratique clinique; politique publique, activisme et droits de la personne; soutien et développement communautaires;

éducation et formation professionnelle; recherche; changements systémiques et organisationnels; éthique et droit. Nous avons aussi encouragé la soumission, dans ces 7 volets, de propositions axées sur les besoins et l'accès pour les personnes LGBTQ2S autochtones, francophones, vivant en régions rurales ou du Nord, racialisées ou nouvellement arrivées au Canada.

Les propositions reçues se sont distinguées par leur côté novateur et inspirant, mais aussi parce que leur contenu reposait sur des faits probants. C'est donc avec fierté que nous vous présentons le programme de la Conférence Santé arc-en-ciel Ontario 2018.

Nous sommes heureux d'accueillir à Sudbury les personnes déléguées, nouvelles ou qui ont déjà participé à la Conférence. Nous pourrions ainsi partager nos connaissances, créer des liens, cultiver nos réseaux et, ensemble, favoriser la progression continue en matière de santé et de bien-être des personnes LGBTQ2S en Ontario.

Santé arc-en-ciel Ontario

Un programme de Sherbourne Health Centre à Toronto, Santé arc-en-ciel Ontario (SAO) est un programme provincial unique financé par le ministère de la Santé et des Soins de longue durée de l'Ontario. Le mandat de Santé arc-en-ciel Ontario consiste à améliorer l'accès aux services et à promouvoir la santé au sein des communautés LGBTQ2S de la province.

Concurrent Learning Institutes

Wednesday, March 21

Morning	
7:45 - 8:45	Breakfast
9:00 - 10:30	Concurrent learning institutes 1-5
10:30 - 11:00	Refreshment break
11:00 - 12:30	Concurrent learning institutes 1-5

Afternoon	
12:30 - 1:30	Lunch
1:30 - 3:30	Concurrent learning institutes 1-5
3:30 - 3:45	Refreshment break
3:45 - 5:00	Concurrent learning institutes 1-5
7:00 - 9:00	Welcome reception

Learning institute 1

An introduction to building cultural competence, knowledge and skills to serve LGBTQ2S communities

This interactive, full-day workshop approaches building cultural competence in three parts: foundational knowledge; understanding the intersections of identities and their impacts on health; and applying this knowledge to learning about different approaches to making practice, programs and services more inclusive. Together, these form the building blocks for developing cultural competence, sensitivity and skill in serving lesbian, gay, bisexual, trans, queer and Two-Spirit (LGBTQ2S) communities, and creating a more welcoming environment for clients, volunteers and staff.

In the first part of the day, participants will learn about LGBTQ2S terms and definitions, and the foundational differences between sexual orientation,

sexual behaviour, gender presentation and gender identity. We'll use group activities, case scenarios and videos, and we'll present an overview of topics related to: gender-independent children, youth, adults, seniors, francophone, racialized, Two-Spirit and LGBTQ Indigenous, and newcomer LGBTQ communities. We'll also explore trans care and contemporary issues affecting trans and gender-diverse communities, including: transition, hormones, access to transition-related surgeries (TRS), inclusive pronouns and language, OHIP cards, and all-gender washrooms. Part one of the workshop addresses myths and stereotypes related to LGBTQ2S people, and the history of LGBTQ2S communities from both global and Canadian perspectives. The workshop will also focus on the assumptions we are raised with, and the ways in which LGBTQ2S people are made invisible in our society and our services.

In the second part of the workshop, we'll explore the intersections of oppression in our diverse LGBTQ2S communities, and examine their health needs. The presentation will highlight the challenges faced by LGBTQ2S people and how they cope and adapt. We'll also examine how discrimination, societal,

institutional and internalized homo/bi/transphobia plus social isolation can lead to health disparities throughout the life cycle. (Research shows, for example, that LGBTQ2S people have higher smoking rates, use alcohol and drugs at higher levels, and experience more depression and anxiety.)

Drawing from their learning in the earlier part of the day, participants will then focus on approaches to removing barriers to create inclusive programs and services, and to make their organization more welcoming to LGBTQ2S clients, volunteers and staff. Using an anti-oppression and anti-racism framework, we'll discuss practical strategies for: program planning and delivery, human resources, communications, governance, and the physical environment. Participants will use case scenarios to examine key aspects of organizational structure, culture and services—and develop strategies for change.

The workshop is open to all knowledge levels, but is ideal for participants who are new to LGBTQ2S issues and want to learn about LGBTQ2S health needs. Those who have some familiarity with LGBTQ2S communities may benefit from some of the in-depth knowledge shared at the session, and managers and board members as well as front-line staff will benefit from the opportunity to share and learn with others from across the province and beyond. Tools, tip sheets and handouts will be provided.

Learning objectives

1. Participants will reflect on their knowledge, values and attitudes regarding LGBTQ2S people to examine their assumptions and biases and learn appropriate language and definitions
2. Participants will explore societal barriers, the impacts of discrimination and stigma, and gaps in the health care system itself that lead to poorer outcomes for LGBTQ2S people
3. Participants will develop an understanding of how to make their organization's environment and their services and/or program more inclusive and welcoming to LGBTQ2S people
4. Participants will have increased confidence to provide culturally competent services and programs to LGBTQ2S communities

Instructors

Devan Nambiar, MSc, coordinates RHO's training and education initiatives. He has been working in the gay/ethno-racial MSM/HIV sector for 22 years. In his previous position at CATIE, he worked as a treatment educator and co-authored/co-edited four publications, including three of the *Practical Guides for PHAS and Managing Your Health* (2009). He was Co-Principal Investigator of *Improving the Capacity of the HIV Sector to respond to the Ethno-Racial MSM: Tapping Front-Line Expertise and Wisdom, OHTN* (2006) and Co-Investigator of *Canadian Transgender Research, Canadian AIDS Society* (2014). In his professional capacity, he lectures on complementary medicine and provides input on community-based research. Devan has served on numerous boards and ethics review committees.

Angela Nahwegahbow, HBSW, RSW, is a member of the Whitefish River First Nation. She grew up in Whitefish Fall and Espanola, and currently resides in Sudbury. Angela works full time with the Shkagamik-Kwe Health Center in the Mental Wellness Program. She has been with this organization for over 6 years. She has worked to incorporate her traditional teachings that she has gained from her formal education, and from the Elders and teachers that have guided her along this journey.

Having attended Laurentian University to gain an Honours Diploma in Native Human Services, and also a Bachelors in Education from Nipissing University, she has worked both in a social worker role and as a primary school teacher. And, having taught up on the James Bay Coast for 5 years before returning home to the Sudbury area, she continued her front line social work as a counselor. She also volunteers on the board for the Native Peoples of Sudbury Development Corporation (NPSDC), where she continues to advocate for safe affordable housing for First Nations families who live, work and attend school in the Greater city of Sudbury and Espanola.

As Angela has recently graduated from the Master of Social Work program at Laurentian University (December 2017), she continues to work and advocate for services specializing in the incorporation of culture and traditions as healing. She is continuing to learn about traditional medicines, ceremonies and ways of being a helper to her community.

Learning institute 2

Building clinical competence for working in rural and Northern communities

This full-day, intermediate-level interactive institute will explore the realities of 2SLGBTQ primary health care in rural and Northern communities, and develop participants' knowledge of creating a safer health care environment for both the individual and practitioner in a rural and Northern context. Background materials will be sent to participants in advance to ensure attendees are prepared for the in-depth nature of this clinical workshop.

Following a reflection of personal ethics from provider as well as client perspectives, we will delve into the numerous barriers preventing those in 2SLGBTQ communities from seeking, accessing and accepting care from a psychosocial and medical lens—specifically focusing in on how these directly affect Northern and rural communities. Differences between barriers and how they differently affect 2SLGBTQ youth and adults and those that are racialized or Two-Spirit will be debated, as well as how culture affects care.

Participants will be asked to explore their own personal biases, including their values, attitudes and beliefs towards providing 2SLGBTQ care and utilizing or accessing health care in rural and Northern communities. We will identify the language and definitions used within 2SLGBTQ communities, and building on this, we will explore how using the right language when serving these communities applies to developing therapeutic rapport, and how to recover when mistakes or missteps are made.

Participants will also learn about effective pathways and resources that are suitable for rural and Northern care. A systems change theory particular to the Northern context will guide participants in learning about how change can occur from a multilevel perspective. This will include local resources as well as those available via OTN, phone conferencing, online resources, tutorials, guidelines etc.

Additionally, in-depth discussion about improving access and making institutions more accessible as well as individually, communally and culturally safe for rural and Northern 2SLGBTQ communities will be explored. Participants will

learn a deeper understanding of concepts of privilege, identity and self and how, from a clinical perspective, these can affect treatment on physical, mental, emotional and spiritual levels.

This session is geared towards those working within and living in 2SLGBTQ communities, and familiar with the struggles in creating access and breaking down barriers to access care in this context. Information will be provided on how to speak and work in collaboration with care providers. Ultimately, anyone interested in servicing communities within rural and Northern Ontario with a goal of safe and effective healthcare through change theory will gain a better understanding of how to move forward in a positive way. Questionnaires, tip-sheets, resources and additional hand-outs will be provided.

Learning objectives

1. Participants will reflect on the ethical context for providing 2SLGBTQ-focused care by exploring values, attitudes, and beliefs
2. Participants will examine barriers in accessing care for 2SLGBTQ people in rural communities, including risks related to youth and suicidality
3. Participants will learn from experienced providers about effective pathways and resources for 2SLGBTQ care in the North
4. Participants will be able to identify services available locally and mechanisms for accessing services in larger centres
5. Participants will identify and explore strategies for creating safer and more accessible spaces for 2SLGBTQ clients in local health and community centres

Instructor

Michael Barnett, NP-PHC, MScN, BScN, is a Primary Health Care Nurse Practitioner working at AHAC Shkagamik-Kwe Health Centre since 2011. He has been working with a focus on 2SLGBTB primary care since completing research and focusing his Masters of Science in Nursing in transgender health. Michael is an advocate and ally for 2SLGBT care within Northern Ontario, assisting with local groups such as the Two-spirit/LGBT Circle. He is additionally a member of the Canadian Professional Association of Transgender Healthcare (CPATH). This is his first time working with Rainbow Health Ontario.

Learning institute 3

Transition-related care for trans and gender-diverse youth

Ontario has hit a critical apex in terms of the need for accessible clinical services for trans and gender-diverse youth and their families. We are proud to be part of a provincial movement of providers exhibiting global leadership in trans health care and access, and recognize that the time is now to focus our energy and capacity on supporting youth and their families to receive competent and timely services close to home.

There have always been gender-diverse and trans youth in Ontario, however with the availability of treatment options and the proliferation of community-based and clinical programs, the visibility of numbers is amplifying rapidly. Clinical youth services in Ontario are seeing a dramatic need across the board for responsive, informed and affirming primary care supports.

This day-long learning institute will focus on the movement of clinical supports and interventions for trans and gender-diverse youth and their families away from specialty care, and streamlined into primary care. With our expert facilitators, we hope to guide clinical learning around medical and non-medical interventions available for pubertal-age youth and up.

This session is geared towards medical clinicians—including registered nurses, nurse practitioners, endocrinologists, physicians, pediatricians, etc.—as well as other providers.

Learning objectives

1. Increase the capacity of primary health care providers to support trans and gender-diverse clients through all aspects of primary care, including puberty blockage, hormone initiation and monitoring, as well as with ongoing preventative care
2. Increase the capacity of allied health care providers to support youth around medical transition, including administering puberty blockers and offering ongoing care
3. Better understand transition from a gender-affirming approach

4. Learn how to support families with change, safety, advocacy, and choices around interventions for youth
5. Identify unique approaches and challenges for youth living in Northern Ontario
6. Integrate approaches to systemic barriers to care, particularly for various northern communities (Indigenous, rural, Francophone, racialized, newcomer, etc)

Instructors

Dr. Blair Voyvodic, MD, has been a primary care provider for more than 30 years in rural and remotes areas, with a keen interest in mental health. Identifying as genderqueer, they have been working with Rainbow Health Ontario's Trans Health Connection program as a physician mentor and trainer for the past five years.

Cathy Maser, MN, NP, has worked at SickKids for the past 28 years, specifically as an NP in the Division of Adolescent Medicine for the last 10. Cathy's clinical focus is on youth with chronic illness or substance misuse, and on sexual health, gender identity and minor mood disorders. Cathy is the Team Lead for the SickKids Interprofessional Team for Youth, and is a founding member of the Transgender Youth Clinic, as of October 2013.

Angelina Wiwczor, NP, is a provider with 16 years of pediatric nursing experience in both hospital and community settings. Having a special interest and passion with children's health, Angelina became a Primary Health Care Nurse Practitioner in 2009 and a Certified Asthma Educator in 2011. She is faculty for the Northern Ontario School of Medicine and works with the ADHD clinic, the BALANCE Program with a focus on pediatric obesity treatment, the Pediatric Asthma Education Clinic, and the Gender Transition Clinic at the Northeastern Ontario Health Centre for Kids at Health Sciences North.

Learning institute 4

Supporting health equity through engaging in anti-oppressive allyship practices

This interactive full-day institute will explore health equity through best practices in critical allyship for health care practitioners, front-line workers, managers and board members. The workshop will benefit participants who have experience as service providers to LGBTQ+ communities and are looking for an introduction to seeking health care solutions through an intersectional, anti-oppressive lens.

The workshop aims to empower participants to overcome both systemic and individual barriers to providing equitable and appropriate care to a diversity of LGBTQ+ identities. Throughout the day, participants will work through understanding systemic oppression, and reflect on the ways in which they as individuals can both reproduce and resist harm within their personal and professional roles.

Participants will be provided with an introductory seminar in anti-oppressive theory and healing justice. This will be followed by an interactive session on best practices in critical allyship including the use and limitations of allyship, cultural competency, and professional expertise.

The final component of the day will give participants an opportunity to discern and address current barriers to health equity in their daily lives. Participants will engage in a collective visioning session to create actionable items they can both practically and sustainably implement to support community needs from an allied position.

Learning objectives

1. Participants will develop an intersectional anti-oppressive lens and be able to identify the ways in which systemic oppression works to create inequities for LGBTQ+ communities
2. Participants will identify their role within current oppressive systems, and strengthen their capacity to practice accountability in service delivery to those who experience the most harm
3. Participants will identify best practices in critical allyship and develop tools to

engage in relationship building, and solidarity work with LGBTQ+ individuals and organizations to improve health outcomes

Instructor

Lauren Burrows is an educator, community organizer, and activist residing on Haudenosaunee and Anishnawbe territory. Lauren currently works in higher education, but offers her labour to a variety of communities to enhance equity through developing and delivering anti-oppression education. She is an MA candidate in Social Justice and Community Engagement, with her research interests addressing pro-social bystander interventions, critical allyship and anti-oppressive pedagogies. She is engaged in sharing best practices in equity across sectors, and supporting individuals and organizations in unlearning and dismantling systems of oppression. Lauren is a cis, queer, Black, middle class, able-bodied woman living with chronic illness, whose work aims to decolonize the discourse on harm and centralize the identities and experiences of those pushed to the margins.

The Trans Primary Care Guide

An interactive, online tool to guide you through trans primary care needs



rainbowhealthontario.ca/tcg

Learning institute 5

« Il faut tout un village » : le soutien aux enfants et adolescents transgenres ou ayant une variance de genre

(à livrer en français seulement)

Cette formation vise à familiariser les intervenants avec la réalité des enfants et des adolescents qui ne se conforment pas aux normes sociales dans l'expression de leur masculinité et de leur féminité et qui peuvent être transgenres. Trop peu d'intervenants sont formés pour intervenir au plan individuel et systémique afin d'offrir un soutien adapté aux besoins de ces enfants et ces jeunes, leur famille et leur école.

Les études confirment la violence dirigée vers les jeunes qui dérogent des normes associées à l'expression de féminité et de masculinité ainsi que l'impact de cette violence sur leur développement. Les parents cherchent des ressources pour venir en aide à leur enfant et pour les guider dans leur rôle parental. Les écoles et autres milieux qui accueillent ces jeunes se questionnent quant à l'approche à adopter lorsqu'ils réclament le droit de se présenter en classe en exprimant un genre qui ne correspond pas au genre qui leur a été attribué à la naissance.

Objectifs d'apprentissage

Au terme de l'activité, les participants seront en mesure de:

1. Décrire la réalité sociale, scolaire, familiale et interpersonnelle des enfants et adolescents transgenres ou qui dérogent des normes sociales associées au genre
2. Décrire le parcours développemental de ces enfants et de ces jeunes
3. Appliquer des outils d'intervention individuels et systémiques dans le soutien de ces enfants et de ces jeunes, de leur famille et leur école

Contenu

- Définitions et concepts fondamentaux
- Parcours développemental des jeunes qui dérogent des normes de genre:
 - Petite enfance et exploration du masculin et du féminin
 - Consolidation de l'identité de genre
 - L'enfant prépubère et la transition sociale
 - Le stress de la puberté chez l'enfant souffrant de dysphorie de genre
 - Les interventions chez l'adolescent
- La pertinence du diagnostic de dysphorie de genre
 - chez l'enfant
 - chez l'adolescent
- Les déterminants de la santé
 - L'impact du stress minoritaire
- Outils d'intervention
 - Soutien à l'enfant et à l'adolescent
 - L'intervention familiale
 - L'intervention scolaire

Instructrice

Françoise Susset. D. Ps., est psychologue clinicienne et thérapeute conjugale et familiale avec plus de 25 ans d'expérience dans le travail auprès des individus, des couples et des familles LGBT. Elle s'intéresse tout particulièrement à l'évaluation et au suivi clinique des adultes et des adolescents trans, durant et au-delà de la transition. Elle est spécialisée également dans le soutien aux familles dont l'enfant exprime son genre de manière non normative (Gender expansive children) afin d'aider les familles et les écoles à remettre en question des notions associées à la sexualité, l'orientation sexuelle, l'identité sexuelle et l'expression de genre. Françoise est membre de WPATH et ancienne présidente de l'Association canadienne des professionnels en santé des personnes transgenres (CPATH).

Thursday, March 22

Morning	
7:30 - 8:30	Breakfast / Caucus meetings
8:30 - 10:30	Welcome / T1 Opening plenary (simultaneous interpretation)
10:30 - 11:00	Refreshment break
11:00 - 12:30	T2 Concurrent sessions
12:30 - 1:30	Lunch / Caucus meetings

Afternoon	
1:30 - 2:00	T3 Poster presentations (with authors present)
2:00 - 3:30	T4 Concurrent sessions
3:30 - 3:45	Refreshment break
3:45 - 5:15	T5 Concurrent sessions
7:00 - onwards	Queer art-making in a mining town: an evening of local LGBTQ2S art (see flyer)

Call to Plenary / Réunion en plénière

The Young Thunderbirds were founded in 2014 by the Shkagamik-Kwe Health Centre. They are comprised of Sudbury's Urban Anishinaabe Youth between the ages of 9 and up. This group was created to give our young Anishinaabe boys and men a link to their culture, to instill a connection to Creation and Spirit, and to help them overcome the systemic barriers that have been placed on them. These young men are learning the songs that will be taught to our next generation and will carry on the traditions of our People.

Les Young Thunderbirds ont été fondés en 2014 par le Shkagamik-Kwe Health Centre. Ce groupement se compose de jeunes anishnaabés de 9 ans et plus, qui vivent en milieu urbain à Sudbury. Il a été mis sur pied pour offrir aux jeunes garçons et aux hommes anishnaabés un lien avec leur culture, pour établir un lien avec la création et l'esprit et pour aider ces personnes à surmonter les obstacles systémiques qui sont les leurs. Ces jeunes hommes apprennent les chansons qui seront enseignées à la prochaine génération et aideront à perpétuer les traditions de notre peuple.

Opening Prayer / Prière d'ouverture

Gloria Oshkabewisens-McGregor, Whitefish River First Nation, served her community for over 15 years as an elementary school teacher at Shawanoswe School. She graduated from Lakehead University's Native Language Instructor Program and eventually served as an Elder in Residence for many summers for the students of this program. Gloria also did her work with Cambrian College as an Elder, providing individual counselling to students as needed. In 2012-2013, Gloria was a part of Kenjgewin Teg Educational Institute (KTEI) lifelong learning through KTEI's Anishinabek Identity, Mind and Spirit Essential Skills program. Currently, Gloria is an active member of the United Chiefs and Councils of Mnidoo Mnising Elders Council, but her main focus is as an Elder/Knowledge Keeper for the Shkagamik-Kwe Health Centre in Sudbury, where she conducts ceremonies and traditional counselling with individual clients and families on a weekly basis.

Gloria Oshkabewisens-McGregor, de la Première Nation de Whitefish River, a servi sa communauté pendant plus de 15 ans en enseignant au niveau

élémentaire à l'école Shawanoswe. Après avoir obtenu un diplôme au programme d'enseignement de langues autochtones de l'Université Lakehead, Gloria a agi comme personne aînée en résidence au cours de plusieurs étés auprès des personnes qui étudiaient dans ce programme. Gloria a aussi œuvré comme personne aînée au Cambrian College en offrant notamment, au besoin, des services de counseling individualisé aux élèves. En 2012-2013, Gloria a fait partie du volet formation continue du Kenjgewin Teg Educational Institute (KTEI) pour le programme sur l'identité, l'esprit et les compétences essentielles anishnaabées (Anishinabek Identity, Mind and Spirit Essential Skills program). Gloria est membre en règle du United Chiefs and Councils of Mnidoo Mnising Elders Council. Son travail se concentre essentiellement sur la sauvegarde du savoir des personnes aînées au centre de santé Shkagamik-Kwe de Sudbury, où elle livre aussi des cérémonies et offre, sur une base hebdomadaire, du counseling traditionnel à l'intention de la clientèle individuelle et des familles.

Candy Palmater is a recovered lawyer turned feminist comic. She is an, actor, writer, columnist, international speaker, activist, comedian and multiple award-winning TV and radio personality, and has executive produced three films on Mi'kmaw culture.

Candy is the creator and star of her own national, multiple award-winning TV series, *The Candy Show* (APTN). She has a role on the *Trailer Park Boys S10* (NETFLIX), appeared in *Call Me Fitz* (HBO Canada) and *Sex and Violence* (OutTV), and received a Screen Nova Scotia nomination for her role on *Forgive Me* (Superchannel). She's a broadcaster with CBC Radio One where Candy has hosted: *The Candy Palmater Show*, *Q*, *DNTO* and appears on *Because News* and *The Next Chapter*. You can hear Candy's voice as the narrator of the CBC TV series *True North Calling*, and Candy was a Panellist on *Canada Reads 2017*.

Candy has written and hosted many broadcasts including *Ab Day Live*, the *Indspire Awards*, and the *imagineNATIVE Film Fest Awards Show*.

Candy was valedictorian of her class at Dalhousie Law School and went on to practice Labour and Aboriginal law in a large corporate firm until show biz came knocking.

Before pursuing entertainment full time, Candy directed First Nations education for the Nova Scotia Department of Education for a decade. She is currently working on a Masters of Education at St. Francis Xavier University and has taught in the Transition Year program at Dalhousie University.

Candy spends most of her time in airports and airplanes as she travels the globe speaking to audiences, large and small, about the power of love, kindness and self-acceptance. Candy believes we are more alike than different and that you can NEVER have too much Candy.

Candy has just signed a deal with Harper Collins. They will be publishing her first book in the spring of 2019.

T1 Opening plenary - Candy Palmater

A recovered lawyer turned feminist comic, Candy Palmater is a Mi'kmaw actor, writer, columnist, international speaker, activist, comedian and multiple award-winning TV and radio personality who has executive produced three films on Mi'kmaw culture.

During this opening plenary, attendees will hear from Candy about the significance of the conference's setting in Sudbury for taking an intersectional approach to LGBTQ2S health, particularly as this relates to Indigenous and/or Two-Spirit LGBTQ2S communities.

Candy will be bringing her unique style of storytelling to the Conference, where she will draw on personal anecdotes to speak about the importance of care providers also caring for themselves, how collaboration and partnerships are key to driving change, and how love, kindness and self-acceptance matter for LGBTQ2S health and well-being.

Attendees can expect to leave this opening plenary feeling inspired and ready for the conference sessions ahead.

T1 Séance plénière d'ouverture

- Candy Palmater

Après sa guérison de la pratique du droit pour s'adonner à la comédie féministe, Candy Palmater, personne micmaque, se consacre maintenant entièrement à la scène, à l'écriture, à la rédaction de chroniques, à la présentation d'exposés lors de conférences internationales, au militantisme et à l'humour. Personnalité de la radio et de la télévision lauréate de nombreux prix, elle a assuré la production de trois films sur la culture micmaque.

Pendant cette ouverture en plénière, les participants entendront Candy expliquer l'importance de l'organisation de la Conférence à Sudbury pour l'adoption d'une approche intersectionnelle de la santé LGBTQ2S, plus particulièrement pour les communautés autochtones et/ou LGBTQ2S bispirituelles.

Candy fera bénéficier la Conférence de son style narratif unique en puisant dans des anecdotes personnelles pour expliquer que ceux qui prennent soin des autres doivent également prendre soin d'eux-mêmes, que la collaboration et les partenariats sont les moteurs du changement et que l'amour, la gentillesse et l'acceptation de soi importent pour la santé et le bien-être des personnes LGBTQ2S.

Les participants peuvent s'attendre à être inspirés par cette ouverture en plénière qu'ils quitteront prêts pour la Conférence.

Candy Palmater est une avocate devenue humoriste féministe. Comédienne, scénariste, chroniqueuse, conférencière internationale, activiste et actrice, elle est aussi une personnalité radio et télé lauréate de nombreux prix et a également agi comme productrice déléguée de trois films sur la culture Mi'kmaw.

Candy a créé et prend la vedette de sa propre émission d'humour, diffusée à l'échelle nationale sur la chaîne APTN, qui lui a valu de nombreux prix. Elle joue également dans la série Trailer Park Boys, saison 10 (sur Netflix), a fait un caméo dans Call Me Fitz (HBO Canada) et a joué dans la série Sex and Violence (OutTV). Candy a aussi été en lice pour un prix Screen Nova Scotia pour son rôle dans Forgive Me (Superchannel). Ce n'est pas tout : elle est aussi productrice à CBC Radio One, où elle a animé les émissions The Candy Palmater Show, Q et DNTQ;

on l'a vue également dans Because News et The Next Chapter. Enfin, on peut l'entendre dans la série télévisée True North Calling, où elle est narratrice, et elle a fait partie du jury de Canada Reads 2017.

Candy a écrit et animé de nombreuses émissions dont Ab Day Live, les Indspire Awards et le gala de remise des prix de l'ImagineNATIVE Film & Media Arts Festival.

Elle a prononcé le discours d'adieu de sa classe à l'école de droit Dalhousie; elle a ensuite pratiqué comme avocate en droit du travail et en droit des Autochtones pour un grand cabinet, jusqu'à ce que l'appel de la scène se fasse sentir.

Avant de se consacrer à plein temps à sa carrière dans le monde des arts de la scène, Candy a dirigé pendant dix ans le volet éducation des Premières Nations pour le ministère de l'Éducation de la Nouvelle-Écosse. Elle étudie présentement en vue d'obtenir une maîtrise en sciences de l'éducation à l'Université Saint-Francis-Xavier et a enseigné au programme de l'année de transition de l'Université Dalhousie.

Candy passe une grande partie de son temps à bord des avions et dans les aéroports, car elle se rend un peu partout dans le monde pour s'adresser à divers auditoires, importants ou plus petits, sur le pouvoir de l'amour, de la gentillesse et de l'acceptation de soi. Candy croit que nous sommes plus semblables que différents et que dans la vie, vous ne pouvez JAMAIS avoir trop de gentillesse.

Candy vient tout juste de signer un contrat avec la maison d'édition Harper Collins et publiera son premier livre au printemps 2019.

T2 Concurrent Sessions

T2A

Trans Health Expansion: partnering to transform healthcare systems

STREAM: ORGANIZATION & SYSTEMS CHANGE

Panelists

Navi Boparai, Project Manager, Rainbow Health Ontario, Toronto, ON (role is Provincial in scope); **Devon MacFarlane**, Director, Rainbow Health Ontario, Toronto, ON (role is Provincial in scope); **Cheryl Woodman**, ND, MHSc, CHE, Chief Strategy and Quality Officer, Women's College Hospital, Toronto, ON; **Stephanie Carter**, MBA, CHE, Clinical Director, Ambulatory Services, Acute Care Program, Centre for Addiction and Mental Health, Toronto, ON; **Melanie Warren**, Community representative, Toronto, ON

This session will focus on the Trans Health Expansion collaborative partnership model outlining the goals, objectives, and experiences of this initiative with opportunities for participant response. In March 2016, the Ontario Ministry of Health and Long-Term Care changed the Ontario Health Insurance Plan (OHIP) funding criteria for transition-related surgeries. Previously, trans people seeking transition-related surgeries could only access referrals through Toronto's Centre for Addiction and Mental Health (CAMH). Limited access, combined with an increased demand in services, resulted in a significant wait list for surgical referral in Ontario. Under the new legislation, qualified providers in Ontario can refer clients for surgery in order to reduce wait times and improve healthcare access and services for trans people. To execute the change, the government directed Sherbourne Health Centre including Rainbow Health Ontario, CAMH and Women's College Hospital (WCH) to partner to support the expansion of health services for trans individuals and communities across the province. This partnership is using a collaborative systems approach to enhance and improve surgical access, waitlist management, training and education, and evaluation. The session will outline the work of the partnership so far including challenges and learnings, and will highlight the

community engagement model as well as provide opportunities for dialogue/participant engagement.

Learning objectives

1. To understand the current legislative environment around accessing transition-related surgery
2. To learn about the Trans Health Expansion, the community engagement approach, and work to date
3. To share information and experiences to influence and enhance the goals of this initiative, and to expand networks from referral to surgery

T2B i & ii



SIMULTANEOUS INTERPRETATION

i) Aller au-delà des apparences : résultats d'une recherche-action participative communautaire sur le bien-être des jeunes personnes trans

Digging beneath the surface: results from a community-based participatory action research on trans youths' well-being

STREAM: RESEARCH

Présentatrice / Presenter

Annie Pullen Sansfaçon, T.S., Ph.D., Professeure agrégée, École de travail social, Université de Montréal, Montreal, QC

Bien que la littérature portant sur les jeunes personnes trans soit largement accaparée par des études de nature étiologique qui s'intéressent surtout au vécu trans en tant que particularité médicale, un nombre émergent et fragmenté d'études scientifiques commence à se pencher sur les facteurs qui favorisent ou atténuent les expériences négatives que cette population émergente est réputée vivre de manière disproportionnée. Une recherche-action participative en milieu communautaire (RAPC) a été

lancée au Québec, en 2016, avec comme objectif de réaliser une étude selon une approche d'investigation qualitative complète des interconnexions entre les divers facteurs affectant le bien-être des jeunes personnes trans. Conçu en faisant appel à deux concepts théoriques sensibilisants, soit la reconnaissance et l'intersectionnalité, ce projet visait à produire des faits probants confirmant l'adversité vécue par les jeunes personnes trans dans de nombreuses sphères de leur vie, notamment dans leur milieu familial, dans le réseau scolaire ou dans le système de justice, et à fournir des connaissances théoriques sur la façon dont l'adversité est aggravée par des facteurs comme la race, la classe sociale, la présence d'un handicap ou le genre. Cette présentation comprend d'abord un bref survol de la méthodologie anti-oppressive utilisée pour mener 24 entrevues approfondies avec de jeunes personnes trans au cours de la première phase de l'étude, ce qui a permis d'établir à quel point la consultation et la participation de la communauté ont été les piliers de la structure de cette étude. Les résultats seront ensuite présentés. Ils portent principalement sur les facteurs et les structures entraînant l'oppression et qui ont un effet négatif sur le bien-être des jeunes personnes trans, et sur les facteurs qui contribuent de manière positive au bien-être et à la résilience de ces personnes. La présentation proposera ensuite des concepts préliminaires sur la façon dont l'oppression et les facteurs de résistance interagissent, et sur ce que suggère leur interaction quant aux domaines d'intervention qui permettraient de favoriser le bien-être des jeunes personnes trans. Enfin, on abordera certaines des stratégies utilisées par les jeunes ayant participé à l'étude pour résister aux structures oppressives et améliorer leur qualité de vie.

Objectifs d'apprentissage

1. Les personnes participantes apprendront ce qu'est un modèle de recherche de nature anti-oppressive, conçu et menée dans le cadre d'une collaboration participative et démocratique entre personnes occupant des fonctions de recherche universitaire, organismes communautaires et membres de la communauté
2. Les personnes participantes découvriront des outils de recherche novateurs, conçus pour le recours à une approche intersectionnelle, et des résultats obtenus à partir d'une méthode d'analyse itérative approfondie

3. On transmettra aux personnes participantes des connaissances et des recommandations issues des résultats de la recherche penchant vers des modèles d'intervention possible pour favoriser le bien-être des jeunes personnes trans

While the literature on trans youth has largely been dominated by etiological studies interested in trans experience as a medical phenomenon, an emerging, if piecemeal, body of literature has begun to investigate factors that contribute or mitigate the negative life experiences this emerging population is known to face disproportionately. A Community-Based Participatory Action Research (CBPAR) project was launched in 2016 in Quebec to provide a comprehensive qualitative research investigation of the interconnections of factors affecting trans youth's well-being. Designed with two sensitizing theoretical concepts, namely 'recognition' and 'intersectionality', this project aims to produce evidence of trans youth's experience of adversity in many spheres of their lives, such as the family, the school system, and the legal system, and to offer theoretical insights into how adversity is compounded by factors such as race, class, disability, and gender. This presentation will first offer a brief overview of the anti-oppressive methodology used to conduct 24 in-depth interviews with trans youth during the first phase of research, emphasizing how community consultation and participation was a pillar of the design. Then, it will provide results, focusing on oppressive factors and structures that negatively influence trans youth's well-being, as well as factors that contribute positively to trans youth's welfare and resilience. Finally, this presentation will propose early insights into how oppression and resistance factors interact, and what their interaction suggests about potential areas of intervention to foster trans youth's well-being. Additionally, it will explore some of the strategies used by the participants to resist oppressive structures and improve their lives.

Learning objectives

1. Participants will learn about our anti-oppressive research design model, developed and conducted through a participative and democratic collaboration between academic researchers, community organizations, and community members
2. Participants will be exposed to innovative research tools developed to follow an

intersectional approach, and to results generated through an in-depth iterative analysis process

3. Participants will be provided with insights and recommendations from the research results that gesture towards potential areas of intervention to foster trans youth's well-being

ii) Vieillir dans le placard / Aging in the closet

STREAM: COMMUNITY SUPPORT & DEVELOPMENT

Présentateurs / Presenters

Monique Beaudoin, *Coordonnatrice en promotion de la santé, Centre de santé communautaire du Grand Sudbury, Sudbury (CSCGS), ON;*
Troupe de théâtre Jeune de coeur

Le vieillissement chez la population LGBTQ n'est pas sans ses défis. L'homophobie dans les services pour personnes âgées présente un sérieux problème et plusieurs personnes retournent dans le placard afin d'éviter la discrimination. L'objectif de ce séminaire est de partager une saynète de théâtre développée par le CSCGS en collaboration avec la Troupe de théâtre Jeune de coeur du CSCGS et des membres de la communauté LGBTQ francophone.

Cette saynète est d'une durée de 15 minutes et a été conçue comme outil de sensibilisation pour les intervenants dans les domaines de la santé, des services sociaux et des soins pour personnes âgées. Une discussion suivra. Ce séminaire sera offert en français mais avec traduction simultanée en anglais.

Objectifs d'apprentissages

1. Partager des outils d'éducation et de sensibilisation développés par le CSCGS et la Troupe de théâtre Jeune de coeur pour promouvoir les droits des aînés LGBTQ
2. Assurer un échange sur les pratiques prometteuses en matière d'éducation, sensibilisation, développement communautaire et changements à l'échelle du système
3. Explorer le concept de création d'alliances LGBTQ/hétéro dans le contexte des services de la santé

For the LGBTQ community, aging comes with its own set of barriers. Homophobia is a common issue facing LGBTQ seniors requiring long-term care services or home services for seniors and as a result, many seniors are faced with going back in the closet in order to avoid discrimination. The goal of this seminar is to share a theatre skit developed by the CSCGS in collaboration with our theatre troupe 'Théâtre Jeune de coeur' as well as members of the Francophone LGBTQ community. The skit is 15 minutes long, and deals with homophobia in elderly care settings. A discussion will follow. This session will be offered in French with simultaneous translation.

Learning objectives

1. Promote an education and awareness tool developed by the CSCGS and the Troupe de théâtre Jeune de coeur to promote the rights of LGBTQ seniors
2. Encourage discussion about best practices for education, awareness and systems change
3. Explore the concept of creating LGBTQ/hetero alliances in the context of health care services

T2C i & ii

i) Research and advocacy in the era of online hate: protecting yourself from targeted online harassment

STREAM: COMMUNITY SUPPORT & DEVELOPMENT

Presenter

Siobhan Churchill, *Graduate Research Assistant, MSc Candidate, Department of Epidemiology & Biostatistics, Schulich School of Medicine and Dentistry, London, ON*

You've heard of online harassment, but have you heard of doxxing? Doxxing refers to the practice of gathering and publishing an individual's personal information online for the purpose of harming, harassing, or embarrassing them. This information may include your address, phone number, the

location of your family, or any other information you wouldn't want the world to know—and it's easier to find than you think. Online attackers working in groups have been known to exploit this information in a variety of ways, often relentlessly sending their victims threats of death or bodily harm via any available line of communication. The rise of Trump's America along with the "alternative right" movement has coincided with increasing reports of doxxing against members of the LGBTQ community, including prominent LGBTQ researchers and advocates. Given the current political climate, it is important that we as LGBTQ researchers, advocates, and allies ensure our own safety when publishing controversial materials. This seminar will introduce the topic of doxxing while providing a "DIY" guide to using the same methods as professional hackers to find your own information online, and more importantly, take it down. Additional doxxing prevention strategies will be addressed, along with a discussion of immediate and long-term harm reduction strategies.

Learning objectives

1. To understand how the current political environment impacts one's own risk of becoming a target of online harassment
2. To learn how to find and remove personal information from the internet in order to protect oneself from targeted online harassment. This includes information from social media, online phone/address books, domain registries, and even data brokers (websites that purchase and publish personal and family information)
3. To learn what to do if one is a victim of targeted online harassment

ii) Query-ing inclusion through Pride IN Volunteering

STREAM: ORGANIZATION & SYSTEMS CHANGE

Presenters

Ziva Gorani, LGBTQ+ Special Projects Coordinator
Peel HIV/AIDS Network, Brampton, ON; **Shaminda Perera**, MEAE, Manager, Learning & Resource Development, Volunteer MBC, Brampton, ON

The value and impact of volunteering is strong in the Canadian context. Volunteering can engender a sense of social connectedness and inclusion that promotes health and well-being. Volunteers can also influence and contribute to an organization's ability to carry out its mandate or to ensure it reaches Ontario's diverse communities – including LGBTQ+ communities. Pride IN Volunteering, a project by Volunteer MBC and Peel HIV/AIDS Network, explored the experiences and expectations of inclusion among LGBTQ+ individuals. Through a survey and community consultations Pride IN Volunteering sought to understand whether homophobia, transphobia, and heterosexism may impact the engagement and retention of LGBTQ+ individuals as volunteers: a topic for which no published or unpublished research could be found. The project also developed and piloted tools and practices to assist volunteer coordinators, managers and their organizations to enhance inclusion of LGBTQ+ volunteers. This session will provide participants with an overview of the project, its findings and the tools developed. The session will also seek input and feedback from participants on their experiences of LGBTQ+ inclusion and practices to improve volunteer experiences for LGBTQ+ communities.

Learning objectives

1. Describe the experiences, challenges, and expectations of inclusion among LGBTQ+ volunteers
2. Identify tools and practices that not-for-profit organizations can utilize to enhance LGBTQ+ inclusion in their volunteer programs
3. Compare their experiences, challenges and expectations of inclusion when volunteering or considering volunteering

T2D

Embracing rural diversity: fostering progression and LGBTQ2S+ inclusion in rural, isolated communities

STREAM: COMMUNITY SUPPORT & DEVELOPMENT

Presenter

Sarah Seabrook, *Child & Youth Mental Health & Addictions Worker, Noojmowin Teg Health Centre, Mindemoya, ON*

This interactive workshop will explore the successful implementation of strategies that have fostered the progression and development of services and programming for the LGBTQ2S+ community on Manitoulin Island. It will highlight:

- the success and community feedback from the first ever LGBTQ2S+ Health Awareness Conference on Manitoulin in 2016;
- the community engagement and response to the first-ever PRIDE Manitoulin Festival in 2017; and
- the outcomes resulting from the acquisition of funding specific to providing counselling and programming to LGBTQ2S+ children and youth.

The workshop will also speak to the vast and complex boundaries and ongoing challenges faced in rural, northern communities, including:

- the systemic issues ranging from a significant lack of funding for adequate services, untrained and unwilling providers, a gross lack of resources and safer spaces;
- how the lower numbers of sexual and gender-diverse people who are “out” and thriving in our communities results in the inability to obtain significant, ongoing funding;
- the challenges of creating diversity because of the high numbers of people choosing or feeling forced to leave to seek out acceptance and opportunity in the city; and
- the prevalence of homophobia, transphobia and biphobia in rural communities due in part to the lack of exposure to contrasting identities.

This workshop will challenge participants to collaborate and identify realistic measures that, when implemented, will build momentum, support and safety for the LGBTQ2S+ people who stay, return or relocate to rural, northern communities.

Learning objectives

1. To obtain insight into the process and coordination of programs and services for the LGBTQ2S+ community on Manitoulin Island that have been successful in both First Nation and non-First Nation communities
2. To examine the boundaries that exist for the rural LGBTQ2S+ community and identify strategies that will facilitate healthy, connected queer and trans people in isolated communities
3. To come away with a greater understanding of the rural LGBTQ2S+ experience and the constant work in progress of improving the climate of acceptance and what it takes to start this change in your own community

T2E i & ii

i) The lost and sometimes forgotten (supporting LGBTQ2S offenders)

STREAM: COMMUNITY SUPPORT & DEVELOPMENT

Presenter

Stacey Love-Jolicoeur, *Independent Educator/ Support Worker for the LGBTQ2S Community, CMHA Belleville, Belleville, ON*

This community highlight will be centered on LGBTQ2S offenders within the Correctional System in Canada. With a non-disclosure of offender's names or personal information such as location of incarceration for the protection of privacy, the session will highlight the work being done to support LGBTQ2S offenders and to bring light to the fact that Correctional Services are very much on board with providing opportunities for offenders to be their true authentic selves within, and beyond the walls of facilities and to support them in their journey or assist them dealing with a family member or loved

one that may be coming out, and best practices of how to support them from the inside. The session will also speak about the re-integration work being done to assist trans-identified and Two-Spirit offenders in being successful in society upon release. The discussion in this session is open to exploring and identifying opportunities that can be helpful to increasing the mental health and well-being of our trans-identified and Two-Spirit offender population.

Learning objectives

1. Brainstorming of ideas with participants to gain more options to assist offenders in the work being done with them
2. Participants will learn about what is being done to support LGBTQ2S offenders within the walls of and upon release by Corrections Canada: participants will see how Corrections Canada has become a strong provider of services and opportunity for the LGBTQ2S culture within the walls of various facilities, and
4. Participants will have the opportunity to participate in discussion of assisting offenders in their journey to deal with gender identity and coming out as LGBTQ2S

ii) Uniforms and social inclusion: training police services to create a safer community for trans people

STREAM: PROFESSIONAL
EDUCATION & TRAINING

Presenters

Vincent Bolt, Education Manager TG InnerSelves/ Sudbury Action, Centre for Youth. Sudbury ON; **Paul Pedersen**, Chief, Greater Sudbury Police Service, Sudbury, ON; **Darlyn Hansen**, Community Member, Sudbury, ON

This session will describe how a partnership between the Greater Sudbury Police Service, TG InnerSelves and members of the trans community in Sudbury has created a better understanding and trust between the community and the police service. In 2013, TG InnerSelves and the Greater Sudbury Police Service collaborated to increase awareness and understanding of the transgender community.

This partnership resulted in ground-breaking locally created and produced training videos: one geared exclusively for police audiences and the second developed for use by community organizations. The videos were later translated into French, and the training is available in both official languages. This video along with members of TG InnerSelves assisted in training the entire police service—a training that included content about intersectionality, and additional considerations when working with Indigenous populations. When the training started it was evident that members of the trans population in Sudbury were uncomfortable with police services and afraid of police participation in local events. Over time, we have seen these same individuals become more comfortable with the police service, and establish a relationship of trust. We now have officers who regularly attend LGBTQ2+ events, and have become familiar faces to community members. This seminar will highlight the changes in policy we collectively helped create to eliminate barriers in employment and in accessing community services. We will discuss our continued dialogue to ensure that we maintain this relationship and continue to address barriers. In addition to the training that has been provided here in Sudbury, this partnership has resulted in joint training being provided to members of other police services, as well as students studying Police Foundations at Cambrian College and Collège Boréal. We continue to work in collaboration with the Safe Disclosure committee, which is dedicated to working with the LGBTQ2+ population to create a trusting relationship with the Greater Sudbury Police Service.

Learning objectives

1. How training members of agencies and organizations like the Greater Sudbury Police Service creates community impact and safer communities for trans people
2. Ways to create trust and inclusion, and an awareness of work that needs to continue to ensure safety for all trans people
3. Improving relationships with organizations, like the police, that are often a source of fear for marginalized populations, and continuing the work through an intersectional lens

T3 Poster Presentations

T3A

Hall of justice: 2SLGBTQ activist poster series research project

STREAM: PUBLIC POLICY,
ACTIVISM & HUMAN RIGHTS

Presenters:

John Caffery, Professor, Community Worker
Program, George Brown College, Toronto, ON;
Moonga Chiimba, Youth Participant, Toronto, ON

This poster is for those who want to learn more about engaging youth (aged 14-29) in social justice work. Specifically, my research explores contemporary and historical social movements and the work of activists in 2SLGBTQ communities locally and globally. I facilitated a major project that generated a poster series that honours those 2SLGBTQ individuals who have been instrumental in creating positive change. My aim with this project was to inspire and support 2SLGBTQ youth in their mobilization efforts to broaden equity and inclusivity. It is my hope that the interplay between art and activism can generate a more engaged youth citizenry. This project aligns with my long-term work to engage youth in social change and work on creative responses to oppression. For the purposes of this participatory action research (PAR) project, youth who were part of the Supporting Our Youth (SOY) program HEAT (Human Rights Equity Access Team) were an advisory committee who helped unpack how 2SLGBTQ communities have been impactful at challenging oppression with priority given to the hidden histories, and those that have not had the intended effect or impact but have contributed to positive social change. This research creates a space for innovation by utilizing the HEAT training program as a lab to test out arts-based pedagogy and deepen collective knowledge of effective 2SLGBTQ activism. Through consultation with HEAT, we collaborated on a poster series to illuminate the people, methods, and practices of 2SLGBTQ activism.

Learning objectives

1. Histories of 2SLGBTQ Resistance. *Hall of Justice* is informed by queer theory as it is rooted in the exploration of sexuality and gender through an intersectional lens and “allows for keeping [ourselves] open to question the elements of race, class, age, and anything else”
2. Arts-based pedagogy of social justice
3. Anti-oppression theory, with a queer theory lens

T3B

Working towards LGBTQ+ positive spaces in public health

STREAM: ORGANIZATION &
SYSTEMS CHANGE

Presenter

Kathryn Allwright, RN, PHN, Masters
of Nursing Science (MNSc) Student,
Queen's University, Kingston, ON

Co-author: Katie Goldie, PhD, MSc,
Queen's University, Kingston, ON

Public Health Units in Ontario have a responsibility to work with sexually and gender-diverse clients, communities, and staff to reduce health inequities and to minimize discriminatory barriers that have impacted access to public health programs and services for clients and a safe and healthy workplace for staff. From this poster presentation, participants will learn about the characteristics of LGBTQ-positive spaces and best-practice approaches to fostering such spaces in Public Health Units. Participants will also learn about the barriers and facilitators frequently encountered by health care organizations and champions when working towards positive spaces. Content will be applicable to multidisciplinary health care providers, organizational leaders, and policy makers. Preliminary findings from current research testing a measurement tool for assessing the implementation of LGBTQ positive spaces in Ontario Public Health Units will be used as an exemplar to illustrate key messages.

Learning objectives

1. Identify characteristics of, and best practice approaches to, fostering positive spaces in health care
2. Examine how organizations can assess the implementation status of positive spaces
3. Self-reflection on practices within participants' own institutions

T3C

Queering healthcare: transitioning to a safe space

STREAM: ORGANIZATION & SYSTEMS CHANGE

Presenter

Ashley Couillard, *Human Rights and Inclusion Coordinator, Hamilton Health Sciences, Hamilton, ON*

Often organizations will talk about leveraging diversity, and committing to diversity-based initiatives, but often inclusion gets lost in translation. As service providers, we want to provide affirming LGBTQ+ care for our patients, but even with our best intentions, research indicates that trans folks remain feeling excluded and marginalized, and are at a higher risk for poor health outcomes. Understanding from an intersectional framework that trans communities are amongst the most marginalized groups in Ontario in terms of barriers to accessible healthcare, the Office of Human Rights and Inclusion at Hamilton Health Sciences committed to creating a Gender Inclusive Committee (GIC). The GIC has partnered with hospital staff, members of trans communities, patient advisors and organizations that are focused on engaging in trans-inclusive work in order to transform the ways we offer care to our trans populations. The GIC is committed to engaging in extensive organizational change to create safe spaces for gender and sexually-diverse communities. Based on data collected from focus groups facilitated by the GIC, in this poster presentation participants will learn best practices for: (1) providing supportive and affirming care to members of trans communities with an intersectional approach, (2) strategic ways to shift organizational

culture, procedures, and practices to be inclusive of the LGBTQ+ community and (3) exploring some of the systemic challenges organizations experience when they are moving towards inclusive practices.

Learning objectives

1. Learning about the complexity of intersectionality and how this functions in complex ways for queer and trans folks accessing healthcare
2. Exploring ways in which service delivery systems can provide inclusive and affirming trans and queer-informed care
3. Strategic approaches and challenges for inclusive LGBTQ+ organizational change

T3D

Overcoming barriers in health care for Chinese lesbian newcomer couples in Ontario

STREAM: COMMUNITY SUPPORT & DEVELOPMENT

Presenter

Hsin-Yun Peng, *PhD Student, Social Work, York University, Toronto, ON*

For Chinese lesbian newcomers, there are multiple barriers that can prevent them and their partners/spouses from accessing or receiving local health care in Ontario. Chinese lesbian newcomers may face social isolation that limits their use of health services and life supports. Compared with heterosexual immigrant families, Chinese lesbian couples have fewer opportunities to meet Chinese/queer communities and lesbian families, or other life supporters, due to their sexuality. This isolation and stresses can cause health or mental issues, plus, marginalization and cultural differences impact their relationships, mental/physical health and life adaptations. For example, they may not be familiar with the health care system or LGBT-friendly health care services, and the language barrier can make it difficult to find LGBT-friendly doctors, to communicate or describe their symptoms—or even

to understand medical instructions. The social role of being women in Chinese culture can also make them embarrassed about taking gynecological exams, especially if their doctors are male. Moreover, gender inequality causes economic injustice that gives Chinese lesbian newcomer families less opportunity to get higher-paid positions and earn income to support their households. Similarly, their career choices and financial conditions also reflect lower health care benefits and coverage, which restricts their quality of care. Social workers should be aware of these barriers for racialized queer newcomers in health care and be more sensitive to challenging these structural injustices. It is important for social workers to see the diversity within LGBTQ communities and how this affects health care accessibility.

Learning objectives

1. Gain insights into the importance of social determinates of health care system in shaping health outcomes of Chinese lesbian newcomers
2. Explore the gender inequality within the LGBTQ community and how gender and ethnicity can affect their accessibility of healthcare service
3. Encourage social workers to see the diversity of LGBTQ individuals and provide culturally competent care

community. In 2016, the Coalition commissioned a survey to better understand the experiences and needs of the local LGBTQ community. This survey was prompted by a lack of local information about the health and experiences of LGBTQ people in our largely rural community. The survey was completed by 137 participants and covered topics such as experiences with health and health services, coming out, life experiences such as harassment, social support and community acceptance and involvement. Of the 137 participants, there were 19 trans participants who answered additional trans-specific questions. The findings highlight that opportunities exist to decrease health inequities and improve communication, acceptance and comfort within Oxford County related to a diversity of sexual orientations and gender identities. These results are currently being used to help inform initiatives organized by the Coalition. The full report, summary report and infographic sharing the results of this survey are available here: <http://oxfordcounty.ca/Partners-professionals/Reports-and-publications>.

Learning objectives

1. To learn about events that the Coalition has organized for the community
2. To learn about what made events successful and what challenges were encountered
3. To learn about the evolution of training initiatives and how initiatives were made relevant for the local community

T3E

Lesbian, gay, bisexual, transgender and queer LGBTQ+ peoples' experiences in Oxford County: Oxford County Rainbow Coalition Survey

STREAM: RESEARCH

Presenter

Jasen Richards, RN, BScN, London Health Sciences Centre, London, ON

The Oxford County Rainbow Coalition (Coalition) is a working group of representatives from organizations within Oxford County and volunteers from the

T4 Concurrent Sessions

T4A i, ii & iii

i) Social determinants of health among trans women with HIV in Canada: results of a national community-based cohort study

STREAM: RESEARCH

Presenter

Yasmeen Persad, Research Coordinator,
Trans Women and HIV Research Initiative,
Women's College Hospital, Toronto, ON

Globally, trans women are disproportionately affected by HIV. Drivers of HIV vulnerability, including poor social determinants of health (SDOH), have been well documented. Less is known about the experiences of trans women with HIV in Canada. Our study's purpose was to compare SDOH between trans and cisgender (cis) women living with HIV in Canada. We analysed baseline survey data from the Canadian HIV Women's Sexual and Reproductive Health Study, a multi-province community-based cohort study. We computed descriptive statistics and compared distribution among trans (n=53) and cis (n=1362) women using chi-square and ANOVA. Trans women in CHIWOS reported a mean age 41 years (SD=10). Similar to cis women with HIV, many reported clinical depression (44%), PTSD (44%), past incarceration (45%), and food insecurity (64%). Compared to cis women, more trans women reported a household income <\$20,000/year (92% vs. 64%, p<.001), unstable housing (25% vs. 10%, p<.001), current use of recreational drugs (45% vs. 17%, p<.001), sex work for income (9% vs 2%, p<.05), childhood violence (88 vs 68%, p<.001), and never accessing HIV healthcare (8% vs 3%, p<.05). Over 80% of trans women reported being made fun of or called names for being trans, hearing that trans people were not normal, and being fetishized sexually because they were trans. These descriptive findings highlight a multitude of factors across the SDOH that shape the health and wellbeing of trans women with HIV in Canada, including economic insecurity, mental health issues, violence, and stigma, adding to the growing body of literature about trans women and HIV globally.

Learning objectives

1. To understand the global literature about HIV vulnerability for trans women living with HIV
2. To describe how SDOH, including health and mental health outcomes, may differ between trans women living with HIV and cis women living with HIV in a Canadian context
3. To apply knowledge of gaps in social determinants of health for trans women living with HIV to potential interventions in health and social service settings

ii) Why are faggots so afraid of faggots? A narrative inquiry into the lives of gay Latinx men and the resistance to anti-effeminacy and hegemonic masculinity

STREAM: RESEARCH

Presenter

Marcus Cerqueira Sanzi, MA Student,
Simon Fraser University, Burnaby, BC

"Why are faggots so afraid of faggots?" (Sycamore, 2012). Many gay men embrace "straight-acting" behaviour to avoid feminine traits. Psychological and sociological research has connected the stigmatisation of femininity with distress among gay men. While some argued that masculine stereotypes are associated with self-worthiness, others found that feminine men are at greater risk of victimisation and negative psychosocial adjustment. The discourse of "straight-acting" produces and reproduces anti-effeminacy behaviours and homophobia, contributing to the likelihood of mental health problems. Research suggests that Latino gay men tend to conform with traditional masculinity ideology, especially when they are strongly involved with their ethnic group, social customs and traditions. This behaviour can be observed in earlier stages of life where young boys use homophobic narratives to regulate one another's gender performativity. This attitude leads to the stigmatisation of effeminacy as well as negative feelings towards homosexuality. More specifically, traditional machismo is positively associated with involuntary beliefs and expressions of hostility against gay men. However, literature is still scarce on studies that examine how feminine Latino gay men

navigate and make meaning of the challenges of peer discrimination. Therefore, this qualitative study uses interpretive narrative methods to centre the voices of gay Latinx living in Canada. The preliminary findings and implications from one participant's narrative explore themes of culture, race and ethnicity, and their intersectionality with gender and sexuality. Thus, findings can inform teaching and counselling practices with sexual and ethnic minorities and contribute to understanding the role that anti-effeminacy plays in relationships and overall mental health.

Learning objectives

1. How historical, cultural, biographical and social conditions influence the stories Latinx gay men share about themselves
2. The importance of masculinity and heteronormative messages on self, others and relationships
3. The pressure newcomers feel to be accepted in the LGBTQ2S communities in Canada

reliable, up to date information on these topics. Inspired by the Gender Journey program, this youth group was designed to create a space to foster community support and connection through respect for diversity of sexuality and gender expression. Our experience offering the adult version of this group in the standard protocol taught us that young people were not well served by the workshop format that works so well for adults. Drawing on the work of Families in Transition, LeeAndra Miller, and CMHA HKPR innovations, we sought to develop youth-friendly Gender Journeys tools to encourage conversations and connections among participants and at the same time engage in summer fun, expressive art, and movement. Looking forward, we have a vision to expand this program into a residential camp. Although there are two other residential summer camps in Ontario for LGBTQ2S youth (Ottawa, Ste. Sault Marie), none exist to serve youth in Northwestern Ontario. By combining the educational and community benefits of Gender Journeys with a nature-based program in a residential camp, we hope to develop youth leadership and connectedness and to build community capacity at the grassroots level for the benefit of LGBTQ2S youth in this place.

Learning objectives:

1. To promote awareness of Gender Journeys program developments in order to maximize services to the trans- and gender-diverse communities, specifically those who work with youth
2. Participants will have an opportunity to network and to develop new tools and strategies for use when working with LGBTQ2S youth populations
3. Participants will try out and provide feedback for the Gender Journeys Youth Summer Day Camp tools and process towards development of an LGBTQ2S Northwestern Gender Journeys nature-based youth residential summer camp

T4B

Gender journeys youth day camp: piloting towards take off of a nature-based residential queer camp for Northwestern Ontario

STREAM: COMMUNITY SUPPORT & DEVELOPMENT

Presenters

Laurie Hollis-Walker, *Psychotherapist, NorWest Community Health Centres, Thunder Bay, ON*; **Betsy Martin**, *HBSW, co-facilitator, The Other 10%, Thunder Bay, ON*

LGBTQ2S youth are known to struggle with lack of validation and visibility, even among the LGBTQ2S community (Lepischak, 2004). In response to the growing need for age-appropriate services and programs for gender creative youth, Gender Journeys Summer Day Camp is a free 4-day program that explores gender and sexual identity and provides

T4C

LGBTQ communities and tobacco: how you can help get tobacco use out of the closet

STREAM: PROFESSIONAL
EDUCATION & TRAINING

Presenter

Nicole McGaughey-Paparo, RN, TEACH
trained Sr. Coordinator, Partnerships and
Promotion, Smokers' Helpline, Canadian Cancer
Society, Ontario Division, Sudbury, ON

The majority of tobacco users want to quit, and those who work with LGBTQ communities are in the best position to help them make a quit attempt. Tobacco cessation interventions are proven to be effective. Health care and social service professionals have an important role to play in supporting their clients and patients to quit using tobacco. In this session, participants will be provided with the tools, techniques and resources that will assist them in supporting their clients and patients who use tobacco. They will also have an opportunity to build on their existing capacity to assist their clients by employing proven interventions that can make a difference in fewer than three minutes.

Learning objectives

1. The health and other risks associated with tobacco use and nicotine addiction and the importance of implementing smoking cessation interventions with LGBTQ individuals and communities
2. Why LGBTQ communities have high prevalence of tobacco use
3. How to implement effective, practical tools addressing nicotine dependence, nicotine withdrawal and tobacco cessation; information about resources and services available both to practitioners and smokers

T4D

Learn how to French: six strategies to foster linguistic inclusion in our work practices and environments

STREAM: COMMUNITY
DEVELOPMENT & SUPPORT

Presenter

Sophie Wertheimer, BFA, MA, PhD, Consultant,
Sophie Wertheimer Consulting Services, Ottawa, ON

As a linguistic minority in Ontario, Francophone LGBTQ2S+ individuals and communities face a number of issues that affect and limit their access to services and their overall wellbeing. Though the provision of linguistically and culturally adapted care is key to addressing social and other determinants of health, access to human, financial and other resources—and our own insecurities about language—can sometimes limit the linguistic diversity and inclusivity of our work. This 90-minute workshop will provide participants with an opportunity to discuss and reflect upon the importance of language in shaping access to health services, particularly as it relates to the experiences of Francophone LGBTQ2S+ individuals and communities. A special focus will be placed on identifying the issues faced by and needs of Francophone immigrants and refugees more specifically. After a short introduction, participants will be invited to complete a case study and mapping exercise in small groups. As a large group, we will then explore tangible examples and strategies that we can implement in our work practices and environments to more meaningfully include Francophones. The discussion will centre on six strategies and corresponding examples: creating multilingual spaces with posters and other materials; moving beyond translation to cultural adaptation; fostering a multilingual workforce; using community-relevant language; and collaborating with Francophone and ethnocultural groups. Participants will receive an extensive list of online, print and other resources to further their inquiry after the workshop. The activity will take place primarily in English, but participation in French is bienvenue!

Learning objectives

1. To better understand the realities and needs of Francophones LGBTQ2S individuals and communities in Ontario, with a particular focus on Francophone immigrants and refugees
2. To identify tools, resources and ideas that can help us foster more linguistically inclusive practices and environments on an ongoing basis
3. To reflect on the challenges and importance of language and multilingual work as it relates to health, sexuality and identity

T4E i, ii & iii



**SIMULTANEOUS
INTERPRETATION**

i) Racism as a determinant of health: the coping experiences of gay men of colour in Ottawa

Le racisme en tant que déterminant de la santé : expériences vécues par des hommes gais de couleur à Ottawa

STREAM: RESEARCH

Presenter / Présentateur

Sulaimon Giwa, Assistant Professor, Social Work, Memorial University of Newfoundland, St. John's, NL

The experiences of gay men of colour in Canada have, to date, been examined from a deficit perspective. Research has focused on sexual behaviours that place them at risk of HIV/AIDS, reducing the complexities of their lives to one issue. How gay men of colour resist racism within gay communities has received little, if any, attention. The present study integrated insights from critical race and queer theories, minority stress theory, and the psychological model of stress and coping. Data were collected in Ottawa from 13 gay men who identified as Black, South Asian, East Asian, and Arab/Middle Eastern. Focus groups and in-depth interviews were conducted; interpretative phenomenological analysis was used to analyze the data. Findings: Eighty-five percent of participants had experienced online and offline racism. Offline, racism was cloaked in subtle

microaggressions; online, in the rhetoric of personal preferences. Participants resisted the stigma of racism with problem and emotion-focused techniques. Emotion-focused coping was ideal where less control was perceived over the racist stigma. Problem-focused coping was favoured where greater control was identified. Informal and formal support for coping with the stress of racism was underscored. Lack of the latter revealed a significant gap in public health and social work service delivery to gay men of colour. Implications: Traditional deficit-based practice is nonresponsive to the needs of gay men of colour. A resilience practice framework recognizes the potential of individuals and groups to thrive in contexts of adversity. Social workers and allied health professionals can use this understanding to support clients' existing strengths. They can also use the learnings from this research to inform the design of therapeutic support, so that when culturally related elements of race and racism are included in the assessment and treatment planning process, they can improve treatment outcomes.

Learning objectives

1. Increase awareness of health and social service providers to the importance of racism as a social determinant of health for gay men of colour
2. Develop participants' knowledge of the ways that gay men of colour negotiate, resist, and cope with racism
3. Support participants to move beyond a deficit-based practice approach towards an asset-based model that promotes resilience

Jusqu'à maintenant, les expériences vécues par les hommes gais de couleur au Canada ont été étudiées selon une perspective limitative. Les travaux de recherche ont surtout porté sur les comportements sexuels qui posent des risques, pour ces personnes, de contracter le VIH/sida, ce qui réduit l'existence de ces hommes à un seul enjeu. La façon dont les hommes gais de couleur résistent au racisme au sein de la communauté gaie a suscité peu d'attention jusqu'à maintenant, sinon aucune. Cette étude fait appel aux connaissances globales associées à la critique théorique concernant la race et les personnes queer, à la théorie du stress des minorités et aux modèles psychologiques du stress et de l'adaptation. Les données de cette étude ont été recueillies à Ottawa auprès de 13 hommes gais se désignant de race noire, sud-asiatique, est-asiatique ou arabe/moyen-

orientale. Des groupes de discussion ont été créés et des entrevues approfondies ont été réalisées; l'analyse phénoménologique interprétative a été utilisée pour l'étude des données. Les conclusions : 85 % des participants ont vécu du racisme en ligne ou hors ligne. Hors ligne, ce racisme s'exprimait sous forme de micro-agressions subtiles. En ligne, il adoptait la forme d'une rhétorique relative aux préférences personnelles. Les participants à l'étude ont résisté à la stigmatisation associée au racisme grâce à des techniques centrées sur les émotions ou sur le problème lui-même. L'adaptation centrée sur l'émotion constitue une technique idéale lorsque la personne ressent que le contrôle exercé par la stigmatisation en raison de la race était moindre. L'adaptation axée sur le problème est favorisée lorsque cette stigmatisation entraîne un contrôle plus grand. Un soutien formel et informel pour l'adaptation au stress occasionné par le racisme a été évoqué. L'étude a permis de constater que le manque de soutien constitue une lacune importante dans la prestation de services de santé publique et de services sociaux aux hommes gais de couleur. Implications : la pratique traditionnelle fondée sur le déficit ne répond pas aux besoins des hommes gais de couleur. Un cadre de pratique fondé sur la résilience reconnaît la possibilité, pour les individus et les groupes, de s'épanouir dans des contextes d'adversité. Les personnes œuvrant en travail social et les personnes alliées exerçant des professions de la santé pourront utiliser cette compréhension de la problématique pour appuyer les forces existantes de cette clientèle et s'inspirer des éléments d'apprentissage issus de cette recherche pour la conception de soutien thérapeutique afin que, si les facteurs culturels de la race et du racisme sont inclus dans le processus de planification de l'évaluation et du traitement, ils puissent contribuer à l'atteinte de meilleurs résultats.

Objectifs d'apprentissage

1. Sensibiliser davantage les personnes œuvrant en service social et dans le domaine de la santé à l'importance du racisme en tant que déterminant social de la santé des hommes gais de couleur
2. Accroître les connaissances de l'auditoire sur les moyens, pour les hommes gais de couleur, de composer avec le racisme, d'y résister et de s'y adapter
3. Aider l'auditoire à passer d'une approche de pratique fondée sur le déficit à un modèle axé sur l'évaluation, qui favorise la résilience

ii) A comprehensive trans health needs assessment in rural/small communities in Ontario (North Simcoe/Muskoka)

Évaluation exhaustive des besoins de santé des personnes trans vivant en milieu rural ou dans de petites communautés de l'Ontario

STREAM: RESEARCH

Presenters / Présentateurs

Tanya Shute, RSW, MSW, PhD candidate (Faculty of Education, York University), Principal Researcher on the North Simcoe/Muskoka Trans Health Needs Assessment Project, Adjunct Faculty, Laurentian University School of Social Work, Richmond Hill, ON; **Jake Feldman**, Coordinator, Family & Youth Programs, Gilbert Centre for Social and Support Services, Barrie, ON; **Marissa Rodway Norman**, Chief of Psychiatry, Orillia Soldiers' Memorial Hospital, Orillia, ON

Discussion of findings from a community-based research project examining the health needs and experiences of trans-identified residents of North Simcoe/Muskoka, an area comprised of small, rural, suburban and remote communities. Findings focus on health needs and experiences in small towns/communities. Findings include the burden of having to be an expert in one's own care in order to "transition in place" in small towns where local services lack expertise, resulting in a patchwork of services which are not coordinated except by the clients' own efforts; avoidance of health services due to negative previous experiences with health system, and the critical lack of access to prescribed hormone therapy as a life-saving health resource in small communities. Additionally, they include gender identity-affirmation and respect as determinants of a positive experience of primary health services, and a detailing of the specific concerns of trans and transitioning people in small town/communities in Ontario. Mixed methods methodology: online survey and four community focus groups were conducted. Results suggest multiple areas of service development that may have a positive impact on the delivery of care across the spectrum of health services, including primary care as well as tertiary services, to the trans population in small communities. Recommendations directly from the voices of trans clients will be presented. This project

contributes to the paucity of literature about the health care of trans people in small towns and communities.

Project partners: *LGBT Task Force of Orillia Soldiers' Memorial Hospital, The Gilbert Centre (Simcoe County) and funded by the North Simcoe Muskoka LHIN. Principal Investigator: Tanya Shute, Laurentian University School of Social Work.*

Learning objectives

1. Understand the unique health care needs and experiences of trans residents of small, remote, rural and northern communities
2. Discuss how to improve clinical services and health care to trans clients in these communities based on the voices of trans residents
3. Understand the qualitative aspects of health care service that improve access and use of health care services across the spectrum of provision, from primary health care to community health care

Discussion des conclusions d'un projet de recherche communautaire dans le cadre duquel on s'est penché sur les besoins et sur les expériences vécues par des personnes trans résidant dans la région de North Simcoe/Muskoka, composée essentiellement de collectivités rurales ou de petite taille, de municipalités de banlieue et de communautés éloignées. Les conclusions de cette étude portent sur les besoins en matière de santé et sur les expériences vécues dans les petites municipalités et collectivités. Elles abordent notamment le fardeau qu'impose le fait de devoir être une « personne experte » pour ses propres soins afin de pouvoir effectuer sa transition en demeurant dans son milieu où, généralement, les services n'offrent pas l'expertise nécessaire, ce qui fait en sorte qu'on ne peut offrir qu'une suite décousue de services qui ne sont pas coordonnés, à moins que la clientèle ne les coordonne elle-même; où on évite d'avoir recours aux services de santé en raison d'expériences antérieures négatives dans le système; où l'on constate un manque criant d'accès à l'hormonothérapie sous ordonnance comme ressource susceptible de sauver des vies dans les petites collectivités. L'étude inclut également l'identité/l'affirmation du genre et le respect en tant que déterminants d'une expérience positive des soins de santé primaires et traite en détail des préoccupations particulières des personnes trans ou en transition dans les petites municipalités et

collectivités en Ontario. Méthodologie des méthodes mixtes : un sondage en ligne a été réalisé et quatre groupes de discussion ont été organisés. Les résultats suggèrent de multiples domaines où des services pourraient être élaborés et qui pourraient avoir un effet positif sur la prestation de soins, dans tout le spectre des services de santé, notamment dans le domaine des soins primaires et des services tertiaires pour la population trans dans les collectivités de petite taille. Des recommandations exprimées directement par la clientèle trans seront aussi présentées. Ce projet contribue à pallier la rareté de la littérature portant sur les soins de santé prodigués aux personnes trans dans les petites municipalités et collectivités.

Partenaires du projet : *LGBT Task Force de l'hôpital Orillia Soldiers' Memorial, The Gilbert Centre (comté de Simcoe); financement assuré par le RLISS de North Simcoe Muskoka. Chercheure principale : Tanya Shute, École de service social de l'Université Laurentienne.*

Objectifs d'apprentissage

1. Comprendre les besoins particuliers en matière de santé et les expériences vécues en la matière par les personnes trans résidant dans des collectivités rurales, éloignées, de petite taille ou situées dans les régions du Nord
2. Exposer comment améliorer les services cliniques et les soins de santé pour la clientèle trans dans ces collectivités, en s'inspirant du point de vue de leurs résidents trans
3. Comprendre les aspects qualitatifs des services de soins de santé susceptibles d'améliorer leur accès et leur utilisation dans tout le spectre de leur prestation, des soins primaires aux soins communautaires

iii) “What can lower HIV risk in the North is accepting you are LGBT”: exploring social contexts of sexual health with Northern LGBT youth in the Northwest Territories

« Être acceptée comme personne LGBT pourrait réduire les risques de transmission du VIH dans le Nord » : exploration des contextes sociaux de la santé sexuelle chez les jeunes personnes LGBT du Nord dans les Territoires du Nord-Ouest

STREAM: RESEARCH

Presenter / Présentateur

Carmen Logie, Assistant Professor, Factor-Inwentash Faculty of Social Work, University of Toronto, Adjunct Scientist, Women's College Research Institute, Ontario Ministry of Research and Innovation Early Researcher, Toronto, ON

Background: In the Northwest Territories (NWT) youth sexually transmitted infections (STI) rates are 10 times Canada's average. Geographic isolation and stigma enhance STI vulnerability in the NWT. Stigma targeting lesbian, gay, bisexual and transgender (LGBT) youth influences sexual health. Limited research has examined sexual health among LGBT youth in the NWT. We explored social contexts of sexual health among LGBT youth in the NWT. **Methods:** In this community-based project we conducted in-depth interviews with LGBT youth (n=44) and key informants (n=30) in Yellowknife, Hay River, Fort Smith, Inuvik and Behchokò. Interviews were recorded and transcribed verbatim, and analyzed using narrative thematic techniques. **Results:** Youth participants (mean age: 22.3[SD: 4.5]; Indigenous: 16%; ethno-racial minority: 18%, cisgender women: 36%, cisgender men: 34%, transgender: 30%) identified as bisexual (30%), gay (30%), pansexual (16%), lesbian (11%), questioning (7%), and queer (7%). Narratives suggested stigma targeting LGBT youth exists across familial, educational, community, and healthcare settings. Stigma exacerbated social isolation, increased depression and substance use—these factors influenced sexual

decision making. Participants described a lack of safer sex knowledge tailored for LGBT youth. Indigenous youth discussed racism in predominantly non-Indigenous LGBT communities, and the intersection of stigma with intergenerational trauma and colonization. Stigma was intensified in smaller communities. Protective factors included community-building and online support. **Implications:** Stigma, mental health and substance use converge to compromise sexual health among Northern LGBT youth. Sexual health strategies tailored for LGBT youth in Northern Canada should address stigma, mental health, and racism, with attention to Indigenous youth's lived experiences.

Learning objectives

1. Participants will be able to describe how social contexts influence LGBT youth and their sexual health in the Northwest Territories
2. Participants will be able to understand the concept of Intersectionality and how to understand LGBT experiences that converge with place, gender norms, and other identities, including Indigenous identities
3. Participants will be able to identify strengths and protective factors that can inform sexual health promotion strategies with LGBT youth in Northern contexts

Dans les Territoires du Nord-Ouest (T.N.-O.), le taux de transmission des infections transmises sexuellement (ITS) chez les jeunes est dix fois plus élevé que la moyenne canadienne. L'éloignement et la stigmatisation augmentent la vulnérabilité aux ITS dans les T.N.-O.. La stigmatisation à l'égard des jeunes personnes lesbiennes, gaies, bisexuelles et transgenres (LGBT) a une influence sur la santé sexuelle. Peu de recherches se sont penchées sur la santé sexuelle des jeunes LGBT dans les T.N.-O.. Nous avons étudié les contextes sociaux touchant la santé sexuelle chez les jeunes LGBT des T.N.-O.. **Méthodologie :** Pour ce projet de recherche réalisé dans la communauté, nous avons procédé à des entrevues approfondies avec des jeunes LGBT (n = 44) et des informateurs clés (n=30) dans les villes et municipalités de Yellowknife, Hay River, Fort Smith, Inuvik et Behchokò. Les entrevues ont été enregistrées et transcrites avant d'être analysées à l'aide de techniques narratives thématiques. **Résultats :** Jeunes personnes participantes (âge moyen : 22,3 ans [écart-type : 4,5]; Autochtones : 16 %; minorité

ethnoraciale : 18 %, femmes cisgenres : 36 %, hommes cisgenres : 34 %, personnes transgenres : 30 %) s'identifiant comme bisexuelles (30 %), gaies (30 %), pansexuelles (16 %), lesbiennes (11 %), en questionnement (7 %) ou queer (7%). Les exposés suggèrent que la stigmatisation ciblant les jeunes LGBT existe effectivement dans les familles, dans les communautés, dans le milieu de la santé et dans celui de l'éducation. La stigmatisation contribue à l'isolement social, accroît les risques de dépression et la toxicomanie – autant de facteurs qui influencent la prise de décisions en matière sexuelle. Les personnes participantes ont mentionné un manque de connaissances en matière de pratiques sexuelles sécuritaires adaptées aux jeunes LGBT. Les jeunes autochtones ont évoqué le racisme qui sévit dans les communautés LGBT non autochtones et de la convergence de la stigmatisation avec le traumatisme intergénérationnel et la colonisation. La stigmatisation est encore plus forte dans les petites collectivités. Parmi les facteurs de protection, on note les capacités communautaires et le soutien en ligne. Implications : La stigmatisation, les problèmes de santé mentale et la toxicomanie contribuent ensemble à mettre en péril la santé sexuelle chez les jeunes LGBT du Nord. Les stratégies en matière de santé sexuelle adaptées aux jeunes LGBT du Nord canadien devraient tenir compte de la stigmatisation, de la santé mentale et du racisme et porter une attention particulière aux expériences vécues par les jeunes autochtones.

Objectifs d'apprentissage

1. L'auditoire pourra comprendre dans quelle mesure les contextes sociaux influencent les jeunes LGBT des Territoires du Nord-Ouest et ont un effet sur leur santé sexuelle
2. L'auditoire comprendra mieux le concept d'interrelation et aura une meilleure compréhension des expériences vécues par les personnes LGBT dans l'optique du lieu, des normes liées au genre et d'autres identités, y compris de l'identité autochtone
3. L'auditoire pourra établir les forces et les facteurs de protection pouvant inspirer des stratégies de promotion de la santé sexuelle à l'intention des jeunes LGBT dans un contexte nordique

T5 Concurrent Sessions

T5A



**SIMULTANEOUS
INTERPRETATION**

Two-Spirit resurgence & community wellness

Résurgence des personnes bispirituelles et mieux-être communautaire

STREAM: COMMUNITY SUPPORT & DEVELOPMENT

Panelists

Rihkee Strapp Metis graphic facilitator and visual artist originally from Red Lake, ON; **Kimberly Pelletier** is an awesome Anishnawbe Kwe who works as the Interim Health and Wellness Worker for the Sault Ste. Marie Indian Friendship Centre; **Ma-Nee Chacaby**, Two-Spirit elder, author, educator and actor from Thunder Bay, ON

This panel of Two-Spirit and queer/LGBT/trans/non-binary-Indigenous helpers will recognize the resurgence of community wellness in their communities and practices. These storytellers and knowledge keepers will talk about their experiences being involved with community wellness programs, operating support groups, and practicing community arts and/or queer-trans Indigenous advocacy. Together, they will share successes and barriers they've faced along the way as part of building community wellness in a good way.

Cette table ronde formée de personnes autochtones bispirituelles, queer, LGBT, trans et de genre non binaire œuvrant en soutien communautaire fera état de leur regain d'intérêt pour le mieux-être de la collectivité dans le cadre de leur pratique et des communautés qui sont les leurs. Ces personnes, en tant que conteuses et gardiennes du savoir, parleront de leur expérience de participation aux programmes de mieux-être communautaires, de l'animation de groupes de soutien, de pratique

des arts et de défense des droits des Autochtones queer et trans. Ensemble, ces personnes parleront de leurs réussites et des obstacles rencontrés en cours de route pour établir un véritable mieux-être au sein de leurs communautés.

T5B

Taking initiative

STREAM: COMMUNITY SUPPORT & DEVELOPMENT

Presenters

Anna Penner, Coordinator, Research and Programming, LGBTQ Youth Initiative, Planned Parenthood Toronto, Toronto, ON; **Shayna Sayers-Wolfe**, T.E.A.C.H. Volunteer Engagement Worker, Planned Parenthood, Toronto, ON; **Zarina Mazlan**, Member, LGBTQ Youth Advisory Committee, Planned Parenthood Toronto, Toronto, ON

Through the LGBTQ Youth Initiative, Planned Parenthood Toronto and our collaborative partners (Central Toronto Youth Services, Egale Canada Human Rights Trust, Griffin Centre, Sherbourne Health Centre, LGBT Youth Line, The 519 Church Street Community Centre, and the Toronto District School Board's Gender Based Violence Prevention Office) are working together to enhance access to services and to engage youth in strengthening the LGBTQ youth sector in Toronto. The initiative is guided by community need, and research is an integral part of our work. In 2016, 259 youth and 20 service providers participated in online surveys and focus groups across the city. They shared their experiences and information about programs that LGBTQ youth need and want to access. In this session, staff and Youth Advisory Committee members from the LGBTQ Youth Initiative will share the findings of this assessment. We will take an intersectional approach, with particular attention to the information shared by BIPOC and newcomer youth. We'll reflect on our own experiences developing programming, encourage participants to explore how the information we gathered might inform their own work, and imagine what innovative and accessible programming can look like across the province.

Learning objectives

1. Discuss how findings varied among communities of youth including BIPOC youth, trans and non-binary youth, youth with disabilities, and youth experiencing mental health concerns; learn about the experiences and programming needs of LGBTQ youth in Toronto
2. Share knowledge with other service providers about experiences working with LGBTQ youth across the province
3. Develop strategies for building effective and accessible programming for diverse LGBTQ youth communities

T5C



Design thinking: innovative approaches to knowledge translation

STREAM: PUBLIC POLICY, ACTIVISM & HUMAN RIGHTS

Panelists

Devon MacFarlane, Director, Rainbow Health Ontario, Toronto, ON; **Krystle van Hoof**, Assistant Director, CIHR Institute of Gender and Health, Montreal, QC; **Winners of awards from recent LGBTQI2S Design Jam: Erin Zielger**, 3rd Year Doctoral Student, School of Nursing, McMaster University, Hamilton, ON; **Jennifer Carroll**, RN, MNSc student, Queen's University, Kingston, ON

In 2015, the Institute of Gender and Health (IGH) of the Canadian Institutes of Health Research began exploring how design thinking, what is most often used in Hackathons, might be used as an innovative new approach to knowledge translation. Out of this exploration, the *Hacking the Knowledge Gap* series was born and the Institute has now co-hosted three events that apply design thinking methods to research and knowledge translation problems. The most recent event in this series was co-hosted with Rainbow Health Ontario, among other partners, in Vancouver in February, and was focused on the topic of LGBTQI2S Health and Wellness. Representatives

from one of the winning teams from this event will join IGH and RHO in this panel to share their experiences of the event and discuss the possibilities for design thinking and knowledge translation going forward. This session will be divided into a panel discussion to provide background and allow panelists to share their experiences, followed by a design-thinking and knowledge translation workshop. During the workshop portion, participants will be guided through the use of design thinking to approach complex problems in knowledge translation (or other areas of interest).

Learning objectives

1. Promote awareness of design thinking as a novel approach to knowledge translation
2. Encourage discussion of opportunities to employ design thinking methods to improve health, wellness, research and knowledge translation for LGBTQ individuals
3. Gain hands-on experience applying design thinking to complex problems

T5D

HIV is not a crime: current state of the law and reform efforts in relation to the overly broad use of the criminal law in relation to HIV non-disclosure

STREAM: PUBLIC POLICY, ACTIVISM & HUMAN RIGHTS

Presenters

Amy Wah, Policy Lawyer, HIV and AIDS Legal Clinic Ontario (HALCO), Toronto, ON; **Shazia Islam**, PHA Support Coordinator, Alliance for South Asian AIDS Prevention & Research Assistant, CHIWOS study, Women's College Hospital, Toronto, ON

Social determinants of health impacting women, gay men, Indigenous Peoples, racialized persons and trans individuals result in particular vulnerabilities in relation to HIV, including facing the spectre of criminal law for non-disclosure of HIV status. The

session will explore the current state of criminal (and public health law), as well as law reform initiatives to bring the law in line with up-to-date science, human rights principles, and public health responses.

Learning objectives

1. Public legal education surrounding criminal and public health law
2. Education in relation to differing impacts of the law on different populations (using an intersectional approach, explore the impacts on women, Indigenous Peoples, racialized persons, gay men, and trans individuals)
3. Community development and empowerment in relation to law reform

T5E

Social justice is not urbanized. One voice does not speak for all

STREAM: PUBLIC POLICY, ACTIVISM & HUMAN RIGHTS

Presenters

Nicole Anglin, Harm Reduction Outreach Coordinator, AIDS Committee of Durham Region, Oshawa, ON; **Kyana Graham**, Youth Outreach Coordinator, AIDS Committee of Durham Region Oshawa, ON

During the busyness of Black History Month, HIV awareness aims to unify many nations, cultures, faiths and languages in the fight against AIDS in African, Caribbean and Black communities. The rest of the year, what's a person to do to assert their need to be served? To be heard? And when is it safe for racialized youth of colour to take space in their home communities without needing to commute outside of it? This session will use sexual health and social services to address the challenges LGBTQIA youth of colour experience when seeking services in rural-suburban areas.

Learning objectives

1. Participants will learn about the challenges associated with debriefing disclosure situations for radicalized LGBTQIA living in rural-suburban areas
2. Participants will re-view the roles public libraries and settlement hubs play in offering equitable spaces for LGBTQIA youth of colour to access sexual health and social services
3. Participants will be able to offer solutions to community gaps and barriers experienced by racialized LGBTQIA in rural-suburban areas

Social Event

Queer art-making in a mining town - an evening of local LGBTQ2S art

At this locally organized event, attendees will have the opportunity to network and participate in an evening of art featuring local queer artists.

Opening Reception with short panel discussion: Thurs. March 22nd at 7pm

Vernissage avec brève discussion informelle: jeudi 22 mars à 19h

93, rue Cedar St, Suite 303 (@ rue Lisgar St)

Please see the flyer enclosed in your program for more details about the event.



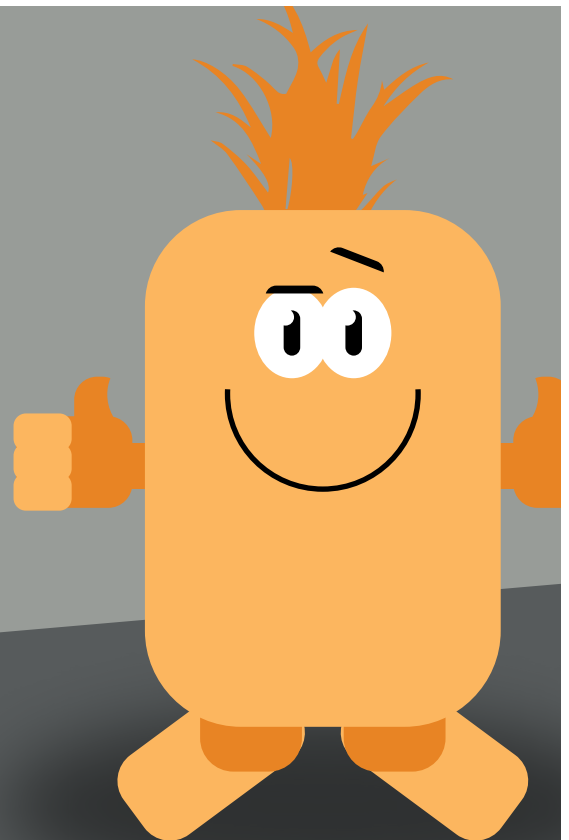
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Clinical Highlights Day

Friday, March 23

Morning	
7:45 - 8:45	Breakfast / Caucus meetings
9:00 - 10:30	F1 Plenary (simultaneous interpretation)
10:30 - 11:00	Refreshment break
11:00 - 12:30	F2 Concurrent sessions
12:30 - 1:30	Lunch / Caucus meetings

Afternoon	
1:30 - 2:00	F3 Poster presentations (with authors present)
2:00 - 3:30	F4 Concurrent sessions
3:30 - 3:45	Refreshment break
3:45 - 5:15	F5 Concurrent sessions

F1 Plenary



**SIMULTANEOUS
INTERPRETATION**

**Where we're at:
clinical perspectives**

**Où en sommes-nous :
perspectives cliniques**

LGBTQ2S+ communities across Ontario are vastly diverse, though the conventional models of queer and trans health care tend to imagine big urban settings and mainstream or settler health care logics. The Clinical Highlights Plenary will feature four clinicians who provide community-grounded LGBTQ2S+ inclusive and informed health care within specific populations. In this panel, practitioners will speak about their personal and professional experiences in providing care and healing, some of their most significant learnings, and their thoughts about approaches and key issues to consider in the work that they do in serving their communities.

Les communautés LGBTQ2S+ de l'Ontario sont très diversifiées, malgré le fait que les modèles conventionnels en matière de santé pour les personnes queer et trans ont tendance à se définir dans une perspective de grands centres urbains et selon une logique plus couramment associée aux constituantes ou au public en général en matière de soins de santé. Cette séance plénière sur les faits saillants sur le plan clinique mettra en vedette quatre personnes professionnelles de la santé qui traiteront de soins de santé inclusifs, ancrés dans la communauté, à l'intention des personnes LGBTQ2S+ et livrera des informations éclairées sur les soins de santé au sein de ces populations. Lors de cette séance plénière, ces personnes parleront de leurs expériences personnelles et professionnelles en matière de guérison et de prestation de soins, partageront les enseignements qui ont le plus d'importance à leurs yeux et leurs réflexions sur les approches et les grands enjeux dont tenir compte dans le cadre de leur travail au service des communautés.

Moderators / Modérateurs

Jordan Zaitzow coordinates Trans Health Connection, a Rainbow Health Ontario (RHO) project. The project is increasing the capacity of primary health care systems across the province to provide high-quality, comprehensive care to trans communities through training, education, mentorship, resources, and networking. Previous to joining RHO, Jordan has also done years of front line shelter work, and has volunteered for and facilitated various drop-in programs for trans folks in Toronto. He also spent years as an independent trainer about trans access and issues.

Jordan Zaitzow coordonne Connexion santé trans, un projet de Santé arc-en-ciel Ontario (SAO). Ce projet a comme objectif d'accroître la capacité du système de soins de santé primaires de l'Ontario à offrir des soins complets et de grande qualité pour les communautés trans par la formation, l'éducation, le mentorat, les ressources et le réseautage. Avant de se joindre à SAO, Jordan a œuvré pendant des années en première ligne dans des refuges, et comme bénévole en animation pour des programmes de halte-accueil pour les personnes trans à Toronto. Pendant quelques années, Jordan a offert, à titre indépendant, de la formation sur les enjeux liés à l'accès et aux personnes trans.

Michael Barnett, NP-PHC, BScN, MScN, is a Primary Health Care Nurse Practitioner working at AHAC Shkagamik-Kwe Health Centre since 2011. He has been working with a focus on 2SLGBTB primary care since completing research and focusing his Masters of Science in Nursing in transgender health. Michael is an advocate and ally for 2SLGBT care within Northern Ontario, assisting with local groups such as the Two-spirit/LGBT Circle. He is additionally a member of the Canadian Professional Association of Transgender Healthcare (CPATH). This is his first time working with Rainbow Health Ontario.

Michael Barnett, B. Sc. inf., M. Sc. inf., travaille en soins infirmiers praticiens dans le domaine des soins de santé primaires au CASSA Shkagamik-Kwe Health Centre, et ce, depuis 2011. Après des travaux de recherche et une maîtrise en sciences infirmières pour la santé transgenre, Michael se concentre essentiellement sur les soins primaires destinés aux personnes LBGTQ2S, en plus de défendre leurs intérêts et d'être une personne alliée pour le nord de l'Ontario. Des groupes locaux comme le Cercle bispirituel-LGBT (Two-spirit/LGBT Circle) peuvent aussi compter sur son soutien. Michael est membre

de l'Association canadienne professionnelle en santé des personnes transsexuelles (CPATH). Ce mandat est son premier pour Santé arc-en-ciel Ontario.

Panelists

Sylvain Leduc (NP, PHC, MScN) is a primary health care provider with more than 20 years of clinical experience, with a clinical focus on LBGTQ2S population since completing his research on his Masters on Nursing on gay men's health and the prevention of HIV. He currently works full time at the Centre de santé communautaire du grand Sudbury. He is also an adjunct professor in the Sciences Infirmières department at Laurentian University. Sylvain also works as part of a multidisciplinary team with Réseau Access Network at the Men's health clinic dealing with varying health issues surrounding LBGTQ2S populations.

Sylvain Leduc, M. Sc. inf., est une personne œuvrant en soins infirmiers praticiens dans le domaine des soins de santé primaires possédant plus de 20 années d'expérience clinique. Son travail porte essentiellement sur la population LBGTQ2S depuis la réalisation de travaux de recherche dans le cadre de sa maîtrise en sciences infirmières portant sur la santé des hommes gais et la prévention du VIH. Travaillant à temps plein au Centre de santé communautaire du grand Sudbury et comme professeur adjoint au département de sciences infirmières de l'Université Laurentienne, Sylvain fait aussi partie de l'équipe multidisciplinaire de Réseau Access Network de la clinique de santé des hommes, où il prend en charge les divers enjeux de santé des populations LBGTQ2S de la région.

Dr. Lindsay Hancock is a family physician who works in Sioux Lookout, Ontario and whose primary family practice consists of a fly-in First Nation community in that region. She has a particular interest in rural/remote family practice, Indigenous health, mental health and addictions, and LBGTQ2S health.

Dre Lindsay Hancock exerce la médecine de famille à Sioux Lookout, en Ontario. La majeure partie de sa pratique consiste à se rendre en avion dans les communautés des Premières Nations de cette région. Ses intérêts se situent principalement du côté de la médecine familiale en région rurale ou éloignée, de la santé mentale et de la toxicomanie, ainsi que de la santé LBGTQ2S.

Nanky Rai is a migrant settler from India-occupied Kashmir and currently living in Toronto, on the traditional Indigenous territory of the Wendat, the Anishinaabek, Haudenosaunee, and the Mississaugas of the New Credit. She is formally trained in public health and graduated as a family physician from St. Michael's Hospital at the University of Toronto. Their interests include building anti-oppressive medical education and clinical practice as well as health activism, LGBTQ2SIA+ and migrant health. In addition to being the recipient of University of Toronto's 2017 Robert Sheppard Award for Health Equity and Social Justice, she is also the recipient of St. Michael's Hospital's Department of Family and Community Medicine Quality Improvement Impact Award and Resident Advocacy Award.

Nanky Rai Vivant à Toronto, sur le territoire traditionnel des peuples wendat, anishinabés, haudenosaunee et mississaugas de la rivière Credit, Nanky est une personne migrante venue du Cachemire occupé par l'Inde. Titulaire d'un diplôme en santé publique et en médecine familiale de l'hôpital St. Michael's de l'Université de Toronto, Michael s'intéresse entre autres à la mise sur pied d'une formation médicale et de pratiques cliniques non oppressives, à l'activisme dans le domaine de la santé, ainsi qu'à la santé des personnes LGBTQ2SIA+ et des personnes migrantes. L'Université de Toronto lui a décerné en 2017 le Robert Sheppard Award for Health Equity and Social Justice et le département de médecine familiale et communautaire de l'hôpital St. Michael's lui a remis le Quality Improvement Impact Award ainsi que le Resident Advocacy Award.

Angela Nahwegahbow, HBSW, RSW, is a member of the Whitefish River First Nation. She grew up in Whitefish Fall and Espanola, and currently resides in Sudbury. Angela works full time with the Shkagamik-Kwe Health Center in the Mental Wellness Program. She has been with this organization for over 6 years. She has worked to incorporate her traditional teachings that she has gained from her formal education, and from the Elders and teachers that have guided her along this journey. Having attended Laurentian University to gain an Honours Diploma in Native Human Services, and also a Bachelors in Education from Nipissing University, she has worked both in a social worker role and as a primary school teacher. And, having taught up on the James Bay Coast for 5 years before returning home to the Sudbury area, she continued her front line social work as a counselor. She also volunteers on the board for the Native Peoples of Sudbury Development Corporation (NPSDC), where she

continues to advocate for safe affordable housing for First Nations families who live, work and attend school in the Greater city of Sudbury and Espanola. As Angela has recently graduated from the Master of Social Work program at Laurentian University (December 2017), she continues to work and advocate for services specializing in the incorporation of culture and traditions as healing. She is continuing to learn about traditional medicines, ceremonies and ways of being a helper to her community.

Angela Nahwegahbow, B. Trav. soc., T.S., est membre de la Première Nation Whitefish River. Elle a grandi à Whitefish Fall et à Espanola et habite présentement à Sudbury. Angela travaille à plein temps au programme de mieux-être en santé mentale du Shkagamik-Kwe Health Center, et fait partie de l'équipe du centre depuis plus de six ans. Elle y a travaillé à intégrer les enseignements traditionnels acquis dans le cadre de sa formation officielle à ce qu'elle a appris des aînés et des enseignants qui l'ont guidée tout au long de son parcours. Angela a étudié à l'Université Laurentienne, où elle a complété un baccalauréat spécialisé en service social autochtone (Native Human Services). Elle est aussi titulaire d'un baccalauréat en éducation de l'Université Nipissing et a œuvré comme travailleuse sociale et comme enseignante au primaire. Après avoir enseigné pendant cinq ans sur la côte de la baie James, elle est revenue dans la région de Sudbury où elle a poursuivi sa carrière en travail social de première ligne comme consultante. Siégeant bénévolement au conseil d'administration de la NPDC, la Native Peoples of Sudbury Development Corporation, Angela poursuit ses pressions pour des logements sûrs et abordables pour les familles de Premières Nations qui vivent, travaillent ou étudient dans la région de Sudbury et d'Espanola. Angela vient tout juste d'obtenir une maîtrise en travail social de l'Université Laurentienne (décembre 2017) et continue de travailler et de faire pression pour l'obtention de services spécialisés pour l'intégration d'éléments de la culture et des traditions autochtones tels que la guérison. Elle poursuit son apprentissage des médecines et des cérémonies traditionnelles, ainsi que des moyens de devenir personne aidante pour sa communauté.

F2 Concurrent Sessions

F2A i & ii

i) Two-Spirit identity and resilience through coming out narratives (30 minutes)

STREAM: CLINICAL PRACTICE

Presenter

John R. Sylliboy, *Aboriginal Children's Hurt & Healing Initiative (ACHH) National Aboriginal Research Engagement Coordinator, IWK Health Centre, Halifax, NS*

The Wabanaki Two-Spirit Alliance (W2SA) received an Urban Aboriginal Knowledge Network (UAKN) research grant to conduct a study on the coming out processes of Two-Spirits in Atlantic Canada. John R. Sylliboy and Tuma Young, Co-principal Investigators interviewed 20 Two-Spirits on their coming out process. In doing so, they captured stories of resilience by Two-Spirits in their surroundings where there were lack of mental and/or health supports on First Nations, or available supports targeting Aboriginals in urban centres in the Atlantic region. In addition to the interviews, there was an online survey on demographics and intersectionality among Two-Spirits in their coming out experiences. There were 70 responses from the survey. Preliminary findings show a strong sense of resilience among Two-Spirits; they found that supports among friends and families, like close friends or siblings, was key in their coming out, especially in areas where there were no formal health supports for Two-Spirits or LGBTQ Aboriginals. 35% of the Two-Spirits dealt with suicide ideation. 15% attempted to commit suicide or 42.86% of participants who experienced suicide ideation attempted it. Those who sought professional help did receive it. The role of family and community is an important contributing factor for Two-Spirits in their coming out process. Therefore, resilience through family and community supports is an important contributing factor for Two-Spirits' well-being in our territory. These are important findings because it is the only data to date that is available in Atlantic Canada about Two-Spirits in any research context. It is also important

because it provides community-based evidence about the needs for mental health supports for Two-Spirits in the traditional Wabanaki region. The W2SA recognizes that the Wabanaki covers the geographical and cultural area of northern Maine and includes Penobscot and Passamaquoddy Nations.

ii) Reclaiming the value of Two-Spirit within culture: a depiction of Shkagamik-Kwe Health Centre (60 minutes)

STREAM: CLINICAL PRACTICE

Presenters

Gloria Oshkabewisens-McGregor, *Elder/ Knowledge Keeper, Shkagamik-Kwe Health Centre, Sudbury, ON*; **Perry McLeod-Shabogesic**, *Director, Traditional Programming, Shkagamik-Kwe Health Centre, Sudbury, ON*; **Darren McGregor**, *Pipe carrier, grass dancer, sweat lodge conductor, lead singer Black Bull Moose Singers, Sudbury, ON*

Shkagamik-Kwe Health Centre's purpose and intention are imbedded into our mandate: building healthy communities, respecting traditional values. This hour-long session will explore how Shkagamik-Kwe has celebrated the Two-Spirit community. We will review the cultural teachings surrounding Two-Spirit and how care has been incorporated into the bustle of mainstream practice. With two community groups, the Two-Spirit LGBT Circle and the LGBTQIA+ Youth Group, members explore the concepts involving traditional components of care. The medicine wheel teaching will review the connectedness to self, including the physical, mental, spiritual and emotional wellness, followed by the grandfather teachings and struggles/ barriers facing the Two-Spirit in cultural ceremonies. Led by Shkagamik-Kwe's own nookomis Gloria Oshkabewisens-McGregor, participants will walk away with a better understanding of Two-Spirit within a cultural lens.

F2B

Improving trans care: developing a shared care model

STREAM: CLINICAL PRACTICE

Facilitator

Karen Luyendyk, RN, MScN, Clinical Educator – Trans and Gender Diverse Health, Rainbow Health Ontario, Ottawa, ON

Trans people often experience barriers to accessing hormone treatments from health care providers. There are various models that can improve collaborative care, one example being the shared-care model in which the person's values and preferences are emphasized. Join this workshop and be a part of developing a resource for shared-care decision making for trans people and healthcare providers. Use your voice to help improve access to hormone treatments. This workshop is geared to trans people and anyone who provides trans care. Participants will spend time in small groups exploring existing best evidence resources on hormone therapy such as the Sherbourne Guidelines and Protocols and Rainbow Health Ontario's Trans Primary Care Guide. Groups will work to brainstorm and identify the most important factors to help trans people and providers collaboratively make a decision on starting hormone treatment. Ultimately this interactive workshop will be used to develop a shared-care decision-making tool to help increase access to hormone therapy and improve care.

Learning objectives

1. Explore the needs of trans people in order to be informed and feel equipped to make the decisions they need for their healthcare
2. Explore the needs of healthcare providers in order to be informed and equipped to provide sensitive trans care
3. Discuss the information, tools and resources that would help trans people and healthcare providers best be able to engage in a shared-care model

F2C i, ii & iii

i) LGBT Muslims and mental health

STREAM: COMMUNITY SUPPORT & DEVELOPMENT

Presenters

Rahim Thawer, RSW, Toronto, ON; Yaseen Ali, MA, English language instructor, University of Toronto, advisor to international students regarding their transition to Canada, Toronto, ON

This presentation will draw on academic literature, personal lived experience, and community organizing work with Salaam Canada: Queer Muslim Community. We will unravel the tensions that affect the mental health of LGBTQ Muslims, including managing homophobia and coming out, reconciling sexuality and faith-based identities, both being critical of Islam and fighting Islamophobia, seeking and creating affirming spaces, acculturation as asylum seekers and Canadian-born LGBTQ Muslims, and religious-cultural factors affecting access to mental health services. We will also examine the implications of larger events such as 9/11, the Orlando massacre and the Muslim Ban in the US on LGBTQ Muslim mental health and identity reconciliation.

Learning objectives

1. Reflect on the larger socio-cultural influences on the mental health of LGBTQ Muslims
2. Discuss the tensions, conflicts and themes LGBTQ Muslims report in support group settings and in academic literature
3. Consider how anecdotal findings from Salaam Canada programming might inform cultural awareness in services provided across Ontario

ii) Housing and support needs of LGBTQ2S adults who have experienced homelessness

STREAM: RESEARCH

Presenter

John Ecker, *Director of Evaluation, Canadian Observatory on Homelessness, York University, Toronto, ON*

This presentation examines the housing and support needs of LGBTQ2S adults who have experienced homelessness. Based upon the limited evidence available, we know that approximately 10 percent of adults who experience homelessness may identify as LGBTQ2S. Despite this knowledge, there remains a gap in the research on how to best support LGBTQ2S adults in their exits out of homelessness. This presentation attempts to fill this research gap and presents findings from two qualitative studies with LGBTQ2S adults who have experienced homelessness in Ottawa, Ontario. The data comes from interviews with 40 LGBTQ2S adults, over the age of 18, who have experienced a recent episode of homelessness. Results demonstrated that some LGBTQ2S adults experienced harassment and discrimination within the homeless service system, but many felt supported by staff and fellow consumers. All participants stated that they would like more programming specific to the LGBTQ2S community and some participants expressed an interest in residing in housing specific to the LGBTQ2S community. Implications of the research and future research ideas will be discussed.

Learning objectives

1. Shedding light on the under researched topic of LGBTQ2S adults who experience homelessness
2. Understanding the support and housing needs of LGBTQ2S adults who experience homelessness
3. Transformation within the homeless service system

iii) The status of mental health of LGBTQ+ youth in rural Southern Ontario

STREAM: COMMUNITY SUPPORT & DEVELOPMENT

Presenter

Stephanie Garicsak, *MSc Candidate, Capacity Development and Extension Program, University of Guelph, Oakville, ON*

On average, individuals who identify under the LGBTQ+ spectrum experience lower levels of mental health in comparison to their heterosexual counterparts (Tjepkema, 2008). This being said, knowledge on the current status of LGBTQ+ youth residing in rural communities is significantly lacking (Ross et al., 2016). The goal of this research project was to explore the lived experience of LGBTQ+ youth residing in rural communities, and the implications for their mental health status that residing in a rural community carries. Methods for this study included partnering with community organization Reach Out Center For Kids (ROCK) in order to facilitate a body mapping exercise with LGBTQ+ identified rural youth. Body mapping was used as a means for youth to have a platform to engage in a conversation about their own perspectives on their mental health, and their experiences with their own mental health. Conclusively, the completion of this research contributed to bridging the current gap of including youth perspectives in literature surrounding LGBTQ+ rural youth mental health, as well as policy surrounding this issue. This study was approved by the Research and Ethics Board of the University of Guelph.

Learning objectives

1. The effectiveness of using body mapping when working with youth in order to develop agency
2. The current status of mental health amongst LGBTQ+ youth residing in rural communities, and the pressures and experiences that these youth identify as impacting their mental health
3. Current support systems which are utilized by rural LGBTQ+ youth in Southern Ontario, and how these can be further strengthened to improve the status of mental health in these youth

F2D i, ii & iii

SIMULTANEOUS
INTERPRETATION

i) Towards a more inclusive aging experience: research highlights on LGBTQ aging /

Vers une expérience plus inclusive du vieillissement : faits saillants issus de la recherche sur le vieillissement des personnes LGBTQ

STREAM: RESEARCH

Presenters / Présentateurs

Kimberley Wilson, Assistant Professor, Adult Development & Aging, University of Guelph, Guelph, ON; **Arne Stinchcombe**, Adjunct Professor, School of Psychology, University of Ottawa; Research Associate, International Longevity Centre (Canada), Ottawa, ON

As Canada's population ages, it is imperative that diversity is considered in health and social environments. This session will highlight findings from a variety of research projects from the Diverse Experiences of Aging Research (DEAR) Collaborative. In particular, the DEAR Collaborative has been working to facilitate a more inclusive aging experience for LGBTQ-identified older adults. Participants will hear about research completed to date, including a scoping review on the healthcare and end-of-life needs of LGBTQ older adults, the development of a toolkit for healthcare providers, and findings from focus groups on the unique experiences of LGBTQ older adults. Participants will have the opportunity to engage with the research team and participate in discussions on building an inclusive research and policy agenda that responds to the needs of LGBTQ older adults in Canada.

Learning objectives

1. To learn about recent research focusing on the experience of LGBTQ aging in Canada
2. To engage in dialogue about resources to facilitate inclusive education to promote quality end-of-life care for LGBTQ older adults

3. To have the opportunity to contribute to agenda setting for future research related to LGBTQ aging

Avec le vieillissement de la population au Canada, il est essentiel que la diversité soit prise en compte dans les environnements sociaux et de santé. Cette séance met en lumière les conclusions issues de divers projets de recherche réalisés par le collectif Diverse Experiences of Aging Research (DEAR). Le collectif DEAR a travaillé plus précisément à favoriser une expérience plus inclusive du vieillissement pour les aînés LGBTQ. Au cours de cette séance, on abordera les travaux de recherche réalisés à ce jour et on livrera notamment une analyse exploratoire des besoins en soins de santé et soins de fin de vie des aînés LGBTQ, et on traitera aussi de la création d'une trousse d'outils à l'intention des prestataires de soins et des conclusions issues de groupes de discussion sur les expériences particulières vécues par les aînés LGBTQ. L'auditoire aura la possibilité d'échanger avec l'équipe et de prendre part à une discussion pour la mise sur pied d'un plan de travail stratégique et de recherche pour une approche plus inclusive, qui répondra mieux aux besoins des aînés LGBTQ au Canada.

Objectifs d'apprentissage

1. En savoir plus sur les récents travaux de recherche portant sur le vécu des personnes LGBTQ vieillissantes au Canada
2. Amorcer un dialogue sur les ressources qui favoriseront une éducation plus inclusive, afin de favoriser des soins de fin vie de qualité, mieux adaptés aux aînés LGBTQ
3. Contribuer à l'établissement d'un plan de travail pour les travaux de recherche futurs sur le vieillissement des personnes LGBTQ

ii) Elder abuse in rural and urban LGBTQ Communities

Maltraitance envers les personnes aînées dans les communautés LGBTQ en milieu rural et urbain

STREAM: PROFESSIONAL EDUCATION & TRAINING

Presenter / Présentateur

Josée Miljours, *Regional Consultant, North East Region, Elder Abuse Ontario, Sudbury, ON*

To meet the needs of our diverse aging population, Elder Abuse Ontario developed a series of training modules on specific issues related to elder abuse. The modules have been designed to provide a standardized format for training purposes that can be used for educating interdisciplinary sectors. The Elder Abuse in Our LGBTQ Communities module explores the definitions of elder abuse, warning signs and how to better assist LGBTQ elders. The module outlines case studies that explore the complexities of Elder Abuse within the diverse LGBTQ community. The case studies portray stories that elicit assessment questions and support service providers using decision trees to better meet the needs of their clients. The module includes core counselling competencies for working with LGBTQ elders to provide supportive approaches to care.

Learning objectives:

1. Identify the type of elder abuse and the warning signs
2. Engage in a conversation with older adults about abuse and use the assessment questions
3. Identify resources that can support older adults

Pour répondre aux besoins d'une population vieillissante diversifiée, l'organisme Maltraitance des personnes âgées Ontario a conçu une série de modules de formation sur des enjeux précis liés à la maltraitance des aînés. Ces modules ont été conçus pour offrir une formation uniforme sur des enjeux précis liés à la sensibilisation des aînés et peuvent être utilisés à des fins de sensibilisation et d'éducation de secteurs multidisciplinaires. Le volet maltraitance des aînés du module sur les communautés LGBTQ explique ce qu'on entend par maltraitance des aînés, explique quels sont les signes d'une telle maltraitance et comment mieux aider les personnes âgées LGBTQ. Ce module propose aussi des études de cas qui explorent les complexités associées à la maltraitance des aînés au sein de la communauté diversifiée des

personnes LGBTQ. Les études de cas posent aussi des questions sur l'évaluation et le soutien pour les fournisseurs de services grâce à des organigrammes de prise de décisions qui les aideront à mieux répondre aux besoins de leur clientèle. Enfin, ce module traite des compétences de base en counseling pour travailler avec les personnes âgées LGBTQ et offrir une approche plus empathique des soins.

Objectifs d'apprentissage

1. Établir le type de maltraitance auquel on a affaire et préciser les signes avant-coureurs
2. Savoir ouvrir le dialogue avec les personnes âgées concernant la maltraitance et utiliser les questions permettant de réaliser une évaluation.
3. Préciser les ressources aptes à soutenir les personnes âgées

iii) Crossing the rainbow bridge: end of life planning for Ontario LGBTQI2S seniors

Franchir le pont arc-en-ciel : planification de la fin de vie chez les personnes aînées LGBTQI2S en Ontario

STREAM: COMMUNITY SUPPORT
& DEVELOPMENT

Presenters / Présentateurs

Avery Ptolemy, *Research and Policy Associate, Egale Canada Human Rights Trust, Toronto, ON;*
Alex Bucik, *Research and Policy Analyst, Egale Canada Human Rights Trust, Toronto, ON*

End of life planning is an important aspect of health and wellbeing across the lifespan but particularly crucial for seniors. Specific information is lacking about end of life planning for LGBTQI2S seniors who, due to cis/heteronormative societal structures, do not easily fit into and are not explicitly included within provincial end of life policy. To fill this gap, Egale Canada Human Rights Trust (Egale), Canada's only national organization working to improve the lives of LGBTQI2S people in Canada and enhance the global response to LGBTQI2S issues through

research, education and community engagement, developed a National Seniors Advisory Council (NSAC) with an aim of improving the quality of life for LGBTQ2S seniors in Canada. With the help of NSAC, Egale created Crossing the Rainbow Bridge, a toolkit on how Ontario LGBTQ2S seniors can plan for legal matters and end-of-life care, as well as guidance for asserting these wishes through legal documents and advocacy. Launched in March 2017, the toolkit has been shared over 10,000 times, making it one of Egale's most popular resources. This workshop aims to outline this vital document with specific discussion pertaining to 1) Ontario's legislation about end-of-life planning and care; 2) how LGBTQ2S seniors can best navigate through end of life planning; and 3) crucial considerations state and health officials should be wary of when working to best support these unique communities.

Learning objectives

1. Audience will learn about the Ontario policy landscape in regards to end-of-life planning
2. Audience will learn how end-of-life planning policies intersects with and impacts LGBTQ2S seniors
3. Audience will be provided with a resource on system navigation specific to the Ontario context

La planification de la fin de vie constitue un aspect important de la santé et du bien-être durant toute la vie, et c'est d'autant plus essentiel pour les personnes âgées. Or, on constate des lacunes importantes dans l'information sur la planification de la fin de vie pour les personnes âgées LGBTQ2S qui, en raison de structures sociales hétéronormatives et cisgenres, ne s'intègrent pas aisément à ce moule et ne sont pas explicitement incluses dans les politiques provinciales en matière de fin de vie. Pour combler cette lacune, Egale Canada Human Rights Trust (Egale), seul organisme au Canada à travailler pour améliorer la vie des personnes LGBTQ2S et les réponses globales aux enjeux LGBTQ2S par la recherche, l'éducation et l'engagement communautaire, a mis sur pied le National Seniors Advisory Council (NSAC) dont l'objectif est d'améliorer la qualité de vie des personnes âgées LGBTQ2S au Canada. Avec l'aide du NSAC, Egale a créé la trousse Crossing the Rainbow Bridge, un ensemble d'outils expliquant comment les personnes âgées LGBTQ2S en Ontario peuvent planifier les aspects juridiques et leurs

soins de fin de vie. Cette trousse contient un guide pour faire valoir ses droits et ses volontés dans des documents juridiques. Lancée en mars 2017, elle a été partagée plus de 10 000 fois, ce qui en fait l'une des ressources d'Egale ayant connu le plus de succès. Cet atelier vise à faire connaître ce document essentiel dans le cadre d'une discussion traitant des aspects suivants : 1) La législation de l'Ontario en matière de soins et de planification de la fin de vie; 2) Comment les personnes âgées LGBTQ2S peuvent s'y retrouver dans tout ce qui concerne la planification de la fin de vie; 3) Les facteurs cruciaux dont les personnes de la fonction publique et du milieu de la santé devraient tenir compte en travaillant au soutien de ces communautés particulières.

Objectifs d'apprentissage

1. L'auditoire pourra en savoir plus sur le paysage législatif ontarien en matière de planification de la fin de vie
2. L'auditoire se renseignera sur les effets des politiques de planification de la fin de vie sur les personnes âgées LGBTQ2S
3. L'auditoire recevra de la documentation sur le cheminement dans le système du contexte ontarien

F2E

(In)equity: practicing with privilege - advancing clinical assessment skills with trauma-informed care strategies

STREAM: PROFESSIONAL EDUCATION & TRAINING

Presenters

Jennifer Searle, Health Care Educator, JK Healthcare Educators and Equity Consultants, Halifax, NS; **Krista Lane**, Paramedic, NS

Authors: **Jennifer Searle**, BSc, BScN, RN; **Krista Lane**, BA, PCP, EMD; **Lisa Goldberg**, RN, PhD

The aim of this interactive session is to offer evidence-informed strategies that assess and validate structural

trauma in patients from historically marginalized groups. New insights from research with women who self-identified as lesbian, gay, bisexual, and/or queer during their birth experiences across rural Nova Scotia redressed traditional assessment skills. These offer an innovation in clinical practice that seeks to deliver equitable care. Based on narrative findings from the women's experiences, the session aims to provide health care providers with trauma-informed assessment skills. These skills will assist in developing an awareness of how systems of privilege and oppression place limitations on opportunities, shaping the lives of individuals that often determine health outcomes. Offering new opportunities for health care providers to engage in equitable practices, trauma-informed care strategies have transformative potential to advance the health of structurally marginalized communities. During the session, interactive assessment simulations will illuminate how dominant care models often reinstate social practices—offering health care providers revisionary strategies in how they can work with patients to create opportunities that reconstruct the coming out process to further empower historically disempowered identities.

Learning objectives

1. Recognize the traumatic effects of structural marginalization, particularly for those who identify as members of LGBTQ+ communities, and how exclusionary social practices often reinstate the marginalization of historically disempowered groups
2. Understand how health care providers can reconstruct the coming out process into collaborative acts of empowerment that intend to create new opportunities to deliver equitable care with patients who identify as members of LGBTQ+ communities
3. Become aware of the ways in which trauma-informed care strategies could be implemented to promote health equity for structurally marginalized patient populations and diverse intersectional identities, gain new assessment skills that aim to attend to diverse experiences, and bring about new understandings around how to implement trauma-informed care strategies in the clinical setting

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F3 Poster Presentations

F3A

Exploring attitudes of midwives towards LGBTQ people: a literature review and current Ontario study

STREAM: RESEARCH

Presenter

Jen Goldberg, Registered Midwife, Adjunct Clinical Professor, Ryerson University, Student, Masters of Public Health, Dalla Lana School of Public Health, University of Toronto, Toronto, ON

In Ontario, the tenets of midwifery are rooted in principles of feminism and social justice, providing a foundation for safe, quality care for queer and trans people in theory. Often invisibilized in health care settings, queer and trans people can be empowered by the opportunity to make informed decisions about what is right for them, and be in control. The option to receive care at an alternative, inclusive health care setting is often welcomed by queer and trans people, who might avoid accessing medical care after previous homophobic or transphobic experiences in mainstream care settings. Midwifery continuity of care ensures queer and trans people have the time and space required to grow trusting, respectful relationships with their team of midwives. Creating safe spaces in midwifery care means queer and trans people are free to share their stories and their identities, if they so choose. Ensuring that care is individualized and inclusive means queer and trans people have access to safe, quality care during their experience of becoming new—or new again—parents. But do midwives uniformly demonstrate positive and caring attitudes towards queer and trans people, and do their attitudes matter? In this poster, the existing literature that explores the attitudes of midwives towards LGBTQ people will be presented along with a description of a current, cross-sectional survey-based study of Ontario midwives' attitudes toward LGBTQ people.

Learning objectives

1. To learn about published research that explores midwives' attitudes towards LGBTQ people
2. To learn how midwives as primary care providers play an integral role in reducing health inequities of queer and trans people
3. To learn about a current, multi-modal cross-sectional survey aiming to explore the attitudes of Ontario midwives towards LGBTQ people

F3B

T2SMDS: The experiences of trans and Two-Spirit medical students in Canadian universities

STREAM: RESEARCH

Presenter

Kat Butler, Medical Student, McMaster University, Hamilton, ON

Authors: **Adryen Yak**, Medical Student, McMaster University, Hamilton, ON; **Albina Veltman**, MD, FRCPC, Associate Professor, Department of Psychiatry & Behavioural Neurosciences, McMaster University, Hamilton, ON

While there is a small body of literature on the experiences of lesbian, gay, and bisexual medical students, there are to date no published studies addressing the perspectives of trans or Two-Spirit medical students regarding their experiences of medical training. This session will present original research on the experiences of trans and Two-Spirit medical students and the institutional policies that affect them. The study presented aimed to qualitatively describe (via semi-structured interviews) the experiences of trans and Two-Spirit students in Canadian medical schools, with an associated quantitative arm of the study examining policies that can affect trans students in Canadian medical schools. The results of this study provide rich and contextualized data regarding the experiences of trans and Two-Spirit medical students in Canada and suggest avenues of intervention for institutions seeking to provide supportive

environments in which diverse learners can engage thoroughly with their healthcare training.

Decreasing the alienation and marginalization of students from underrepresented communities (including trans and Two-Spirit students) may improve the retention of diverse learners, both in medical training and in terms of the longevity of their careers as clinicians. Qualitative research methodology and institutional barriers to using research/recruitment methods not widely recognized outside of LGBTQ2S+ health research will also be addressed during this session.

Learning objectives

1. Appreciate the institutional environments in which trans and Two-Spirit medical students are currently learning
2. Understand the gaps and successes in these environments
3. Identify concrete strategies for supporting trans and Two-Spirit learners in health education settings

F3C

Identifying cancer screening rates in trans* primary care patients

STREAM: CLINICAL PRACTICE

Presenter

Suza Hranilovic, Primary Health Care Nurse
Practitioner, St. Michael's Hospital, Academic
Family Health Team, Toronto, ON

Trans* patients are often not accurately identified in electronic medical records, resulting in missing those who are eligible and require colorectal, cervical and breast cancer screening. To obtain an accurate denominator, we first "coded" our trans* patients. This resulted in clarifying that we had 415 trans* patients (not 687 as originally thought) within our practice of over 42,000 primary care patients in Toronto's inner city. Of those 415 patients, 120 were eligible for cancer screening, based on the 2016 Ontario Cancer Screening Guidelines. We found that our trans* patients

tended to be younger (between the ages of 21 to 39) and tended to fall within the two lowest income quintiles. Trans* patients were more likely to have an NP as part of their care. Documented serious mental health diagnoses (excluding addiction and psychosis) were more common, and trans* patients had a higher number of visits in the last year (greater than 4). We compared rates of cancer screening between the two patient groups and we found that our trans* patients were significantly less likely to be screened for cervical, breast and colorectal cancer, as compared to our eligible cisgender patients. Future Resident Academic Quality Improvement projects will focus on a qualitative exploration of barriers to health care access for trans* patients on an individual, organizational and systemic level and a qualitative examination of barriers to trans* folk in accessing cervical cancer screening.

Learning objectives

1. Participants will learn from the presenter's challenges and successes in coding trans* and gender non-conforming patients within an EMR
2. Participants will learn about the demographics of our trans* patient population who are eligible for cancer screening and how they differ from their cisgender patient counterparts
3. Participants will learn about future research directions that this preliminary work will ground

F3D

Orillia Soldiers' Memorial Hospital LGBT Committee: a journey

STREAM: COMMUNITY SUPPORT
& DEVELOPMENT

Presenter

Philip Hough, RN, BScN, MEd, Program Director,
Orillia Soldiers' Memorial Hospital, Orillia, ON

Located in the heart of Ontario's lake country, Orillia Soldiers' Memorial Hospital (OSMH) is a medium-sized community hospital, providing regional programs, as well as surgical and medical services, to residents of Simcoe County and Muskoka, and beyond. We

are a trusted provider of quality services for the entire continuum of care, and for over a century, our healthcare team has been acknowledged and respected for providing exceptional care and service to our patients. Through a variety of channels, in 2014, OSMH reflected on the care we were providing to the LGBT community, and realized we could do so much more. Our vision was to be the leaders in LGBT healthcare in North Simcoe Muskoka, and we pulled together an LGBT Task Force to evaluate opportunities for improvement, through: raising awareness to the needs of LGBT patient population by providing education and informing practice; creating a generation of competent and culturally informed health care providers through education and policy development; and, creating a welcoming, safe, nurturing and accepting organization for the LGBT community.

Learning objectives

1. Anyone reviewing this poster presentation can expect to see a dynamic journey, and will experience some of the struggles, the quick wins and the milestones achieved through perseverance and collaboration
2. Reflecting on lessons learned in another organization may help guide the participant to address LGBT health and healthcare issues in their organization
3. Opportunity for networking with others who have started the journey in community hospitals

F3E

Parenting stress in lesbian mothers: the role of minority and relational stressors

STREAM: RESEARCH

Presenter

Teija Yli-Renko, Thesis student research-Psychology, Laurentian University, Sudbury, ON

Authors: Dr. Diana Urajnik, Dr. Jöel Dickinson, Crystal Young

Meyer's minority stress model proposes that excess mental distress from external perceived stigma, discrimination, and prejudice negatively affects mental well-being in sexual minority populations. With this, studies involving same-sex parents have focused on the stigma associated with being a same-sex parent in regards to child outcomes, rather than on the mental health of the parent. This study aimed to address parental stress in a sample of lesbian mothers, and to understand the impact of minority stress on parental functioning in this population. Parenting stress as well as variables connected to minority sexual orientation were examined (e.g. stigmatization, social support, relationship satisfaction and disclosure of sexual identity). Negative correlations were found between parenting stress and level of disclosure of sexual orientation, as well as social support. Minority stress was also associated with social support. Results support the importance of social relations in this population, and future studies should attempt to represent and define parental stress in terms of mothers in same-sex relationships.

Learning objectives

1. Identify types of stressors associated with parental and minority stress
2. See how these factors can act as buffers or stressors in terms of parental functioning and the family dynamic
3. Identify key themes that represent stressors that were seen in this sample of lesbian mothers

F3F

Impact of being bullied and school connectedness on cigarette and e-cigarette smoking behaviour of sexual minority youth

STREAM: RESEARCH

Presenter

Roya Haghiri-Vijeh, MN (Hons), BN, RN,
Professor and Nursing PhD Student, Centennial
College, University of Victoria, Oshawa, ON

Youth who do not identify as heterosexual may experience stigma and discrimination from peers, teachers, and care professionals. Stigma, victimization and discrimination are associated with smoking cigarettes, which is a leading risk factor for developing cancer, and may also be associated with e-cigarette use. Students' feelings of being connected to their school and experience of being bullied may also contribute to smoking cigarettes or e-cigarettes. The Cancer Risk Assessment in Youth Survey (CRAYS) is a school-based survey conducted by the Propel Centre for Population Health Impact at the University of Waterloo. The CRAYS is an important tool to help understand pan-Canadian trends in cancer risk behaviours and factors likely to influence the development of cancer. The CRAYS 2015 is a pan-Canadian survey of a generalizable sample (n=12,110) of secondary school students (grades 9 through 12 in Ontario, Saskatchewan, British Columbia; grades 10-12 in Newfoundland, Nova Scotia, and Alberta; secondary III-V in Quebec) and was implemented in schools between January 2015 and December 2015. About 81% of students self-identified as 100% heterosexual, and 19% identified as not 100% heterosexual. We found that 30.2% of students who identify as 100% heterosexual tried smoking cigarettes, compared to 36.9% of students who did not identify as 100% heterosexual. This presentation will examine how sexual preferences are associated with smoking cigarettes and e-cigarettes, and whether bullying and school connectedness moderate the association between sexual preferences and smoking. Co-Authors: Marjorie MacDonald, PhD, Professor, School of Nursing, University of Victoria; N. Bruce Baskerville, MHA, PhD, CE, Senior Scientist, Propel Centre for Population Health Impact, Faculty of

Applied Health Sciences, University of Waterloo; Tammy Cumming, Senior Manager, Propel Centre for Population Health Impact, Faculty of Applied Health Sciences, University of Waterloo; Leia Minaker, PhD, Assistant Professor, School of Planning, Faculty of Environment, Affiliated Scientist, Propel Centre for Population Health Impact, University of Waterloo

Learning objectives

1. Understand how sexual preference is related to smoking cigarettes and e-cigarettes
2. Identify the extent to which bullying and school connectedness can help to explain the relationship between sexual minority status and cigarette or e-cigarette use
3. Determine how the associations between reported sexual preference and smoking cigarettes and e-cigarettes among high-school students impact practice, policy, and education in Canada



COMMUNITY PROGRAMS

Mature Trans Sisters (ages 45 and up)

• mts@sherbourne.on.ca

B Side (exploring bisexuality)

• bside.shc@gmail.com

Trans Women and Men Surgical Support Groups

• shc.transsurgerygroups@gmail.com

www.sherbourne.on.ca

F4 Concurrent Sessions

F4A

Surgical experience: from the beginning to the post-operative period

STREAM: CLINICAL PRACTICE

Presenters

Maude Belanger, MD, Centre Métropolitain de Chirurgie, Montreal, QC; **Emilie Potts, BSc inf**, Clinical Nurse, Centre Métropolitain de Chirurgie, Montreal, QC

This presentation consists of presenting GRS Montréal, its services, and the various surgeries available at GRS Montréal along with their specific postoperative care. At the end of the presentation, health care professionals will have a better understanding of the GRS Montréal processes. This presentation will offer a close look at the rationale for the processes involved, and how they help ensure an overall safe surgical experience. It will also help professionals to be better equipped to support clients in access to surgery and to understand the beneficial impact of the preparation and involvement of the professionals in the preparation for the surgical experience of the clients.

Learning objectives

1. Know and understand the information required by the surgical team
2. Understand: specific preparation for surgery; surgical procedures; specific post-operative care; and post-operative resources and liaison
3. Know the resources available to health care professionals and clients at GRS Montréal

F4B i & ii

i) Older trans people and resilience

STREAM: RESEARCH

Presenter

Kelsey Rounds, PhD Student, BSN, MN, Clinical Nurse Leadership, University of Victoria, Victoria, BC

Contextualization: This literature review will identify gaps and opportunities for future research about resilience amongst older trans adults. An intersectional lens will be utilized to look out for the unique ways that marginalized identities intersect and influence resilience. Methods: The research method is a scoping review of peer-reviewed literature. Search terms include variations of 'trans' and 'resilience'. Articles in English and published through 2017 will be included. Articles matching the inclusion criteria will be analyzed to harvest data and reveal themes and gaps in the literature. Preliminary findings suggest that most research on transgender people and resilience focuses on youth. Less is known about resilience among older trans adults. Conclusions: Findings of this review will provide an overview of the literature on older trans people and resilience. Additionally, it reveals the need for further research on transgender people and resilience, particularly when considering an intersectional approach. Key words: transgender, resiliency, elder, older adult, coping.

Learning objectives

1. Participants will be able to define resilience
2. Participants will be able to describe some behaviors associated with resilience in trans elders
3. Participants will be able to discuss gaps in the research on trans elders and resilience

ii) Travelling psychiatry

STREAM: CLINICAL PRACTICE

Presenter

Sara Dungavell, *Consultant Psychiatrist, OutSaskatoon and Northern Medical Services, Saskatoon, SK*

This session explores the strengths and weaknesses of a novel psychiatry clinic designed to meet the mental health needs of the Saskatoon LGBT2 population, as well as the predominantly Indigenous populations of La Loche, Stony Rapids and La Ronge. It reflects back on just over two years of a psychiatry practice that comes to the communities, instead of demanding clients come to a central clinic, and how this has facilitated better community engagement and care. It also faces the barriers yet to be overcome, and explores ways these might be addressed. Themes include the system barriers to this practice model, the overlapping need to provide culturally sensitive and safe care in both communities, and how to navigate the complex intersection of LGBT2-friendly care in the often predominantly Catholic north of Saskatchewan.

Learning objectives

1. Explore the strengths of a mobile psychiatry clinic to meet the needs of under-served communities
2. Explore ongoing barriers to this care, and how they can be overcome
3. Discuss culturally sensitive psychiatry in the context of providing LGBT2 and Indigenous mental health care

F4C

Queering reproductive health: challenging cisnormativity in perinatal care

STREAM: ORGANIZATION & SYSTEMS CHANGE

Presenter

Christine Allen, *Policy Analyst, Association of Ontario Midwives, Toronto, ON*

In Ontario, 27% of trans people in Ontario are parents (Bauer et al, 2010), and in Toronto, some fertility clinics report that 15-25% of their clients are from LGBTQ communities. However, the culture and language surrounding the care of people who are pregnant and having babies has made little room for trans or genderqueer people. The Association of Ontario Midwives has been engaged in organizational change to challenge that, both within our organization and in the reproductive and perinatal health sector more broadly. Our aim is to change our sector to be inclusive and affirming of trans people and to improve trans people's experiences with perinatal health. In this panel, we'll share the catalyst events that became a wake-up call for change and our strategy to develop and implement an action plan. This has included changing language and imagery to be inclusive and affirming of trans people in all of our work, from our public facing material to our clinical practice guidelines developed for midwives.

Learning objectives

1. To understand the ways in which cisnormativity and heteronormativity have historically permeated reproductive and specifically perinatal care and about recent events that have acted as a catalyst for change
2. To learn from the experiences of one organization's attempt to make perinatal care trans inclusive and affirming, including challenges and successes
3. To access ideas for concrete steps for making perinatal care trans inclusive and affirming

F4D i & ii

SIMULTANEOUS
INTERPRETATION

i) Measuring and monitoring health inequalities in Canada: the Pan-Canadian Health Inequalities Reporting Initiative Data Tool (60 minutes)

Mesure et surveillance des inégalités en matière de santé au Canada : l'outil de données de l'Initiative pancanadienne sur les inégalités en santé (60 minutes)

STREAM: RESEARCH

Presenters / Présentateurs

Beth Jackson, PhD, Manager, Equity Analysis and Policy Research, Social Determinants of Health Division, Public Health Agency of Canada, Ottawa, ON; **Marisol Betancourt**, Epidemiologist, Public Health Agency of Canada, Ottawa, ON

This presentation will provide an overview of a new, interactive online Health Inequalities Data Tool developed by the Public Health Agency of Canada (PHAC), the Pan-Canadian Public Health Network, Statistics Canada, and the Canadian Institute for Health Information. The Data Tool contains over 70 indicators of health outcomes and health determinants disaggregated across a range of socio-demographic and economic population groups, including sexual orientation, at the national and provincial/territorial levels. It provides a systematic portrait of the state of health inequalities in Canada and represents the most comprehensive pan-Canadian data resource of its kind currently available. The Data Tool can help identify the magnitude of inequalities for sexual minority populations compared to heterosexual populations for many different health status and health determinant indicators, such as smoking, alcohol use, HIV incidence, arthritis, asthma, food insecurity and perceived mental health. This information can be used to inform priority areas in research, policy, and programs to advance the health of sexual minority populations. This interactive workshop provides an introduction to the Health Inequalities Data Tool

as the first-step to accessing current information on health outcomes and health determinants for sexual minority and other populations of interest.

Learning objectives

1. Acquire an overview of the Data Tool as a new pan-Canadian resource for accessing 70+ indicators of health outcomes and social determinants disaggregated by sexual orientation and a dozen other social stratifiers relevant to health equity
2. Through a hands-on activity, learn how to use the Data Tool to access and interpret health inequalities data relevant to sexual minority population
3. Identify data gaps and opportunities to strengthen data infrastructure for LGBTQ populations

Lors de cette présentation, on livrera un survol du nouvel Outil interactif sur les inégalités en santé, offert dans Internet et conçu par l'Agence de la santé publique du Canada (ASPC), le Réseau pancanadien de santé publique, Statistique Canada et l'Institut canadien d'information sur la santé. Cet outil regroupe plus de 70 indicateurs de résultats de santé et de déterminants de la santé ventilés par groupes sociodémographiques et économiques, y compris selon l'orientation sexuelle, à l'échelle nationale et provinciale-territoriale. L'outil offre un portrait systématique de l'état des inégalités en matière de santé au Canada et constitue la source pancanadienne de données la plus complète du genre disponible actuellement. Il peut aider à établir l'étendue des inégalités au sein des populations de minorités sexuelles comparativement aux populations hétérosexuelles pour divers aspects de l'état de santé et indicateurs des déterminants de la santé tels que le tabagisme, la consommation d'alcool, l'incidence du VIH, l'arthrite, l'asthme, l'insécurité alimentaire et la santé mentale perçue. Cette information peut être utilisée pour alimenter des secteurs tels que la recherche, des politiques et des programmes destinés à favoriser une meilleure santé pour les populations des minorités sexuelles. Cet atelier interactif propose une initiation à l'Outil sur les inégalités en santé comme première étape pour accéder à l'information actualisée sur les perspectives et les déterminants de la santé des minorités sexuelles et d'autres populations d'intérêt.

Objectifs d'apprentissage

1. Profiter d'un survol de l'Outil sur les inégalités en tant que nouvelle ressource pancanadienne permettant un accès à plus de 70 indicateurs des résultats de santé et des déterminants sociaux de la santé ventilés par orientation sexuelle et à une douzaine d'autres facteurs de stratification sociale pertinents pour l'égalité en matière de santé
2. Dans le cadre d'une activité pratique, apprendre comment utiliser l'Outil pour accéder aux données sur les inégalités en matière de santé concernant les populations des minorités sexuelles, et pour interpréter ces données
3. Établir les lacunes dans les données et les possibilités de renforcer l'infrastructure de données pour les populations LGBTQ

ii) Intersections of sexual orientation: missing data and immigration status and language (30 minutes) /

Intersections des orientations sexuelles : données manquantes, langue et statut à l'immigration (30 minutes)

STREAM: RESEARCH

Presenters / Présentateurs

Andreea Brabete, Postdoctoral Fellow, University of Montreal, Montreal, QC; **Bilkis Vissandjée**, Professor, School of Nursing, University of Montreal, Montreal, QC

LGB (lesbian, gay and bisexual) members experience situations related to perceived discrimination when accessing health care resources. In addition, the disclosure of their sexual orientation, the assumptions of heterosexuality, providers' limited knowledge, lack of LGB-sensitive resources and referral networks are among the most commonly documented challenges that this population faces. In order to facilitate LGB members' health surveillance, the Canadian Community Health Survey introduced a question on sexual orientation for the first time in 2003. However, the results of sexual-minority research are uncertain

if the respondents cannot or will not answer this question. Ethnicity, immigration status and language affect differentially the answer to sexual orientation questions. The aim of this presentation is to examine the relationship among sexual orientation item nonresponse, immigration status, and language preference using the Canadian Community Health Survey since 2003 until 2015. Since social stigma of being LGB has declined, we hypothesize that the sexual orientation item nonresponse has also declined. However, this effect is different depending on the immigration status and interview language when answering the CCHS. Data analysis: cross-sectional sexual orientation item nonresponse trends (waves from 2003 until 2015) using the CCHS by applying variables such as language preference, interview language and immigration status (born in Canada-born elsewhere). The results will be discussed in terms of the importance of having more inclusive sexual orientation queries for immigrants and linguistic minorities.

Learning objectives

1. The evolution of the sexual orientation nonresponse item measured in the Canadian Community Health Survey (2003-2015)
2. Ethnicity, immigration status and language affect differentially the answer to sexual orientation questions
3. The relationship among sexual orientation item nonresponse, immigration status, and language preference using the Canadian Community Health Survey since 2003 until 2015

Les membres des communautés LGB (lesbienne, gaie et bisexuelle) vivent des situations liées à la discrimination perçue au moment d'accéder à des soins de santé. De plus, la divulgation de leur orientation sexuelle, le fait qu'on assume que ces personnes sont hétérosexuelles, les connaissances limitées des personnes fournissant des soins, le manque de ressources adaptées aux personnes LGB et de réseaux de renvoi en consultation, sont parmi les problèmes les plus fréquemment documentés auxquels cette population est confrontée. Pour faciliter le suivi de la santé des membres des communautés LGB, l'Enquête sur la santé des collectivités canadiennes (ESCC) ajoutait pour la première fois, en 2003, une question sur l'orientation sexuelle. Les résultats de cet aspect de l'enquête concernant les minorités sexuelles sont toutefois

imprécis, puisqu'il n'est pas certain que les personnes participant à l'enquête pourront ou souhaiteront répondre à cette question. L'ethnicité, le statut d'immigration et la langue auront divers effets sur les questions touchant l'orientation sexuelle. L'objectif de cette présentation est d'examiner la relation entre les questions sur l'orientation sexuelle, le statut d'immigration ou la préférence linguistique auxquelles des personnes n'ont pas répondu dans l'Enquête sur la santé des collectivités canadiennes depuis 2003 jusqu'en 2015. Depuis que la stigmatisation des personnes LGB est en déclin, on peut émettre l'hypothèse que le nombre de personnes qui ne répondent pas à la question sur l'orientation sexuelle connaît aussi une baisse. L'ampleur de cette baisse varie toutefois en fonction du statut d'immigration et de la langue des personnes répondant à l'ESCC. Analyse des données : analyse transversale des tendances pour la non-réponse à la question sur l'orientation sexuelle (de 2003 à 2015) à l'aide de l'ESCC en appliquant des variables comme la langue préférée, la langue de l'entrevue et le statut d'immigration (personne née au Canada ou née ailleurs). Les résultats seront exposés dans la perspective de l'importance de recevoir plus de requêtes concernant l'orientation sexuelle pour les immigrants et les minorités linguistiques.

Objectifs d'apprentissage

1. L'évolution du taux de non-réponse aux questions sur l'orientation sexuelle mesurée dans le cadre de l'Enquête sur la santé des collectivités canadiennes (2003-2015)
2. L'ethnicité, le statut d'immigration et la langue en tant que facteurs influençant, chacun à leur façon, la réponse aux questions touchant l'orientation sexuelle
3. La relation entre la non-réponse aux questions touchant l'orientation sexuelle, le statut d'immigration et la langue préférée dans l'Enquête sur la santé des collectivités canadiennes depuis 2003 et jusqu'en 2015

F4E i & ii

i) Trans women's sexual health and safer sex practices

STREAM: COMMUNITY SUPPORT & DEVELOPMENT

Presenters

Yasmeen Persad, *Education and Training Specialist, The 519, Toronto, ON*; **Julie Hamara**, *Education and Training, The 519, Toronto, ON*

This interactive workshop will explore the needs of trans women's sexual health and safer sex practices through the use of *Brazen 2.0: Trans Women's Safer Sex Guide*, a community resource developed by and for trans women developed with CATIE. This workshop provides an opportunity to enhance service providers' understanding of some of the language that trans women may use to describe their body and sexual experiences. Topics that will be explored include: navigating disclosure, safer sex negotiations, and trans-inclusive language with focus on sex and sexuality. Using recent data, we will also be exploring trans women's experience in accessing and using PrEP (pre-risk exposure prophylaxis) and PEP (post-exposure prophylaxis). Understanding women have a right to make decisions around their bodies, some women may choose to undergo GAS (gender affirmation surgeries). With this in mind, we will be discussing sexual pleasure and health for women who have undergone/are undergoing these various types of surgeries. With an intersectional lens, we will explore the diverse cultural experiences of women and we will work to amplify the experiences of women who do sex work. Engaging these conversations will help service providers gain a better understanding of issues around physical, emotional, and sexual health and safety. To support real-life learnings, service providers will discuss a variety of scenarios based on real life experiences. This workshop's overall goal is to bring about a holistic conceptualization of trans women's sexual health—which is often under and misrepresented in health care settings.

Learning Objectives

1. To provide a better understanding of trans women's sexual health, from a social

determinants lens and offer tools and resources, creating an harassment free environment

2. To build capacity of service providers, and community members to ensure an environment that is welcoming safe and inclusive for trans clients
3. To demonstrate and share an empathic understanding of barriers faced by members of the trans communities

ii) Examining resistance strategies of LGBTQ Muslim women

STREAM: RESEARCH

Presenter

Maryam Khan, PhD Candidate, School of Social Work, York University, Markham, ON

This study critically explores the narratives of 14 lesbian, bisexual, trans, and queer (LBTQ) Muslim women across North America who have an intersectional identity (race, sexuality, gender identity and expression, ability, spirituality and religion) to understand reconciliation and lived experiences based on a qualitative doctoral research study; the life story interviews will be the focus, especially how the women negotiate and live out the above-mentioned intersections alongside managing community, societal and familial dimensions within normative Muslim and LGBTQIA communities. Special attention will be placed on the agency and resistance of LBTQ Muslim women, since this identity is imagined as 'in need of saving', hypersexualized or is exoticized. Literature on Muslim women, gender and sexual diversity within Islam and Islamic societies will be examined. Special focus will be placed on interrupting two common tropes: the fusion of queerness and secularism as an assumption; and the racialized religious individual perceived as homophobic and transphobic. This study is founded on the theoretical framing of Critical Race Feminism (CRF), Transnational Feminism (TF) and Intersectionality theory as viewed through the lens of Assemblage theory (IAT). Overall, framed within a liberationist theological framing of gender and sexuality, grounded in plurality and diversity of Islamic jurisprudence. Some of the research findings suggest: Islam is not inherently homophobic and transphobic; Islam values diversity and pluralism; LBTQ Muslim

women have reconciled their intersectional identities; and there is no abandonment of religion, gender identity and expression, spirituality or sexuality.

Learning objectives:

1. This introductory/intermediate panel session will enrich the participants' understandings of Islamic jurisprudence as not inherently in opposition to a queer identity (LBTQ) through examination of the resistance strategies deployed by the research participants
2. Special focus will be placed on how the LBTQ women take up and live out a Muslim identity. Overall, the complexities of identifying as LBTQ Muslim woman in the Global North will be explored
3. Further discussion of religion, culture and tradition and the impact of imperialism, secularism, 'cisheteropatriachalization' and neo-colonialism in the shaping of LBTQ Muslim intersectionality



The LGBTQ Parenting Network supports lesbian, gay, bisexual, trans and queer parenting through training, research, resource development, and community organizing. We work with individuals, organizations, and communities from the local to the international.

www.LGBTQpn.ca

[f /LGBTQPN](#) [@LGBTQPN](#)

e-mail: lgbtqpn@sherbourne.on.ca
phone: (416) 324-4100 x 5219

The LGBTQ Parenting Network is a program of Sherbourne Health Centre.

F5 Concurrent Sessions

F5A

Advancing our well-being: developing an LGBT2SQ research agenda in Ontario (Part 1 of 2)

STREAM: RESEARCH

Facilitators

Susan Barrass, Policy Analyst, Rainbow Health Ontario, Toronto, ON; **Joël Dickinson**, Professor, Laurentian University, Sudbury, ON; **Sylvain Leduc**, NP, PHC, MScN, Primary Health Care Provider, Centre de santé communautaire du grand Sudbury, ON; **Devon MacFarlane**, Director, Rainbow Health Ontario, Toronto, ON; **Devan Nambiar**, MSc, Education and Training Coordinator, Rainbow Health Ontario, Toronto, ON; **Kimberley Wilson**, Assistant Professor, Adult Development & Aging, University of Guelph, Guelph, ON

While the research evidence regarding LGBTQ2S health has grown in recent years, there is still much to learn and understand about the health and well-being of our populations and about what is contributing to positive change, how do we reduce systemic barriers, and how do we sustainably improve health outcomes. Additionally, there is still more to do to deepen our understanding of how the health and wellbeing of LGBTQ2S communities compare to the general population, and gather insight into the strengths, resiliencies, challenges, and differences in health outcomes facing specific communities within LGBTQ2S populations. For instance, we know there is much to learn about LGBTQ2S people in different parts of the province (e.g. in Northern communities, in rural, suburban or urban settings) as well as for LGBTQ2S people and communities who are Indigenous, Francophone, and/or who are racialized or newcomers to Canada. The aim of this session is to identify what areas of research should be developed and expanded upon, and reflect on the next steps for moving this initiative forward. Anyone who is attending the RHO conference is welcome in this session—whether you are a community member, a student, a clinician, or

whether you work in a non-profit organization, or in policy, research or management. If you are interested in connecting with LGBTQ2S health research and helping to shape an Ontario-wide research agenda, please bring your thoughts, insights and knowledge to this new initiative. This 90 minute session will involve participants working together to begin to identify research priorities. Based on results from the previous day's session on setting a research agenda, participants will begin to consolidate topics, identify possible priorities for research, and engage in discussions about possible next steps.

F5B i, ii & iii



**SIMULTANEOUS
INTERPRETATION**

**i) If you build it, they will come:
the ARC Trans Pod to support
individuals recovering from
transition-related surgery**

**Si vous le mettez en place, les
personnes viendront : le projet
ARC Trans Pod mis sur pied pour
venir en aide aux personnes en
phase de récupération d'une
chirurgie affirmative du genre**

STREAM: CLINICAL PRACTICE

Presenters / Présentateurs

Laura Fairley, RN, MN, CHPCN(C), Clinical Team, ARC Program, Sherbourne Health Centre, Toronto, ON; **Elise Yusuf**, ARC Program Client, Sherbourne Health Centre, Toronto, ON

Sherbourne Health Centre (SHC) in Toronto has the only medical respite program in Canada, offering 24/7 nursing care and allied professional support to individuals who are homeless/vulnerably housed with an acute medical issue, acute exacerbation of a chronic health condition, recovering post-operatively or undergoing cancer treatment, known as the ARC program (acute respite care). Our goal is to provide high-quality, compassionate and client-centred care in an inclusive, supportive environment, regardless of income, status, ethnicity, race, sexual orientation

or gender identity. In the fall of 2015, barriers to accessing health care for transition-related surgeries became a priority issue for the Ontario government. In partnership with the Centre for Addiction and Mental Health and Women's College Hospital a submission was made, proposing an integrated model of service delivery to expand access for assessments, surgeries and post-operative support, as well as build provincial capacity to better serve individuals undergoing transition-related treatment and surgery. In March 2016, SHC received government funding to increase the capacity of the Acute Respite Care program (formerly known as the Infirmary) from 10–14 beds. We have established a 4-bed “trans pod”. Although for the rest of the ARC program, our catchment is Toronto, the “trans pod” is designed to offer medical respite and support to anyone in the province who needs and would benefit from a short-term stay when recovering from a transition-related surgery. This presentation will highlight our experiences and learning throughout our journey to expand and grow with the addition of a “trans pod”.

Learning objectives

1. Enhance knowledge on increasing access for trans, gender diverse and non-binary people in an in-patient program
2. Learn about the referral process for the ARC program
3. Learn about the growth and development of the ARC program's inclusion of trans/non-binary and gender diverse people from an organizational, service delivery and client perspective

Le Centre de santé Sherbourne (« SHC ») de Toronto est le seul organisme au Canada à offrir un programme de répit en soins infirmiers jour et nuit, tous les jours de la semaine, et à offrir le soutien de personnes professionnelles alliées aux personnes en situation d'itinérance ou de logement précaire aux prises avec un problème médical grave, une exacerbation aiguë d'une maladie chronique, récupérant d'une intervention chirurgicale ou traitée pour un cancer. Ce programme de répit est connu sous le nom de programme ARC (pour « acute respite care »). L'objectif du Centre est d'offrir des soins de grande qualité centrés sur la clientèle, avec compassion et dans un environnement inclusif offrant le soutien nécessaire, et ce, sans égard au revenu, au statut, à l'ethnicité, à la race, à l'orientation sexuelle ou à l'identité de genre.

À l'automne 2015, les obstacles à l'accès à des soins de santé pour les chirurgies liées à la transition sont devenus un enjeu prioritaire pour le gouvernement de l'Ontario. En partenariat avec le Centre de toxicomanie et de santé mentale (CAMH) et le Women's College Hospital, une proposition a été soumise en vue de l'adoption d'un modèle intégré de prestation de soins visant à élargir l'accès aux évaluations, aux chirurgies et au soutien postopératoire et pour mettre sur pied, à l'échelle provinciale, les capacités nécessaires pour mieux servir les personnes lors de traitements ou de chirurgies liés à leur transition. En mars 2016, SHC a obtenu un financement du gouvernement pour accroître la capacité d'accueil de son programme de répit (autrefois connu sous le nom de « l'Infirmary ») afin qu'il passe de 10 à 14 lits. Nous avons alors créé, pour ces 4 nouveaux lits, une formule d'accueil appelée « trans pod ». Bien que le programme ARC s'adresse au départ à la clientèle de Toronto, le volet « trans pod » du programme vise à offrir des lits de répit et du soutien à toute personne ayant besoin d'un séjour en répit de courte durée à la suite d'une chirurgie de transition et ce, peu importe d'où elle vient dans la province. Cette présentation relatera l'expérience vécue et les enseignements tirés de notre parcours dans le cadre du programme ARC et de son expansion pour l'ajout de la formule d'accueil « trans pod ».

Objectifs d'apprentissage

1. Accroître les connaissances sur l'élargissement de l'accès pour les personnes trans, de genres diversifiés ou non binaires à un programme d'hospitalisation chez nous
2. Renseigner l'auditoire sur le processus d'aiguillage vers le programme ARC
3. En savoir plus sur la croissance et le développement, sur les plans organisationnels, de la prestation de services, de la clientèle et de l'inclusion au programme ARC de personnes trans/non binaires et de genres diversifiés

ii) Navigating pathways to health: trans men and holistic healing

Naviguer à travers les chemins menant à la santé : les hommes trans et la guérison holistique

STREAM: CLINICAL PRACTICE

Presenter / Présentateur

Lauren Pragg, *Holistic Nutritionist, Toronto, ON*

This session will seek to demonstrate the ways in which a holistic nutritional healing modality can help trans men prepare for, and recover from top surgery. Many of these issues will encompass physical, emotional, mental and spiritual health. The session will focus on providing whole food recommendations but will also incorporate micronutrient and herbal recommendations, along with lifestyle guidelines. Ideally these recommendations could be used in conjunction with western medicine to offer a variety of options for trans men, and the greatest opportunity for long-term health.

Learning objectives

1. What are the best ways to prepare your body for top surgery?
2. What are some of the best ways to recover from top surgery?
3. What kinds of emotional and mental supports are available to aid in the preparation and recovery process?

Au cours de cette séance, on démontrera comment une approche holistique en alimentation peut aider les hommes trans à mieux se préparer en vue de la chirurgie et à récupérer à la suite d'une intervention visant le haut du corps. Plusieurs des points abordés lors de cette présentation engloberont les aspects physiques, affectifs, mentaux et spirituels de la santé. Lors de cette présentation, l'auditoire profitera aussi de recommandations de bons choix d'aliments entiers, de micronutriments et de plantes, et de conseils relatifs au mode de vie. Idéalement, ces recommandations devraient être mises en pratique avec la médecine occidentale afin d'offrir un plus

grand éventail de choix aux hommes trans et plus de possibilités pour une meilleure santé à long terme.

Objectifs d'apprentissage

1. Quels sont les meilleurs moyens de préparer l'organisme à une chirurgie du haut du corps?
2. Quels sont les meilleurs moyens de récupérer d'une telle chirurgie?
3. Quels types de soutien affectif et psychologique sont disponibles pour aider à la préparation et au processus de récupération?

iii) Findings from the survey on gender-affirming surgery: how is Ontario doing?

Conclusions d'un sondage sur les chirurgies affirmatives du genre : comment s'en tire l'Ontario?

STREAM: RESEARCH

Presenter / Présentateur

Elizabeth Saewyc, *RN, FSAHM, FCAHS, FAAN, Professor and Director, School of Nursing, University of British Columbia, Vancouver, BC*

Transgender people who are pursuing gender-affirming surgery in Canada navigate complex systems of care in different provinces. In some cases, even though these surgeries are considered medically necessary, they are not covered by provincial health plans. In other cases, the only available surgical services require extensive travels, or have very long wait times. As transgender health services expand and get reorganized across the country, the provinces are working to improve access and quality of health care for transgender populations. To do so, however, they need to understand the recent experiences of trans people in Canada who are pursuing or have undergone gender-affirming surgery, and there is little research available to date. In order to better understand the process of gender-affirming surgery in Canada, our research team ran a large-scale anonymous online survey from July 2016 to July 2017. The survey focused on access and delivery of care, with questions

related to surgical readiness assessments as well as surgery. This research project is a collaboration between our research centre, SARAVYC, located at The University of British Columbia, Trans Care BC, a program of the BC Provincial Health Services Authority, and the partners in Ontario's Trans Health Expansion: Sherbourne Health Centre including Rainbow Health Ontario, the Centre for Addiction and Mental Health, and Women's College Hospital.

This presentation will present findings from this survey, focusing on the experience of Ontario residents. We highlight key areas of interest: disparities in assessment practice; wait times; access to trans competent primary health care providers, assessors, and surgeons; funding for surgery; and recovery from surgery. As we review findings, we emphasize the experiences of marginalized populations within trans communities (such as Indigenous and Two-Spirit people, racialized people, and people in rural communities). We present both the challenges that people encounter when accessing gender-affirming surgery, and the factors linked to positive experiences.

Learning objectives

1. Learn about positive and negative experiences of trans Ontarians who have gone through surgical readiness assessments and/or gender-affirming surgery since 2011
2. Understand how these experiences compare to the experiences of trans people in the rest of Canada
3. Identify some recommendations to strengthen trans healthcare in Ontario and Canada with a particular focus on improved access to, and delivery of, gender-affirming surgery

Les personnes transgenres qui souhaitent avoir recours à une chirurgie affirmative du genre au Canada doivent cheminer à travers les parcours complexes des divers systèmes de santé des provinces canadiennes. Dans certains cas, même si ces interventions sont jugées nécessaires sur le plan médical, elles ne sont pas couvertes par les régimes d'assurance-maladie provinciaux alors que dans d'autres, les seuls services chirurgicaux disponibles exigent de longs déplacements ou des temps d'attente considérables. Pendant que les services de santé destinés aux personnes transgenres prennent

de l'expansion et s'organisent partout au pays, les provinces travaillent à améliorer l'accès à des soins de santé de qualité pour ces populations. Or, pour y parvenir, il importe que les provinces comprennent mieux les expériences récentes vécues par les personnes trans canadiennes ayant subi ou cherchant à subir une chirurgie affirmative du genre. Or, peu d'études, à ce jour, se sont penchées sur cette question. En vue de mieux comprendre la procédure liée aux chirurgies affirmatives du genre au Canada, notre équipe de recherche a réalisé, de juillet 2016 à juillet 2017, un sondage anonyme à grande échelle sur l'accès aux soins et la prestation des soins. Ce sondage comportait entre autres des questions sur l'évaluation du degré de préparation à la chirurgie et sur la chirurgie elle-même. Ce projet de recherche a été réalisé dans le cadre d'une collaboration entre notre centre de recherche, le SARAVYC, situé à l'Université de la Colombie-Britannique, Trans Care BC, un programme de la BC Provincial Health Services Authority, et le THEx, un partenariat entre le Sherbourne Health Centre, qui abrite Santé arc-en-ciel Ontario, le Women's College Hospital (WCH) et le Centre de toxicomanie et de santé mentale (CAMH).

Lors de cette présentation, les conclusions de ce sondage seront dévoilées; elles portent principalement sur l'expérience vécue par des personnes résidant en Ontario. Nous nous attarderons aux principaux points d'intérêts du sondage, soit les disparités dans les pratiques en matière d'évaluation, les temps d'attente, l'accès à des prestataires de soins possédant des compétences adaptées aux besoins des personnes trans, les responsables de l'évaluation et les professionnels de la chirurgie, le financement des chirurgies et la récupération à la suite d'une chirurgie. En livrant ses conclusions, nous insisterons sur les expériences vécues par les populations marginalisées au sein des communautés trans (notamment les Autochtones et les personnes bispirituelles, les personnes racialisées et les personnes vivant en milieu rural). Nous présenterons à la fois les défis rencontrés par les personnes pour l'accès à une chirurgie affirmative du genre et les facteurs liés à des expériences positives.

Objectifs d'apprentissage

1. Se renseigner sur les expériences positives et négatives des personnes trans ontariennes ayant subi une évaluation en vue d'une chirurgie ou une chirurgie affirmative du genre depuis 2011

2. Comprendre comment ces expériences se comparent à celles d'autres personnes trans dans le reste du Canada
3. Dégager certaines recommandations en vue de renforcer les soins de santé pour les personnes trans en Ontario et au Canada, particulièrement en ce qui concerne un meilleur accès à la chirurgie affirmative du genre ou la prestation d'une telle intervention

will help identify new recommendations the Gender & Diversity committee can make to Laurentian University in order to help the community thrive in the face of adversity. This survey is a pillar for future work within Laurentian and throughout other institutions to aid in creating safe spaces for students, faculty and staff.

Learning objectives

1. To help participants identify actions that they can take within their own institution to aid in the creation of safe spaces for the LGBTQ community
2. To share the results of the five recommendations made following the 2012 Laurentian University Gender and Sexuality Survey
3. To identify the importance of sensitivity training within the community

ii) Multidisciplinary positive space training to increase students' knowledge and comfort with diverse LGBTQ+ communities

STREAM: RESEARCH

Presenters

Roya Haghir-Vijeh, Professor of Nursing, PhD Student, Centennial College, University of Victoria, Oshawa, ON; **Tara McCulloch**, RN, BScN, MA(Ed), Faculty, Centennial College, Oshawa, ON

LGBTQ+ communities have experienced discrimination from social and healthcare professionals and this has led individuals to not seek healthcare or avoid disclosure of their identity. Many who have experienced discrimination from health and social care professionals have avoided follow up visits with health care professionals. Thus, we believe that training for health and social care professionals is crucial to increase practitioners' knowledge and comfort in communicating and working with diverse LGBTQ+ communities. This research project explored whether Positive Space Training for college students in one of Canada's major cities would influence students attitudes, beliefs and behaviours when working with LGBTQ+ communities. Positive Space Training (PST) was offered to students', with knowledge, comfort and satisfaction being measured using validated tools. Pretest and posttest training questionnaires, focus groups and individual interviews

F5C i & ii

i) Laurentian University Gender and Sexuality Survey 2012-2017

STREAM: PROFESSIONAL EDUCATION & TRAINING

Presenters

Sara Runions, Masters Student, Experimental Psychology, Laurentian University, Sudbury, ON; **Anik Dennie**, Masters Student, Human Kinetics, Laurentian University, Sudbury, ON; **Joël Dickinson**, Professor, Laurentian University, Sudbury, ON

In 2012, Laurentian University's Sexuality and Gender Diversity committee set out to identify the climate relating to the LGBTQ2S population on the Laurentian University Sudbury campus. The goal of this survey was to identify the university's strengths and weaknesses in serving this community, seeing as for many of these students, Laurentian is not only their postsecondary institution but also their main source of health care. Based on this survey, the committee made five key recommendations, including: the creation of a new position for a Vice President of Equity and Diversity, the development of a university-wide safe space training, an increase in resources for the women's and Pride centre, the creation of universally accessible washrooms and changerooms throughout campus, and engagement of the Laurentian community in promoting an LGBTQ2S curriculum. Based on the initial results, some policies have been put into place, including the preferred name policy, along with four other key recommendations to help improve the university community's climate. The same climate survey was released in the Winter of 2017 in order to identify changes in the Laurentian climate since the last survey. This follow-up survey

were conducted to gain an understanding of students' learning and attitudes. 160 students received training and there was a substantial increase in knowledge and comfort in communicating with LGBTQ+ people after Positive Space Training. The findings conclude that PST is an effective tool that may be employed to advance health and social care practices within Canada.

Learning objectives

1. Participants in this session will be introduced to an effective tool to increase inclusivity
2. Participants in this session will learn about a research study that incorporated Positive Space Training at one of the colleges in an urban city in Canada
3. Participants in this session will learn about the findings of the research study that increased students' knowledge and comfort in working with diverse LGBTQ+ clients

media, in local communities, or at the institutional/policy level, the sharing of stories has the power to make a real difference. Join Rani for this interactive and engaging session where you will learn about using Stories for Social Change. This session is brought to you by the Ontario Trillium Foundation.

Learning objectives

1. Learn what makes a good story for social change
2. Explore how to effectively use stories for personal reflection and growth, promoting education and awareness, movement building and/or policy advocacy
3. Discuss strategies and guidelines to ethically listen to, support and share the personal – and often vulnerable – stories of individuals and the community

F5D

Using stories for social change

STREAM: ACTIVISM
& HUMAN RIGHTS

Presenter

Rani Sanderson, Program Coordinator
Canada, StoryCentre Canada, Toronto, ON

There is a definite buzz around storytelling these days, and there is such huge potential within the nonprofit world to harness the power in personal stories for positive change. Personal narratives can touch others deeply, moving them to reflect on their own experiences, modify their behavior, treat others with greater compassion, speak out about injustice, and become involved in civic and political life. Storytellers can come from all walks of life, any age, gender, cultural background, socio-economic background and/or ability. Having delivered storytelling workshops to a diverse range of communities and individuals, we have seen how effective and empowering it is to both share and listen to stories. Whether online, via social

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F5E

Pioneering LGBTQ+ newcomer health and wellness: a success story from Access Alliance Multicultural Health and Community Services

STREAM: ORGANIZATION &
SYSTEMS CHANGE

Presenter

Ranjith Kulatilake, Community Health Worker, LGBTQ+ Newcomer Initiatives, Access Alliance, Multicultural Health and Community Services, Toronto, ON


Access Alliance is a Community Health Centre (CHC) that provides primary health care, community programs and interpreter services for vulnerable, immigrant and refugee communities in Toronto, with prioritized services for LGBTQ+ newcomers. LGBTQ+ newcomers include non-status people, asylum seekers, refugee claimants, convention refugees and permanent residents. Extreme transphobic and homophobic violence, torture, 'corrective' rape, forced marriages, disowning

by the family, public humiliation, death or torture of their partners and family members are common lived experiences of LGBTQ+ newcomers in their home countries. In Canada they again face formidable challenges: unfamiliar system navigation, extensive refugee claim documentation (including proof of their sexual orientation and gender identity), strict deadlines, language barriers, social isolation, transphobia and homophobia, racism, poverty, barriers to employment and healthcare. These challenges are particular social determinants of health for LGBTQ+ newcomers, which determine Access Alliance's LGBTQ+ community initiatives. This interactive workshop will demonstrate the best practices of healthcare, based on an equity-based, integrated anti-oppressive framework of service delivery, which prioritize LGBTQ+ newcomers. The workshop will first discuss the agency's care pathway. This includes LGBTQ+ newcomer resettlement support workshops, one-on-one resettlement support, counselling

services and inter-agency partnerships. The queer-positive clinical services available especially for trans newcomers will be highlighted. Finally, actions for further strengthening queer-positivity within the agency and the CHC sector will be discussed. Workshop evaluations, client experience focus groups and client case stories will be shared to demonstrate the immediate and long-term impacts from our model of care.

Learning objectives

1. Understanding the barriers faced by LGBTQ in settlement in Canada
2. Establishing an effective care pathway
3. Strengthening queer positivity in a health-providing organization and the community health sector



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SUPPORTING OUR YOUTH

Black Queer Youth
• kalleyne@sherbourne.on.ca

Monday Night Drop In
• plaxman@sherbourne.on.ca

Express (Newcomers)
• express@sherbourne.on.ca

Trans Fusion Crew
• kdadui@sherbourne.on.ca

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Saturday, March 24

Morning	
7:45 - 8:45	Breakfast / Caucus meetings
9:00 - 10:30	S1 Concurrent sessions
10:30 - 11:00	Refreshment break
11:00 - 12:00	S2 Closing plenary (simultaneous interpretation)
12:00 - 1:30	Lunch

Concurrent Sessions

S1A

Advancing our well-being: developing an LGBT2SQ research agenda in Ontario (Part 2/2)

STREAM: RESEARCH

Facilitators

Susan Barrass, Policy Analyst, Rainbow Health Ontario, Toronto, ON; **Joël Dickinson**, Professor, Laurentian University, Sudbury, ON; **Sylvain Leduc**, NP, PHC, MScN, Primary Health Care Provider, Centre de santé communautaire du grand Sudbury, ON; **Devon MacFarlane**, Director, Rainbow Health Ontario, Toronto, ON; **Devan Nambiar**, MSc, Education and Training Coordinator, Rainbow Health Ontario, Toronto, ON; **Kimberley Wilson**, Assistant Professor, Adult Development & Aging, University of Guelph, Guelph, ON

While the research evidence regarding LGBTQ2S health has grown in recent years, there is still much to learn and understand about the health and well-being of our populations and about what is contributing to positive change, how do we reduce systemic barriers, and how do we sustainably improve health outcomes. Additionally, there is still more to do to deepen our understanding of how the health and wellbeing of LGBTQ2S communities compare to the general population, and gather insight into the strengths, resiliencies, challenges, and differences in health outcomes facing specific communities within LGBTQ2S populations. For instance, we know there is much to learn about LGBTQ2S people in different parts of the province (e.g. in Northern communities, in rural, suburban or urban settings) as well as for LGBTQ2S people and communities who are Indigenous, Francophone, and/or who are racialized or newcomers to Canada. The aim of this session is to identify what areas of research should be developed and expanded upon, and reflect on the next steps for moving this initiative forward. Anyone who is attending the RHO conference is welcome in this session—whether you are a community member, a student, a clinician, or

whether you work in a non-profit organization, or in policy, research or management. If you are interested in connecting with LGBTQ2S health research and helping to shape an Ontario-wide research agenda, please bring your thoughts, insights and knowledge to this new initiative. This 90 minute session will involve participants working together to begin to identify research priorities. Based on results from the previous day's session on setting a research agenda, participants will begin to consolidate topics, identify possible priorities for research, and engage in discussions about possible next steps.

Please note: All are welcome to join this session. It is not necessary to have participated in the Friday priority setting session to attend this session.

S1B i & ii

i) Organizational strategies to address health inequities of LGBTQI2S patients/clients in the Toronto Central LHIN

STREAM: ORGANIZATION & SYSTEMS CHANGE

Presenter

Narina Nagra, Human Rights & Health Equity Specialist, Sinai Health System, Toronto, ON

Since 2012, Mount Sinai Hospital's Human Rights & Health Equity Office has been leading the Measuring Health Equity project, a Toronto Central LHIN mandate to collect patient/client demographic data in 16 hospitals and 17 Community Health Centres using a standard set of 8 questions, including sexual orientation and gender identity (SOGI). The collection of individual-level demographic data has long been considered a gold standard in addressing health inequities. While data collection efforts on language and race/ethnicity have become common practice in health care, efforts to standardize data collection on SOGI remain scarce. This session will present a model for collecting and using SOGI data, focusing on challenges and opportunities in various healthcare organizations. This includes: elements of successful implementation (e.g. communication, IT systems); training to address assumptions,

stereotypes and staff discomfort; tools to support patients/clients and staff; and case studies on the use of SOGI data in providing quality care. This is one of the first international attempts to standardize the collection of SOGI data, improving organizations' ability to know who is being served, and promoting measurement and accountability around health equity. The 8 questions were translated into 11 languages, which included eliciting feedback from community groups on non-English SOGI terminology that is safe and respectful. A key focus will be on applying an intersectional analysis of a diverse LGBTQI2S population and promoting a safe and equitable healthcare environment for these patients by addressing individual, organizational and systemic forms of homophobia, biphobia and transphobia through MSH's Are You an ALLY? campaign.

Learning objectives:

1. Share best practices and lessons learned that have driven the standardized collection of patient/client sexual orientation and gender identity data across hospitals and CHCs in central Toronto
2. Illustrate the ways in which patient/client sexual orientation and gender identity information can be used to plan and deliver equitable care to LGBTQI2S populations
3. Provide knowledge and skills to promote and educate around equity organizational change within health care settings that create a respectful environment and align policies and initiatives across the organization

ii) The Peterborough City & County LGBTQ* Task Force

STREAM: ORGANIZATION & SYSTEMS CHANGE

Presenter

Vanita Lokanathan, MD, Family Physician, Greater Peterborough FHO, Peterborough ON

This session will describe the development and work of the Peterborough City & County LGBTQ* Task Force. Inspired by the last RHO Conference 2016, two of the presenters returned to Peterborough

with a vision to start a change movement to build a culture of inclusion and support for the local LGBTQ* community. Community leaders who were already working in various sectors to advocate for and support LGBTQ*S2 folks were invited to join a Task Force. The Task Force has been meeting monthly since May 2016, with a vision “To create and lead a sustained culture of opportunity, equity and inclusivity for individuals of all sexual orientations, gender identities and gender expressions (LGBTQ*)”. Our mission is to foster a spirit of intersectoral collaboration and multidisciplinary participation in initiatives that advocate for, develop and promote our visionary aims. The Task Force includes representation from health, education, business, law enforcement, volunteer and support services. Working groups in these sectors are now meeting regularly and developing improvement objectives. On May 17, 2017, the Task Force sponsored a Community Forum in honour of IDAHOT, with the intention of introducing the Task Force to the community and providing an opportunity for community participation and engagement. 38 community members attended the forum and participated in facilitated interactive small and large group activities to identify strengths, needs, and priorities for change. Data from the forum is being compiled for reflection back to the community and feedforward to inform the work of the Task Force and its working groups.

Learning objectives

1. Gain knowledge and understanding of the process and implementation of collaborative community engagement
2. Experience a unique method of community engagement that participants can use to generate collaboration, meaning making and change in their home communities
3. Demonstrate unique methods to educate service providers about the strengths and needs of a marginalized community

S1C


SIMULTANEOUS
INTERPRETATION

Sharing our voices: lived experiences of trans youth and their families

Partager nos voix : expériences vécues par les jeunes trans et leur famille

STREAM: PUBLIC POLICY,
ACTIVISM & HUMAN RIGHTS

Panelists / Panélistes

Fae Johnstone, Facilitator, Community Organizer & Social Work Student, Ottawa, ON; **Kaeden Seburn**, Social Work Student, Carleton University, Community Representative, Champlain Regional Planning Table for Trans Health Services & Provincial Trans Health Expansion Initiative, Ottawa, ON; **Melissa Schaettgen**, Parent Advocate, Community Leader, Ottawa, ON; **Warner Schaettgen**, Student, rural Ontario

Trans young people and their families continue to face near-insurmountable challenges in accessing health care. Too often it takes a concerted effort on the part of supportive families to gain access to needed services for their children. Trans youth without advocates are disadvantaged further: despite recent advances, service availability is limited to a few urban centres, and lacks an intersectional approach that addresses other aspects of diversity. Traditional (ie non-LGBTQ+ targeted) youth services are often unable to deliver trans-inclusive services, and LGBTQ+ youth experience a lack of access to community spaces, which are key aspects of positive youth development. Furthermore, too often, conversations about trans young people leave out the actual voices of trans youth – especially those who exist at intersections of racism, transmisogyny and ableism. This panel will highlight trans youth from diverse backgrounds and all across the gender spectrum, as well as their parents. They will share their experiences advocating to access services. They are systems-thinkers—because they have to be. Through sharing their lived experiences and struggles, trans youth and their families will bring insights about what they believe will lead to better, more accessible services for trans youth. By centering the lived experiences of

youth and their families we hope to foster a dialogue aiming to develop recommendations for how our various communities (service providers, researchers, trans adults, trans youth and families) can collaborate to better support LGBTQ+ young people and create more positive health outcomes for our communities.

Learning objectives

1. System navigation as experienced by trans youth and their families: Familiarize service providers with current lived experiences of trans young people and their families as they attempt to navigate social and health services
2. Implementing trans-specific youth and family engagement: provide participants with insights into the promising practices of family and youth engagement, complimented by the lived experience of youth and families
3. System gaps and advocacy for trans and gender diverse child and youth services as well as for the broader LGBTQ+ sector

Les jeunes personnes trans et leur famille continuent d'être confrontées à des défis presque insurmontables en matière d'accès aux soins de santé. Trop souvent, des efforts concertés des familles sont nécessaires pour que ces jeunes puissent avoir accès aux services dont ils ont besoin. Les jeunes trans qui n'ont personne pour faire valoir leurs droits subissent encore plus de désavantages : malgré les progrès accomplis ces dernières années, la disponibilité des services se limite à quelques centres urbains et l'approche interreliée avec d'autres aspects de la diversité n'est pas toujours au rendez-vous. Souvent, les services traditionnels destinés aux jeunes (qui ciblent les personnes autres que LGBTQ) ne sont pas en mesure de proposer des services tenant compte des jeunes trans, et les jeunes LGBTQ+ doivent composer avec un manque d'accès aux espaces communautaires, qui sont pourtant un facteur essentiel au développement positif des jeunes. De même, trop souvent, les conversations et les échanges portant sur les jeunes trans ne tiennent pas compte de la voix même de ces jeunes –surtout dans le cas de jeunes qui se situent au confluent du racisme, de la transmisogynie et de la discrimination fondée sur la capacité physique. Cette table ronde réunira des jeunes trans de divers horizons et de tous les spectres du genre, ainsi que leurs parents. Ensemble, ces personnes partageront

leurs expériences des démarches et des pressions exercées pour avoir accès à des services. Ces personnes sont de véritables penseurs du système de santé—et ils n'ont pas le choix de l'être. En partageant leur vécu et leurs combats, les jeunes trans et leur famille permettront à l'auditoire d'en savoir plus sur ce qui est jugé nécessaire à leur avis pour des services plus accessibles à l'intention des jeunes trans. En mettant de l'avant les expériences vécues des jeunes et de leur famille, nous espérons favoriser un dialogue visant à formuler des recommandations sur la façon dont les diverses communautés (prestataires de services, personnes œuvrant en recherche, adultes trans, jeunes trans et leur famille) pourront collaborer afin de mieux soutenir les jeunes personnes LGBTQ+ et d'assurer des résultats de santé plus positifs pour nos communautés.

Objectifs d'apprentissage

1. Le cheminement dans le système, comme l'ont vécu les jeunes trans et leur famille : familiariser les prestataires de services aux expériences récentes de jeunes trans et de leur famille pour tenter de s'y retrouver dans le réseau des services sociaux et de santé
2. La mise en œuvre d'une démarche propre aux jeunes trans et à leur famille : livrer à l'auditoire de l'information sur des pratiques prometteuses faisant appel à la participation des familles et des jeunes, avec en complément un récit des expériences vécues par ces personnes
3. Les lacunes du système et les pressions exercées pour obtenir des services destinés aux enfants et aux jeunes trans et de genres diversifiés et à l'ensemble des personnes LGBTQ+ dans une plus large mesure

S1D

Learning from autistic LGBTQ people: lessons in ableism, attitudes, and allyship

STREAM: COMMUNITY SUPPORT & DEVELOPMENT

Panelists

Bridget Liang, *Researcher, Writer, Bridget Liang, Toronto, ON*; **Jake Pyne**, *PhD Candidate, School of Social Work, McMaster University, Hamilton, ON*; **Falon Wilton**, *Child and Youth Care Student, Humber College, Toronto, ON*

In today's society, LGBTQ people typically expect to speak for themselves in the public realm. However, autistic LGBTQ people have often learned that they cannot count on being heard in the same way. While there are many important parallels between LGBTQ movements and the movement for neurodiversity, autistic people remain highly stereotyped and often find themselves spoken about by others, whether "experts," family members or service providers. Yet a growing number of community members identify as both autistic and LGBTQ, and are challenging neurotypical queers to confront their ableism and assumptions. This panel focuses on a number of pressing questions. What research might we draw on to understand what autistic queer and trans people need? What unique needs do autistic children and youth have with respect to gender and sexuality? How do the assumptions made about autism impact the type of services autistic LGBTQ people receive? How do identities like race and class complicate experiences of ableism, homophobia, transphobia, and violence, as well as collective struggles for justice? What can neurotypical service providers and researchers do as allies? This panel presentation will highlight the voices of autistic LGBTQ people and their supporters as they discuss current research, political goals, advocacy efforts and the distinct perspectives and contributions of autistic LGBTQ people.

Learning objectives

1. Participants will become familiar with autistic experiences within LGBTQ community

2. Participants will learn about current self-advocacy efforts among LGBTQ autistic people
3. Participants will have the opportunity to reflect on improving attitudes and service provision for autistic LGBTQ people

S1E

The gays aren't all white, the desis aren't all straight: exploring queer subjectivity in the Toronto South Asian diaspora

STREAM: RESEARCH

Presenter

Khadijah Kanji, *MSW, Board Member, LGBT Youth Line, Markham, ON*

As Prof. Jasbir Puar has said, in an era of Western sexual and cultural diversity, "the homosexual other is white, the racial other is straight." In documenting the narratives of several self-identified queer South Asian diasporics, this project seeks to complicate a Western imagination of who constitutes the queer; the myriad subject positions inhabited by the racialized; and the varying marginalizations they may face along the lines of race, sexuality, and other categories through which human difference is organized and hierarchized. In so doing, the project also hopes to uncover how these individuals reconcile supposed contradictions in their identities – how they both conform to, and subvert, narratives of 'authentic' queerness and 'authentic' South Asian-ness, in order to arrive at a 'queer South Asian diasporic' subjectivity.

Given the colonial and racialized diasporic context (i.e. Toronto, Canada), these narrative accounts have been situated within literature implicating queer subjectivities in historical and present processes of colonization, imperialism, racism, and violence. As such, I hope to illuminate both the radical possibilities of queer South Asian diasporas as well as their vulnerabilities to participation in nationalism, colonialism, Western imperialism, and other violent forces.

Learning objectives

1. To historicize and hence denaturalize and problematize the categories within which we understand sexuality today (i.e. gay, straight etc)
2. To implicate discourse of sexuality within discourses of race, demonstrating how the two have been co-constituted and are co-dependent
3. Given the above two objectives, a final objective is to instigate a critical self-reflectiveness about what we take for granted about gender and sexuality and the 'right' ways of being 'queer'

S2 Closing plenary **SIMULTANEOUS INTERPRETATION**

After three and a half days of learning, knowledge-sharing, networking and collaboration, in this closing plenary Camille Orridge will knit together conference themes, experiences and perspectives to give a big picture overview of how the RHO Conference content fits the context of changes and opportunities in the LGBTQ2S health landscape. She will challenge participants to think about what each of us can do to advance LGBTQ2S health and well-being in our own contexts, and offer key issues for participants to consider, reflect on, and take away with them.

Camille will conclude the conference on a forward-looking note, leaving attendees feeling inspired and recharged to continue their work as agents of change in LGBTQ2S health.

Camille Orridge is a Senior Fellow at Wellesley Institute. Previously, while at TCLHIN, Camille made health equity an increasing priority. Some of her achievements include launching Language Services Toronto, a telephone interpretation service for non-English speaking patients of Toronto's hospitals that markedly improved aspects of access to Toronto's hospitals.

S2 Séance plénière de clôture

Après trois jours et demi d'apprentissage, de partage de connaissances et de réseautage, Camille Orridge regroupera et recoupera les thèmes des conférences et, lors de cette plénière de clôture, fera la synthèse des expériences et des perspectives de tous afin de livrer un portrait d'ensemble de la façon dont le contenu de la Conférence de SAO s'ajuste au contexte des changements et des possibilités du paysage de la santé LGBTQ2S. Dans cette plénière, toutes les personnes participantes seront invitées à réfléchir sur ce que nous pourrions faire pour l'avancement de la santé et du mieux-être de la communauté LGBTQ2S dans notre propre contexte; puis, Camille proposera de grands enjeux auxquels réfléchir et que l'on pourra emporter après l'événement.

Camille conclura la conférence sur une note d'espoir, qui saura inspirer et insuffler de l'énergie aux personnes présentes afin qu'elles poursuivent le travail pour le changement en matière de santé LGBTQ2S.

Camille Orridge est une personne agrégée supérieure de recherche au Wellesley Institute. Auparavant, dans le cadre de ses fonctions au RLIS du Centre-Toronto, Camille a fait de l'égalité en matière de santé une priorité croissante. Parmi ses réalisations, mentionnons le lancement de Language Services Toronto, un service d'interprètes offert par téléphone pour les personnes patientes d'hôpitaux de Toronto qui ne parlent pas anglais; ce service a grandement amélioré certains aspects de l'accès à ces établissements de soins.

Closing Prayer / Prière de clôture

Msko-Miigwani Kwe (Red Feather Woman)

Hilda Nadjiwan, Nookmis & Elder, is a proud Ojibway/Odawa woman and fluent speaker of Anishnaabemowin, member of the Crane Clan and band member of Chippewas of Nawash, Neyaashiinagmiing, Cape Croker, Ontario.

Hilda was born and raised on the Wikwemikong Unceded Reserve located on Manitoulin Island, and is the youngest daughter of the late Isabel and Patrick Nadjiwon. She now resides in Sudbury close to her children, grandchildren and great-grandchildren.

Hilda is a survivor of the residential school system era and her experience there had such a great impact on her life that she is now promoting educational advancement as a vital step in the healing of all First Nations, who suffer not only the direct but also the generational effects of the residential school system.

Her life is dedicated towards encouraging education, health and wellness of all people and gives back to her community through knowledge so that they can find their path and purpose, a path she walks with pride. Hilda considers herself both a learner and a teacher and openly shares her wisdom about tradition, language and culture. She continues to keep a high profile in various community gatherings; most recently, as one of four Elders with the Missing and Murdered Indigenous Women's project. Another specialty area she enjoyed was being involved in the Stepping Stones Native Language CD-ROM, working with children and youth at various elementary schools in story-telling and craftmaking. She also has voiced Public Service Announcements for CTV for diabetes and breast-screening awareness programs.

She is currently serving as the Board Elder for the Shkagamik-Kwe Health Centre (SKHC) providing knowledge, support and Anishnaabemowin language guidance to the Board, staff, students and clients of SKHC.

Elle a consacré sa vie à la promotion de l'éducation, de la santé et du bien-être de tous et redonne à sa communauté par le savoir, afin que chacun puisse trouver sa voie et sa mission de vie – dans son cas, c'est avec fierté qu'elle emprunte la voie qui est la sienne. Hilda se considère à la fois comme une apprenante et comme une enseignante et partage sa sagesse et sa connaissance des traditions, de la langue et de la culture. Elle continue d'être très présente aux divers rassemblements communautaires; elle a récemment été parmi les quatre aînées du projet sur les femmes autochtones disparues ou assassinées. Un autre projet auquel elle a bien aimé participer est la production du cédérom Stepping Stones sur la langue autochtone, pour lequel elle a travaillé auprès d'enfants et d'adolescents de diverses écoles élémentaires pour transmettre des contes et faire de l'artisanat. Hilda a aussi prêté sa voix à des annonces publiques sur le réseau CTV concernant les programmes de dépistage du diabète et du cancer du sein.

Hilda Nadijwan siège à titre d'aînée au Shkagamik-Kwe Health Centre (SKHC), où elle offre son savoir et ses orientations linguistiques en Anishnaabemowin au conseil d'administration, au personnel, aux élèves et aux clients du SKHC.

Msko-Miigwani Kwe (femme à la plume rouge)

Hilda Nadijwan, Nookmis et aînée, est une fière Ojibway/Odawa. Parlant couramment l'Anishnaabemowin, elle est membre du clan Crane (clan de la grue) et membre de la bande Chippewas de Nawash, Neyaashiinagmiing, de Cape Croker en Ontario.

Hilda est née et a grandi sur la réserve non cédée de Wikwemikong, sur l'île Manitoulin. Elle est la fille cadette des regrettés Isabel et Patrick Nadijwon. Elle vit maintenant à Sudbury, près de ses enfants, de ses petits-enfants et de ses arrière-petits-enfants.

Hilda est une survivante des pensionnats autochtones. Ce qu'elle y a vécu a eu des répercussions si grandes dans sa vie, qu'elle se consacre maintenant à la promotion de l'éducation comme étape essentielle pour la guérison de toutes les Premières Nations, qui ont souffert directement et pour qui l'épisode des pensionnats autochtones a aussi eu des effets qui se sont étendus aux autres générations.

Bios

Yaseen Ali has participated in Salaam Canada in the roles of support group facilitator and core volunteer organizer. Since 2008, he has worked at the University of Toronto as an English language instructor and more recently as an advisor to international students regarding their transition to Canada. He recently completed his M.A. in the Social Justice Education program at OISE in 2014 with a thesis component on male anorexia and hunger practices that incorporated qualitative research methodology.

Christine Allen is a Policy Analyst with the Association of Ontario Midwives (AOM). Christine is a Registered Midwife with over 15 years experience providing clinical care, community advocacy, and interprofessional collaboration. Christine has also been a mentor to new midwives and has provided precepting to many students as an adjunct professor in the Midwifery Education Program at Ryerson University. Currently, she is using her skills to research policy, facilitate organizational change, and advocate for equity in her role at the AOM. Christine lives in Toronto with her partner and two children.

Kathryn Allwright is a Registered Nurse enrolled in the Queen's University Masters of Nursing Science program under the supervision of Dr. Katie Goldie, BNSc, MSc, PhD. Kathryn's thesis work focuses on Ontario Public Health Unit practices to promote positive spaces. Kathryn works as a public health nurse at the Leeds, Grenville, and Lanark District Health Unit and is committed to fostering cultural humility practices and inclusivity in public health.

Nicole Anglin, BSc, is a Harm Reduction Outreach Coordinator at the AIDS Committee of Durham Region. Her focus is on the mental health and harm reduction in people of colour (POC) communities. She engages in advocacy and activism in her community and is continually looking for more ways to increase her capacity and knowledge within the sector. Nicole is working to increase engagement of the LGBTQ2S+ POC community in her programs and to highlight intersectionality of sexuality and race.

Michael Barnett, NP-PHC, BScN, MScN, is a Primary Health Care Nurse Practitioner working at AHAC Shkagamik-Kwe Health Centre since 2011. He has been working with a focus on 2SLGBTB primary care since completing research and focusing his Masters of Science in Nursing in transgender health. Michael is an advocate and ally for 2SLGBT care within Northern Ontario, assisting with local groups such as the Two-spirit/LGBT Circle. He is additionally a member of the Canadian Professional Association of Transgender Healthcare (CPATH). This is his first time working with Rainbow Health Ontario.

Susan Barrass supports the development of Rainbow Health Ontario's policy agenda, including conducting policy research and analysis on provincial and federal policy initiatives impacting LGBTQ health. Previously, Susan has worked as a researcher on issues surrounding immigration and settlement for newcomers to Canada, labour market precarity and issues related to seniors' health. She has also worked as an analyst with the federal public service.

Monique Beaudoin est Coordinatrice en promotion de la santé au CSCGS depuis 2006. Un élément important de son travail consiste à développer des projets, programmes et services qui répondent aux besoins des populations francophones qui font face à multiples barrières aux services, dont les personnes à faible revenu, la communauté immigrante et nouvelle arrivante, et la communauté LGBTQ francophone. Monique est une passionnée de la promotion de la santé et surtout, du travail d'équité en matière de la santé.

Monique Beaudoin has been the Health Promotion Coordinator at the CSCGS since 2006. An important part of Monique's work is developing projects, programs and services that respond to the needs of francophone populations facing multiple barriers to health, including low-income people, immigrant and newcomer communities, and the francophone LGBTQ community. She's passionate about health promotion and health equity work.

Dr. Maud Bélanger, MD, joined Dr. Brassard's team in 2010 in order to practice gender affirming surgery. Highly motivated and involved in the well-being of her patients, she also contributes to the development and improvement of surgical practices. Dr. Maud Bélanger received her medical degree in 2005 from Université Laval in Quebec City and completed her plastic surgery residency in 2010 at Université de Montréal. Afterwards, she pursued her fellowship in microsurgery and breast reconstructive surgery at the renowned Ghent University Hospital in Belgium. Dr. Bélanger previously practised at the Hôtel-Dieu de St-Jérôme Hospital before devoting herself entirely to private practice at the Centre Métropolitain de Chirurgie.

Dr. Marisol Betancourt is an epidemiologist with the Public Health Agency of Canada and has played a key role in the development of indicators and indicator frameworks for population health surveillance, such as the Canadian Chronic Disease Indicator Framework and the Health Inequalities Data Tool. Prior to joining PHAC Dr. Betancourt practiced for over 10 years as a family physician and pediatrician in Ecuador.

Dre Marisol Betancourt est épidémiologiste à l'Agence de la santé publique du Canada et a joué un rôle clé dans l'élaboration d'indicateurs et de cadres pour les indicateurs de surveillance de la santé de la population, comme le Cadre d'indicateurs des maladies chroniques au Canada et l'Outil interactif sur les inégalités en santé. Avant de se joindre à l'ASPC, Marisol Betancourt a pratiqué la médecine familiale pendant plus de 10 ans en tant que professionnelle de la médecine et de la pédiatrie en Équateur.

Vincent Bolt is the Education Manager for TG InnerSelves. He is completing his Bachelor of Indigenous Social Work at Laurentian University, and has an Honours Degree in English Literature. He has spent the past ten years doing what he loves most: public speaking. To date he has trained thousands of service providers across the province, and even spoke at the 2016 WPATH Symposium in Amsterdam. He also has presented at high schools across the Northeast region.

Navi Boparai supports the Trans Health Expansion, which is a partnership between Rainbow Health Ontario, Sherbourne Health Centre, Women's College Hospital, and CAMH to support the delivery of accessible healthcare and to advance surgical planning for transgender and gender-diverse people across Ontario. Previously, Navi has worked on projects to advance rural family medicine across Canada and to improve cancer care for Indigenous populations.

Dr. Andreea Brabete is a postdoctoral fellow working at the Faculty of Nursing (University of Montreal) in collaboration with Dr. Vissandjée after obtaining the Postdoctoral Merit Scholarship for Foreign Students awarded by the Fonds de recherche du Québec. One of the objectives of her postdoctoral research is to examine how the intersections of health determinants such as sex, gender, ethnicity, legal status and sexual orientation affect LGB women and men migrants' health trajectory.

Dre Andreea Brabete est une personne aux études postdoctorales travaillant à la Faculté des sciences infirmières (Université de Montréal) qui, après avoir

obtenu une bourse d'excellence postdoctorale pour étudiants étrangers décernée par le Fonds de recherche du Québec, a commencé à travailler en collaboration avec la Dre Vissandjée. L'un des objectifs poursuivis dans le cadre de ses travaux consiste à étudier comment l'interaction entre des déterminants de la santé comme le sexe, le genre, l'ethnicité, le statut juridique et l'orientation sexuelle affecte la trajectoire de santé des hommes et des femmes LGB migrants.

Alex Bucik is a Research and Policy Analyst with Egale Canada Humans Rights Trust. With a research background in cultural studies and critical theory, Alex aims to emphasize the complex and intersectional experiences of LGBTQI2S communities in his work shaping public policy and legislation across Canada. His work focuses on labour protections, health equity, human rights law, and justice reform. Alex is a white, cis, queer man continually learning how to be a better ally and help center the voices of others. Like many researchers, he has a mild caffeine addiction that is positively correlated to his ever growing reading list.

Alex Bucik est analyste en recherche et politiques au Fonds Egale Canada pour les droits de la personne. Avec des antécédents en études culturelles et théorie critique, Alex vise à mettre en lumière les expériences complexes et intersectorielles vécues dans les communautés LGBTQI2S dans ses travaux, lesquels contribuent à façonner les politiques publiques et le cadre législatif partout au Canada. Ses travaux portent principalement sur la protection dans le domaine du travail, l'égalité en matière de santé, les lois touchant les droits de la personne et la réforme de la justice. Alex est un homme queer cisgenre de race blanche, qui travaille constamment à apprendre comment devenir un meilleur allié et à regrouper les voix des autres. Comme de nombreuses personnes qui œuvrent en recherche, il est aux prises avec une légère dépendance à la caféine qui s'explique manifestement par une passion dévorante pour la lecture.

Lauren Burrows is an educator, community organizer, and activist residing on Haudenosaunee and Anishnawbe territory. Lauren currently works in higher education, but offers her labour to a variety of communities to enhance equity through developing and delivering anti-oppression education. She is

an MA candidate in Social Justice and Community Engagement, with her research interests addressing pro-social bystander interventions, critical allyship and anti-oppressive pedagogies. She is engaged in sharing best practices in equity across sectors, and supporting individuals and organizations in unlearning and dismantling systems of oppression. Lauren is a cis, queer, Black, middle class, able-bodied woman living with chronic illness, whose work aims to decolonize the discourse on harm and centralize the identities and experiences of those pushed to the margins.

Kat Butler is a settler of Irish and Scottish descent who is attending medical school at McMaster University, on Haudenosaunee and Anishnaabeg traditional territories. Kat has previously worked as a community organizer, emergency department nurse, and facilitator. Their interests include medical education, adolescent health, harm reduction, decolonizing curricula, and LGBTQ2S+ health. In 2017, Kat was awarded an OMSA/AMS Medical Student Education Research Grant for their research on the experiences of trans and Two-Spirit medical students.

John Caffery is a multidisciplinary artist and community worker who engages art in social change and works on creative responses to oppression. John is a professor at George Brown College in the Community Worker Program. At Supporting Our Youth (SOY), for 7 years John coordinated the program: HEAT (Human Rights Equity Access Team) to engage LGBTQ2S youth to develop skills and opportunities that empower them to be active citizens and advocates for social justice.

Jennifer Carroll's background is as a Registered Nurse in pediatric surgery and in nursing education. Her broad interests are in bodily integrity and self-concept and how these are influenced in the health care environment. Her master's research looks at Nurse Practitioner attitudes in caring for transgender clients from a cultural humility perspective. Jen is a recipient of a 2017/18 Canadian Institutes of Health Research Knowledge Translation Trainee Award for Innovative Thinking to Support LGBTQI2S Health and Wellness.

Stephanie Carter is the Clinical Director of Ambulatory Services in the Acute Care Program at the Centre for Addiction and Mental Health (CAMH). In this role Stephanie oversees a variety of outpatient mental health and addiction services. Stephanie has a Master of Business Administration (Health Services Management specialization) from McMaster University and holds the Certified Health Executive designation from the Canadian College of Health Leaders. Prior to working at CAMH Stephanie completed a Bachelor of Science degree in Psychology from Trent University and a Social Service Worker diploma from Fleming College. Stephanie has worked in the social service and health care fields since 2006, with experience providing frontline care to at risk youth in the HIV sector. Stephanie has a keen interest in building capacity for quality improvement in clinical services, and performance measurement in healthcare.

Marcus Cerqueira Sanzi is an MA student at Simon Fraser University in the department of Counselling Psychology. He has been working with the LGBTQ2S community since 2001 after graduating from his B.Sc. in Psychology in Brazil. In Canada, he worked as a case manager assisting gay men to decrease vulnerability and risk for HIV while honouring client's strengths and self-efficacy. His research interests are centred on the narratives of Latinx culture, the intersectionality of gender and sexuality.

Ma-Nee Chacaby has faced numerous challenges in her life that have prompted her to embark on a path of spiritual healing through art. She was born in Thunder Bay Ontario and was adopted by a French Canadian family. She then found and returned home to her kokum at the age of two to be raised in Omabika, a community north of Lake Nipigon. Being a two-spirited elder and storyteller, she uses various media for personal and community spiritual healing. She is visually impaired and her art tells a story of the journey people face each day.

Moonga Chiimba is a student with an active interest in social justice, particularly in improving access to community for marginalised people. He has been involved and volunteered with the 519, Black Coalition for AIDS Prevention and Supporting our Youth organisations in Toronto. He received training in social justice activism through the Heat Equity and Access Team under John Caffery at Supporting Our Youth Toronto (SOY H.E.A.T.). Through SOY H.E.A.T., he has trained frontline service workers and spoken to students of all ages about anti-oppression and social equity.

Siobhan Churchill is a MSc candidate within the Department of Epidemiology and Biostatistics at Western University. She presently works as a graduate research assistant under leading sex and gender researcher Dr. Greta Bauer, where she has contributed to survey development on the Trans Youth CAN study, and conducted research on quantitative methods for applying intersectional theory. She has recently been responsible for implementing doxxing prevention strategies among her co-workers within Western's Infection and Equity Research Group.

Ashley Couillard is a queer identified woman, advocate, and educator who is focused on improving healthcare practices, policies and health outcomes for the LGBTQ+ community in Hamilton. She is currently employed as the Human Rights and Inclusion Coordinator at Hamilton Health Sciences, where she is a member of the LGBTQ+ taskforce and Gender Inclusive Committee that is committed to making intersectional organizational changes for LGBTQ+ patients, staff, and visitors using anti-oppression and anti-racist frameworks.

Anik Dennie is a master's student in Human Kinetics and has graduated from a Bachelors of Physical and Health education with a specialization in Health Promotion at Laurentian University. In her master's, she will be combining the knowledge of her undergrad with new knowledge to study the barrier to physical activity in the LGBTQ2S community.

Dr. Joël Dickinson is a professor at Laurentian University in Sudbury, Ontario. Dr. Dickinson's research areas include cognitive processes, methodology, consciousness, evoked response potentials and more recently LGBT research.

Dr. Sara Dungavell is a general adult psychiatrist in Saskatchewan. Before medicine she completed an undergraduate degree in Community Development and Religious Studies at Brescia University College which helps her focus on socially accountable health care. She provides psychiatric services at the Saskatoon LGBT2 community center, in La Loche, La Ronge and Stony Rapids, as well as at the University of Saskatchewan's Student Health. She is active in teaching medical students and residents.

Dr. John Ecker is the Director of Evaluation at the Canadian Observatory on Homelessness, which is based out of York University. He received his PhD in Social/Community Psychology from the University of Ottawa. His research interests include homelessness, housing, community mental health, program evaluation, and the LGBTQ2S community.

Laura Fairley, RN, MN, CHPCN(C), is a registered nurse who has worked as part of the clinical team in the ARC program for the last four years. She has a strong passion for holistic, client-centred, evidence-based practice. She understands and appreciates the intersectionality of the social determinants of health on an individual's health and well-being.

Jake Feldman is currently the Coordinator of Family and Youth Programs at the Gilbert Centre. They have an honours degree in History and Gender and Women's studies from The University of Kings College in Halifax. Jake's knowledge of trans health is from both a personal and professional standpoint. They have been working towards trans liberation for over 10 years, focused on mobilizing for trans-specific health care coverage, creating a workbook style resource for herb and food support for surgeries, celebratory community building, and working with youth.

Jake Feldman est responsable de la coordination des programmes pour les jeunes et les familles du Gilbert Centre. Titulaire d'un baccalauréat spécialisé en histoire et en études féministes et études sur le genre, ses connaissances en matière de santé des personnes trans sont à la fois le fruit de son parcours professionnel et personnel. Jake œuvre à l'affirmation de l'identité des personnes trans depuis plus de 10 ans en axant principalement ses efforts sur la couverture des soins de santé propres aux personnes trans. La création d'un manuel sur les aliments et les herbes médicinales offrant un soutien lors de chirurgies, les activités visant à célébrer l'identité trans au sein de la communauté et le travail auprès des jeunes comptent aussi parmi ses réalisations.

Stephanie Gariscsak is currently a candidate at the University of Guelph in the MSc Capacity Development and Extension program. Prior, she graduated from the University of Western Ontario with a BHSc in Health Sciences. Her research interests lie within youth mental health and providing agency to LGBTQ+ youth.

Dr. Sulaimon Giwa is an Assistant Professor of Social Work at Memorial University of Newfoundland. His applied research program and professional activities centralize critical race transformative pedagogies and theories as frameworks and analytic tools for social justice and equity. His research interests are in the areas of race and sexuality; critical social work pedagogy; antiracism/oppression; and the criminal justice system.

Dr Sulaimon Giwa est une personne professeure adjointe en travail social à l'Université Memorial de Terre-Neuve. Son programme de recherche appliquée et ses activités professionnelles portent essentiellement sur les pédagogies transformatives et les théories critiques liées à la race en tant que cadres de travail et d'outils d'analyse pour l'égalité et la justice sociale. Ses intérêts en matière de recherche se situent dans les domaines de la race et de la sexualité; de la pédagogie critique du travail social; de l'antiracisme et de l'oppression; du système de justice pénal.

Jen Goldberg has practiced midwifery for 24 years, is an Adjunct Clinical Professor at Ryerson University, and a partner at Community Midwives of Toronto. In addition to practicing midwifery, she is currently working towards a Master of Public Health (Family and Community Medicine) at the Dalla Lana School of Public Health at the University of Toronto. Jen is designing a study that aims to explore the attitudes of Ontario midwives towards LGBTQ people.

Ziva Gorani is a Kurdish Syrian pansexual trans woman. Ziva moved to Canada in 2016 from Syria via Turkey. Working in the humanitarian sector in Turkey and Syria, Ziva developed an activist voice when she began speaking about her experience as a queer trans woman displaced by civil war and religious intolerance. Ziva works in the region of Peel to increase visibility and inclusion of LGBTQ+ communities through community development and interventions to improve wellbeing.

Kyana Graham is Youth Outreach Coordinator at the AIDS Committee of Durham Region in Oshawa. She does activism and outreach to intersectional communities in Durham Region. She facilitates Cocoa&Condoms and One Voice, which are groups/events for young Women of Colour and Queer Youth of Colour, respectively. Kyana advocates for her communities and uses her privilege to help people have a platform to tell their stories. She continues to search for ways to build her capacity to serve LGBTQ2+ POC in Durham Region.

Roya Haghiri-Vijeh, MN (Hons), BN, RN, a nursing faculty member, is an active member of the Registered Nurses Association of Ontario's Rainbow Nursing Interest Group. Roya is a nursing PhD student at University of Victoria with a focus to enhance and advance the health and social care of the diverse gender, sex, and sexual communities. Roya has been involved as co-investigator in several research projects on topics of policy, online education, simulation, and peer mentorship for students.

Julie Hamara is a trans woman who works at The 519. She provides education and training to service providers in both English and French, around issues of trans inclusion.

Dr. Lindsay Hancock is a family physician who works in Sioux Lookout, Ontario and whose primary family practice consists of a fly-in First Nation community in that region. She has a particular interest in rural/remote family practice, Indigenous health, mental health and addictions, and LGBTQ2S health.

Dre Lindsay Hancock exerce la médecine de famille à Sioux Lookout, en Ontario. La majeure partie de sa pratique consiste à se rendre en avion dans les communautés des Premières Nations de cette région. Ses intérêts se situent principalement du côté de la médecine familiale en région rurale ou éloignée, de la santé mentale et de la toxicomanie, ainsi que de la santé LGBTQ2S.

Darlyn Hansen knew at a very young age that she was different but did not know what to do about it. She has spent her life as husband, father, grandfather, and now finally as the woman she truly is inside. Her mantra is "be who you are and not what the world wants me to be". Dar shares an inspiring life story that spans 77 years. She is a passionate advocate for trans human rights and focuses on helping trans persons from young to old. Dar is the facilitator for a parents and family support group that helps families understand and support their trans loved ones.

Laurie Hollis-Walker is a registered psychotherapist in practice in integrative primary care at NorWest Community Health Centres, Thunder Bay. Laurie is an advocate for building psychological understanding of the great human potentials for peace, social justice, and ecological sustainability. In addition to academic and clinical training, Laurie is a registered provider with Rainbow Health Ontario and she implemented the Gender Journeys program at NWCHC. Laurie is a staunch supporter and ally to the LGBTQ2S community.

Philip Hough, RN, BScN, MEd, is the Program Director for the Regional Women and Children program, Mental Health and Pharmacy Services at Orillia Soldiers' Memorial Hospital. He is also the co-chair of the LGBT Committee at the hospital.

Suza Hranilovic considers herself an “old nurse” and a “newer nurse practitioner”. As a Masters-prepared Primary Health Care Nurse Practitioner and an AIDS Certified Nurse, Sue has provided hospital, community and primary health care in Toronto's inner city for over 25 years. Her practice has included patients living with HIV, those injecting drugs and those on methadone maintenance, transgender and gender non-binary folk, patients with mental health issues and those infected with hepatitis C.

Shazia Islam, a.k.a. Shaz, is the PHA Support Coordinator at the Alliance for South Asian AIDS Prevention, Research Assistant for the CHIWOS study at Women's College Hospital, and an editor for 7.10 Stories. Shaz embraces she/her and they/them pronouns. Shaz took on the role of project coordinator for the POZ women's anthology initiative at ASAAP in 2013-2014, More Than Fiction Vol. 1, and then, served as project mentor and editor for Volume 2. Shaz is thankful for the capacity-building opportunities offered by community partners like the Committee for Accessible AIDS Treatment and the Positive Leadership Development Institute. Shaz hopes to pursue further work in the area of law and hopes that a strong legal education may facilitate further exploration of both human and nonhuman animal rights. Shaz serves as a board member for the Federation of Metro Tenants' Associations and is a caregiver to two senior cats.

Dr. Beth Jackson is the Manager of Equity Analysis and Policy Research, Social Determinants of Health Division at the Public Health Agency of Canada (PHAC) and leads the Health Inequalities Reporting Initiative. She holds a Doctorate in Sociology from York University (Toronto) and has expertise in women's health, LGBT health, feminist epistemologies, and health policy. Dr. Jackson's current work at

PHAC addresses social determinants of health, health inequities, and the development of associated methodological tools.

Dre Beth Jackson est gestionnaire, Analyse de l'équité et recherche stratégique, à la direction des déterminants sociaux de la santé à l'Agence de la santé publique du Canada (ASPC) et dirige l'initiative pancanadienne sur les inégalités en santé. Beth est titulaire d'un doctorat en sociologie de l'Université York de Toronto, et son expertise se situe du côté de la santé des femmes, de la santé LGBT, des épistémologies féministes et des politiques en matière de santé. Ses travaux actuels à l'ASPC portent sur les déterminants sociaux de la santé, les inégalités en matière de santé et l'élaboration d'outils méthodologiques associés.

The Francophone theatre company, “Jeune de cœur”, is composed of young-at-heart French speakers who use theatre to educate the francophone community about health matters; they work closely with the CSCGS team. In 2016, the company worked with LGBTQ francophones to develop a sketch touching on the homophobia experienced by golden-aged LGBTQ individuals requiring eldercare services.

La Troupe de théâtre **Jeune de cœur** est composée de personnes francophones aînées, et travaille de près avec l'équipe du CSCGS pour éduquer la population francophone par le biais du théâtre sur des sujets liés à la santé. En 2016, la troupe, en collaboration avec des personnes LGBTQ francophones, a développé une saynète qui aborde l'homophobie envers les personnes aînées LGBTQ qui utilisent les services de soins pour personnes âgées.

Fae Johnstone is a young nonbinary facilitator and organizer. They are a Bachelor of Social Work student at Carleton University, sit on the board of directors for LGBT Youth Line, and the Strategic Advisory Council of the Ontario Centre of Excellence for Child and Youth Mental Health. They are an experienced facilitator on LGBTQ+ inclusion and youth engagement and have been engaged in mental health and LGBTQ+ initiatives with a local, provincial and national scope.

Fae Johnstone, jeune personne non binaire, Fae travaille en animation et organisation d'événements et étudie en vue d'obtenir un baccalauréat en travail social à l'Université Carleton. Fae siège au conseil d'administration de LGBT Youth Line et à celui du Conseil consultatif stratégique du Centre d'excellence de l'Ontario en santé mentale des enfants et des adolescents. Possédant une solide expérience en animation pour les questions touchant l'inclusion des personnes LGBTQ+ et la mobilisation des jeunes, Fae participe activement à des initiatives en santé mentale et touchant les personnes LGBTQ+ que ce soit à l'échelle locale, provinciale ou nationale.

Khadijah Kanji is a recent Masters of Social Work graduate from York University. The research she is presenting here is from her Major Research Project for this degree. She currently serves as a board member for LGBT Youth Line; and has written and spoken on issues of Islamophobia.

Maryam Khan is a PhD Candidate in the school of Social Work at York University. She has over ten years of clinical experience in mental health and addictions working with children, queer youth and adults in various interdisciplinary settings. As a qualitative and mixed methods researcher, she is passionate about social policy and analyses, race and racialization, sex work, Islam, gender and sexual diversity, intersectional identities, and anticolonial thought to name a few topics.

Ranjith Kulatilake is a Community Health Worker at Access Alliance. He conducts resettlement support workshops and provides one-on-one support for LGBTQ+ newcomers. For this work, Ranjith won the 2014 United Way Toronto Bhayana Family Foundation Award for Innovation and Creativity. Ranjith left an established career in Sri Lanka because of his sexuality.

Krista Lane currently works as a paramedic in Nova Scotia. Her work within her organization has positioned her as an expert educator in equitable care practices in her field and through various initiatives, she aims to secure a role for paramedicine within multidisciplinary and inter-professional health care teams.

Sylvain Leduc (NP, PHC, MScN) is a primary health care provider with more than 20 years of clinical experience, with a clinical focus on LBGTQ2S population since completing his research on his Masters in Nursing on gay men's health and the prevention of HIV. He currently works full time at the Centre de santé communautaire du grand Sudbury. He is also an adjunct professor in the Sciences Infirmières department at Laurentian University. Sylvain also works as part of a multidisciplinary team with Réseau Access Network at the Men's health clinic dealing with varying health issues surrounding LBGTQ2S populations.

Sylvain Leduc, M. Sc. inf., est une personne oeuvrant en soins infirmiers praticiens dans le domaine des soins de santé primaires possédant plus de 20 années d'expérience clinique. Son travail porte essentiellement sur la population LBGTQ2S depuis la réalisation de travaux de recherche dans le cadre de sa maîtrise en sciences infirmières portant sur la santé des hommes gais et la prévention du VIH. Travaillant à temps plein au Centre de santé communautaire du grand Sudbury et comme professeur adjoint au département de sciences infirmières de l'Université Laurentienne, Sylvain fait aussi partie de l'équipe multidisciplinaire de Réseau Access Network de la clinique de santé des hommes, où il prend en charge les divers enjeux de santé des populations LBGTQ2S de la région.

Bridget Liang is queer, trans, and autistic, a recently graduated MA student from the Critical Disability Studies at York, and has a background in queer/trans community organizing, community research, and creative writing/performance. They co-founded RADAR Youth Group which is a queer/trans youth group that still runs today in Hamilton, Ontario. They are interested in doing arts-based research with queer/trans autistic folks in hopes to challenge the dominant, oppressive discourses surrounding autism. Blog: <https://bridgetliang.wordpress.com>.

Dr. Carmen Logie is an Assistant Professor at the Factor-Inwentash Faculty of Social Work, University of Toronto, an Adjunct Scientist at Women's College Research Institute, and an Ontario Ministry of Research and Innovation Early Researcher. Dr. Logie's research focus is health equity, with particular

attention to the associations between intersectional forms of stigma and health outcomes. Her research explores community-based interventions with Northern and Indigenous youth; African, Caribbean women in Canada; and LGBT youth in Jamaica.

Dre Carmen Logie est une personne travaillant comme professeure adjointe à la Faculté Factor-Inwentash de travail social de l'Université de Toronto, comme chercheure adjointe au Women's College Research Institute (Ontario) et nouvelle chercheure au ministère de la Recherche, de l'Innovation et des Sciences. Ses travaux portent sur l'égalité en matière de santé, particulièrement sur le lien entre les formes interreliées de stigmatisation et les perspectives de santé. Ses recherches portent sur les interventions communautaires auprès des jeunes des régions du nord et des jeunes autochtones, des femmes africaines et caribéennes au Canada et des jeunes LGBT de la Jamaïque.

Dr. Vanita Lokanathan is a Family Physician with 22 years experience in primary care in communities across Canada from Newfoundland and Labrador to Haida Gwaii. Since relocating to Peterborough, she has developed an expertise in primary care for trans folks and has seen over 200 people for assessment. She has presented on trans primary care locally, nationally and internationally at the last WPATH conference. She is passionate about working towards health equity for marginalized communities.

Stacey Love-Jolicoeur is an independent education/support worker for the LGBTQ2S community under contract with CMHA. Stacey provides LGBTQ2S services in Correctional facilities throughout Ontario. She is the coordinator of TRANSforum in Belleville. She is a member of the RYO, Rainbow Youth Organizing Committee, Belleville and is part of the Belleville Pride Parade and Pride in the Park. Stacey is a Two-Spirited Métis Trans woman with a strong passion for the betterment of the LGBTQ2S community.

Karen Luyendyk, RN, MScN, is a Clinical Educator – Trans and Gender Diverse Health with Rainbow Health Ontario, and facilitates training and support to enhance access to primary care. She has over 30 years experience in diverse healthcare settings and educator roles, most recently with the Canadian Institute for Health Information as a Clinical Specialist developing and delivering training to Ontario's inpatient mental health service providers. Parent of a '20 something' Trans woman, Karen is an ally advocating for change alongside community members and service providers as a member of Trans Health Information Ottawa and the Champlain LHIN's Regional Planning Table for Trans Health.

Devon MacFarlane is the Director of Rainbow Health Ontario, a program of Sherbourne Health Centre. Devon has worked in community and program development, managing systems change in healthcare in British Columbia for almost 20 years. The focus of Devon's work includes advancing the health and wellbeing of lesbian, gay, bi, queer, Two Spirit, and trans communities, using an intersectional approach—work that is close to Devon's heart as an out trans and queer person.

Betsy Martin is a queer great grandmother living in a rural northwestern community. Betsy completed her HBSW at Lakehead University and has been a social worker for 25 years. She worked in a women's shelter, a program for First Nations residential school survivors, and with Children's Centre Thunder Bay for 15 years. Betsy is co-facilitator for The Other 10% and first worked with RHO as a member of the advisory committee for the gender-independent children's project.

Cathy Maser, MN, NP, has worked at SickKids for the past 28 years, specifically as an NP in the Division of Adolescent Medicine for the last 10. Cathy's clinical focus is on youth with chronic illness or substance misuse, and on sexual health, gender identity and minor mood disorders. Cathy is the Team Lead for the SickKids Interprofessional Team for Youth, and is a founding member of the Transgender Youth Clinic, as of October 2013.

Zarina Mazlan (she/her) is an undergraduate student at the University of Toronto studying health policy and political science. She has experience working and volunteering with various LGBTQ organizations. Currently is a member of Planned Parenthood Toronto's LGBTQ Youth Advisory Committee. Her research interests include the impact globalization has on health, QTBIPOC mental health and holistic approaches to health.

Tara McCulloch, RN, BScN, MA(Ed) has been full time faculty at Centennial College since 1986 and is a professor, simulationist and faculty mentor. She has participated in many research projects and presented results internationally. Simulation is one of her passions and she is presently developing simulation scenario's that will enhance students learning with diverse gender communities.

Nicole McGaughey-Paparo has over 17 years of experience in the not-for-profit sector creating successful partnerships, developing and implementing programming, policies and practices that improve personal and organizational health. As a Registered Nurse, she has a specialized background in community nursing and commercial tobacco control. Nicole currently works for Smokers' Helpline, as a Senior Coordinator dedicated to increasing the capacity of health care providers, community service organizations and others to integrate tobacco cessation into their daily clinical practice.

Darren McGregor (Niimki Binishi) is an Ojibway from the Sagamok Anishnawbek First Nation located on the north shores of Lake Huron. He has been actively involved with the Culture for the past 30 years. He is a pipe carrier, a grass dancer, sweat lodge conductor, and the lead singer of the Black Bull Moose Singers. As an avid hunter he spends a great deal of time in the bush where he gets to learn more about nature and what it has to offer. Darren has been working with indigenous youth for the past 20 years promoting the culture and ceremonies so that youth gain an insightful and meaningful experience for life.

Perry McLeod-Shabogesic of the "Crane Clan" is an Ojibway Anishinabe from N'biising (Nipissing) First Nation (NFN). NFN is located on the north shores of Lake Nipissing in Northern Ontario. Presently he works for the Shkagamik-Kwe Health Centre as the Director of Traditional Programming. He is on an Elders/Helpers resource list for the Northern Ontario School of Medicine and Cambrian College in Sudbury, where he assists students and staff in the area of traditional teachings/ceremony. Perry has worked professionally in the social, health, communication and political fields as well. Perry's spirit name is "Aandzooked", which means "Story Teller" in Anishinabemowin. He is also a recognized Traditional Helper/Oshkabewis/Pipe Carrier across Anishinabek territory assisting and facilitating ceremonies and traditional activities such as sharing circles, pipe ceremonies, medicine wheel teachings, western door/funeral ceremonies/teachings, medicine walks/workshops, traditional art, and one on one or group counselling for individuals and families upon request.

Josée Miljours is a bilingual Gerontology worker who has experience developing, implementing and evaluating program services for seniors. Her involvement in Elder Abuse began when she was hired as Project Coordinator for the Sudbury Elder Abuse Committee. In 1999 Josée participated in the Provincial Elder Abuse Round Table working groups, working to lay the foundation for Ontario's Elder Abuse Strategy. In 2003, she was hired as Regional Consultant for the North East Region.

Josée Miljours est une personne bilingue œuvrant en gérontologie et possédant de l'expérience dans l'élaboration, la mise en œuvre et l'évaluation de services destinés aux personnes âgées. Sa participation à l'organisme Maltraitance des personnes âgées a commencé lors de son embauche en tant que responsable de la coordination des projets pour le Comité pour la maltraitance des aîné(e)s de la région de Sudbury. En 1999, Josée a participé aux groupes de travail de la table ronde sur la maltraitance des aînés, où l'on a jeté les bases de la Stratégie ontarienne de prévention des mauvais traitements à l'égard des aînés. En 2003, on a embauché Josée pour de la consultation à l'échelle régionale dans la région du nord-est.

Narina Nagra is a Human Rights and Health Equity Specialist at Sinai Health System who leads organizational efforts on LGBTQ equity and inclusion. As a facilitator, trainer and advisor on human rights, harassment, health equity and domestic violence, she brings over 20 years experience working from an intersectional framework in diverse communities in health and social services. She is experienced in anti-racism/anti-oppression, LGBTQ equity and inclusion, violence against women, and working with marginalized communities.

Angela Nahwegahbow, HBSW, RSW, is a member of the Whitefish River First Nation. She grew up in Whitefish Fall and Espanola, and currently resides in Sudbury. Angela works full time with the Shkagamik-Kwe Health Center in the Mental Wellness Program. She has been with this organization for over 6 years. She has worked to incorporate her traditional teachings that she has gained from her formal education, and from the Elders and teachers that have guided her along this journey. Having attended Laurentian University to gain an Honours Diploma in Native Human Services, and also a Bachelors in Education from Nippissing University, she has worked both in a social worker role and as a primary school teacher. And, having taught up on the James Bay Coast for 5 years before returning home to the Sudbury area, she continued her front line social work as a counselor. She also volunteers on the board for the Native Peoples of Sudbury Development Corporation (NPSDC), where she continues to advocate for safe affordable housing for First Nations families who live, work and attend school in the Greater city of Sudbury and Espanola. As Angela has recently graduated from the Master of Social Work program at Laurentian University (December 2017), she continues to work and advocate for services specializing in the incorporation of culture and traditions as healing. She is continuing to learn about traditional medicines, ceremonies and ways of being a helper to her community.

Angela Nahwegahbow, B. Trav. soc., T.S., est membre de la Première Nation Whitefish River. Elle a grandi à Whitefish Fall et à Espanola et habite présentement à Sudbury. Angela travaille à plein temps au programme de mieux-être en santé mentale du Shkagamik-Kwe Health Center, et fait partie de l'équipe du centre depuis plus de six ans. Elle y a

travaillé à intégrer les enseignements traditionnels acquis dans le cadre de sa formation officielle à ce qu'elle a appris des aînés et des enseignants qui l'ont guidée tout au long de son parcours. Angela a étudié à l'Université Laurentienne, où elle a complété un baccalauréat spécialisé en service social autochtone (Native Human Services). Elle est aussi titulaire d'un baccalauréat en éducation de l'Université Nippissing et a œuvré comme travailleuse sociale et comme enseignante au primaire. Après avoir enseigné pendant cinq ans sur la côte de la baie James, elle est revenue dans la région de Sudbury où elle a poursuivi sa carrière en travail social de première ligne comme consultante. Siégeant bénévolement au conseil d'administration de la NPDC, la Native Peoples of Sudbury Development Corporation, Angela poursuit ses pressions pour des logements sûrs et abordables pour les familles de Premières Nations qui vivent, travaillent ou étudient dans la région de Sudbury et d'Espanola. Angela vient tout juste d'obtenir une maîtrise en travail social de l'Université Laurentienne (décembre 2017) et continue de travailler et de faire pression pour l'obtention de services spécialisés pour l'intégration d'éléments de la culture et des traditions autochtones tels que la guérison. Elle poursuit son apprentissage des médecines et des cérémonies traditionnelles, ainsi que des moyens de devenir personne aidante pour sa communauté.

Devan Nambiar, MSc, coordinates Rainbow Health Ontario's training and education initiatives. He has been working in the gay/ethno-racial MSM/HIV sector for 22 years. In his previous position at CATIE, he worked as a treatment educator and co-authored/co-edited four publications, including three of the Practical Guides for PHAS and Managing Your Health (2009). He was Co-Principal Investigator of Improving the Capacity of the HIV Sector to respond to the Ethno-Racial MSM: Tapping Front-Line Expertise and Wisdom, OHTN (2006) and Co-Investigator of Canadian Transgender Research, Canadian AIDS Society (2014). In his professional capacity, he lectures on complementary medicine and provides input on community-based research. Devan has served on numerous boards and ethics review committees.

Camille Orridge is a Senior Fellow at Wellesley Institute. Previously, while at TCLHIN, Camille made health equity an increasing priority. Some of her achievements include launching Language Services Toronto, a telephone interpretation service for non-English speaking patients of Toronto's hospitals that markedly improved aspects of access to Toronto's hospitals. After three and a half days of learning, knowledge-sharing, networking and collaboration, in this closing plenary Camille will knit together conference themes, experiences and perspectives to give a big picture overview of how the RHO Conference content fits the context of changes and opportunities in the LGBTQ2S health landscape. She will challenge participants to think about what each of us can do to advance LGBTQ2S health and well-being in our own contexts, and offer key issues for participants to consider, reflect on, and take away with them. Camille will conclude the conference on a forward-looking note, leaving attendees feeling inspired and recharged to continue their work as agents of change in LGBTQ2S health.

Camille Orridge est une personne agrégée supérieure de recherche au Wellesley Institute. Auparavant, dans le cadre de ses fonctions au RLIS du Centre-Toronto, Camille a fait de l'égalité en matière de santé une priorité croissante. Parmi ses réalisations, mentionnons le lancement de Language Services Toronto, un service d'interprètes offert par téléphone pour les personnes patientes d'hôpitaux de Toronto qui ne parlent pas anglais; ce service a grandement amélioré certains aspects de l'accès à ces établissements de soins. Après trois jours et demi d'apprentissage, de partage de connaissances et de réseautage, Camille regroupera et recoupera les thèmes des conférences et, lors de cette plénière de clôture, fera la synthèse des expériences et des perspectives de tous afin de livrer un portrait d'ensemble de la façon dont le contenu de la Conférence de SAO s'ajuste au contexte des changements et des possibilités du paysage de la santé LGBTQ2S. Dans cette plénière, toutes les personnes participantes seront invitées à réfléchir sur ce que nous pourrions faire pour l'avancement de la santé et du mieux-être de la communauté LGBTQ2S dans notre propre contexte; puis, Camille proposera de grands enjeux auxquels réfléchir et que l'on pourra emporter après l'événement. Camille conclura la conférence sur une note d'espoir, qui saura inspirer et insuffler de l'énergie aux personnes présentes afin qu'elles poursuivent le travail pour le changement en matière de santé LGBTQ2S.

Gloria Oshkabewisens-McGregor served her community for over 15 years as an elementary school teacher at Shawanoswe School. She graduated from Lakehead University's Native Language Instructor Program and eventually served as an Elder in Residence for many summers for the students of this program. Gloria also did her work with Cambrian College as an Elder, providing individual counselling to students as needed. In 2012-2013, Gloria was a part of Kenjgewin Teg Educational Institute (KTEI) lifelong learning through KTEI's Anishinabek Identity, Mind and Spirit Essential Skills program. Currently, Gloria is an active member of the United Chiefs and Councils of Mnidoo Mnising Elders Council, but her main focus is as an Elder/Knowledge Keeper for the Shkagamik-Kwe Health Centre in Sudbury, where she conducts ceremonies, traditional counselling with individual clients and families on a weekly basis.

Gloria Oshkabewisens-McGregor, de la Première Nation de Whitefish River, a servi sa communauté pendant plus de 15 ans en enseignant au niveau élémentaire à l'école Shawanoswe. Après avoir obtenu un diplôme au programme d'enseignement de langues autochtones de l'Université Lakehead, Gloria a agi comme personne aînée en résidence au cours de plusieurs étés auprès des personnes qui étudiaient dans ce programme. Gloria a aussi œuvré comme personne aînée au Cambrian College en offrant notamment, au besoin, des services de counseling individualisé aux élèves. En 2012-2013, Gloria a fait partie du volet formation continue du Kenjgewin Teg Educational Institute (KTEI) pour le programme sur l'identité, l'esprit et les compétences essentielles anishnaabées (Anishinabek Identity, Mind and Spirit Essential Skills program). Gloria est membre en règle du United Chiefs and Councils of Mnidoo Mnising Elders Council. Son travail se concentre essentiellement sur la sauvegarde du savoir des personnes aînées au centre de santé Shkagamik-Kwe de Sudbury, où elle livre aussi des cérémonies et offre, sur une base hebdomadaire, du counseling traditionnel à l'intention de la clientèle individuelle et des familles.

Candy Palmater est une avocate devenue humoriste féministe. Comédienne, scénariste, chroniqueuse, conférencière internationale, activiste et actrice, elle est aussi une personnalité radio et télé lauréate de nombreux prix et a également agi comme productrice déléguée de trois films sur la culture Mi'kmaw. Candy a créé et prend la vedette de sa propre émission d'humour, diffusée à l'échelle nationale sur la chaîne APTN, qui lui a valu de nombreux prix. Elle joue également dans la série Trailer Park Boys, saison 10 (sur Netflix), a fait un caméo dans Call Me Fitz (HBO Canada) et a joué dans la série Sex and Violence (OutTV). Candy a aussi été en lice pour un prix Screen Nova Scotia pour son rôle dans Forgive Me (Superchannel). Ce n'est pas tout : elle est aussi

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85

their care. I am blessed. I work at the Indian Friendship Centre in Sault Ste. Marie as the Healing and Wellness Coordinator. I have a Bachelor of Social Work and a BA in Modern Languages (French). I will be completing my MSW next fall. I currently am a board member for Thinking Rock Community Arts and am the Community Advisor for the Shingwauk Anishinaabe Students Association (SASA) for this year. I have previously been a board member for Sault Pride.

Hsin-Yun Peng is a doctoral student in Social Work at York University, who completed an MA in Gender Studies and BS in Mental Rehabilitation in Taiwan, did a five-year work experience on employment services, and also an eight-year stint in LGBTQ movement participation in Taiwan. In 2016, Hsin-Yun came to Canada to be devoted to improving the rights and life quality of Chinese immigrant and LGBT communities. Hsin-Yun's research focuses on Chinese LGBTQ individuals, migration, life strategy, gender equality, and career planning.

Anna Penner has worked with LGBTQ youth communities for the past fifteen years. She spent many years coordinating the Teens Educating and Confronting Homophobia (TEACH) program at Planned Parenthood Toronto, and is now the Coordinator of Research and Programming for the LGBTQ Youth Initiative. Anna is an experienced facilitator, presenting on topics related to anti-oppression, sexual health, and LGBTQ communities.

Shaminda Perera, MEAE, has been involved with the not-for-profit sector since 2011 and is a strong supporter of diversity and inclusion. With over 14 years of experience in all aspects of adult learning, he is a Learning and Development Strategist. He is currently the Manager of Learning & Resource Development for Volunteer MBC, heading three major portfolios; the Volunteer MBC Learning Centre, the Volunteer Referral Service, and technology integration. To the not-for-profit sector, Shaminda introduced the "Service Excellence Blueprint (SEB)" as a learning and audit tool to help not-for-profit organizations build a culture of inclusion, care, and service excellence within the organization.

Yasmeen Persad is a trans woman of colour originally from the Caribbean. She is a Trans Education and Training Facilitator for The 519. She has been providing education and training around LGBTTT related issues for the past 15 years. Yasmeen has participated in Trans PULSE, The Trans Priorities Project: Cross Country Trans Women and HIV Priority Setting, and the Canadian HIV Women's Sexual and Reproductive Health Cohort Study. She has worked with many different populations: trans youth, sex workers, HIV+ trans women and many other diverse communities.

Emilie Potts has been a clinical nurse since 2009 and a member of the Ordre des infirmiers et infirmières du Québec. Having joined GRS Montréal in 2013, she initially joined the care unit supporting patients having their gender confirming surgery. She started working at the pre-operative and post-operative clinic in 2015 and then specifically at the preoperative clinic in 2017, and works closely with the various internal and external stakeholders involved in the surgical process. Her role is to carry out personalized follow-ups with the transgender clientele during the preoperative process to ensure the most beneficial experience possible, all in an environment that emphasizes the quality and safety of care and services.

Lauren Pragg has a Masters in Social and Political Thought, and they are currently studying Holistic Nutrition. They believe that food is energy and medicine we integrate into our bodies and knowing how it can heal and harm us is a foundational aspect of health. Lauren feels that all cultures hold knowledge about the medicinal properties of food that should be celebrated. They believe that collaboration between practitioners is a powerfully interdependent model of wellness.

Lauren Pragg est titulaire d'une maîtrise en pensée sociale et politique et étudie présentement en nutrition holistique. Sa conviction veut que les aliments soient des sources d'énergie et des médicaments que nous devons intégrer à notre corps, et de savoir de quelle façon ils peuvent nous guérir ou nous nuire constitue un aspect essentiel de la santé. Lauren estime que toutes les cultures sont porteuses d'un savoir sur les propriétés médicinales des aliments et que le tout mérite d'être célébré. La collaboration entre les professionnels de la santé est à son avis un modèle puissant et interrelié pour favoriser le mieux-être.

Avery Ptolemy is a Research and Policy Associate with Egale Canada Human Rights Trust. Avery is of European settler descent and is a mad femme queer. She is currently completing her Bachelors of Social Work at Ryerson University. Avery's work is grounded in anti-racist anti-oppressive practice, harm reduction and trauma-informed theoretical approaches. Her work focuses on mental health, poverty, gender-based violence and housing in diverse and marginalized populations in Canada.

Avery Ptolemy est une personne associée à la recherche et au Fonds Egale Canada pour les droits de la personne. Queer et *madfemme*, Avery est de descendance de colons européens, et étudie en vue de l'obtention d'un baccalauréat en travail social à l'Université Ryerson. Ses travaux, ancrés dans une pratique antiraciste et anti-oppression, font appel à des approches théoriques de réduction des méfaits qui tiennent compte des traumatismes. Ils portent essentiellement sur la santé mentale, la pauvreté, la violence fondée sur le genre et le logement dans diverses populations marginalisées du Canada.

Dr. Annie Pullen Sansfaçon is an Associate Professor at the University of Montreal's School of social work. Her work focuses on the development of anti-oppressive theories, approaches and methodologies to promote ethical and emancipatory practice in social work. She is currently the principal investigator of two funded projects aimed at better understanding the experiences of trans children and their families (CIRH 2016-2019; SSRCH 2016-2019) and is one of the co-founder and current Vice-President of Gender Creative Kids Canada.

Dre Annie Pullen Sansfaçon est une personne professeure agrégée à l'École de travail social de l'Université de Montréal. Ses travaux se concentrent sur l'élaboration de théories, d'approches et de méthodologies anti-oppression visant la promotion d'une pratique éthique et émancipatrice dans le contexte du travail social. Annie dirige présentement deux projets de recherche financés qui visent à mieux comprendre l'expérience vécue par les enfants trans et leurs familles (CIRH 2016-2019; SSRCH 2016-2019). Annie a cofondé et assume la vice-présidence de l'organisme Gender Creative Kids Canada.

Jake Pyne is a trans activist and PhD candidate in the McMaster School of Social Work. Jake has worked in Toronto's trans community for the past 15 years, including projects focused on improving access to shelter and emergency services, health care, family law justice and improving support for families with gender independent kids. Jake's research with autistic trans youth has led him to seek out ways of becoming a better ally to autistic trans people.

Nanky Rai is a migrant settler from India-occupied Kashmir and currently living in Toronto, on the traditional Indigenous territory of the Wendat, the Anishinaabek, Haudenosaunee, and the Mississaugas of the New Credit. She is formally trained in public health and graduated as a family physician from St. Michael's Hospital at the University of Toronto. Their interests include building anti-oppressive medical education and clinical practice as well as health activism, LGBTQ2SIA+ and migrant health. In addition to being the recipient of University of Toronto's 2017 Robert Sheppard Award for Health Equity and Social Justice, she is also the recipient of St. Michael's Hospital's Department of Family and Community Medicine Quality Improvement Impact Award and Resident Advocacy Award.

Nanky Rai vivant à Toronto, sur le territoire traditionnel des peuples wendat, anishinabés, haudenosaunee et mississaugas de la rivière Credit, Nanky est une personne migrante venue du Cachemire occupé par l'Inde. Titulaire d'un diplôme en santé publique et en médecine familiale de l'hôpital St. Michael's de l'Université de Toronto, Michael s'intéresse entre autres à la mise sur pied d'une formation médicale et de pratiques cliniques non oppressives, à l'activisme dans le domaine de la santé, ainsi qu'à la santé des personnes LGBTQ2SIA+ et des personnes migrantes. L'Université de Toronto lui a décerné en 2017 le Robert Sheppard Award for Health Equity and Social Justice et le département de médecine familiale et communautaire de l'hôpital St. Michael's lui a remis le Quality Improvement Impact Award ainsi que le Resident Advocacy Award.

Jasen Richards, RN, BScN, is a registered nurse working at London Health Sciences Centre, and is a part of Ontario Nurses Association as a Human Rights Hospital Rep. He is an LGBT advocate and is an active participant of the Oxford Rainbow Coalition.

Dr. Marissa Rodway-Norman (nee Mark) is a senior psychiatrist serving as an Adjunct Professor of Psychiatry with McMaster Faculty of Medicine, and Chief of Psychiatry with Orillia Soldier's Memorial Hospital, a progressive LGBT positive hospital in central Ontario. She has practiced trans-medicine for thirty years, and is proud to advocate with her colleagues in the healthcare field for LGBT access to care, and positive cultural change. She has been pleased to work with the Gilbert Centre, and Laurentian University in defining trans community needs. She is married 25 years to a superb cis-woman, has an astonishingly straight daughter, and two apparently cis dogs.

Kelsey Rounds has a BSN and MN in Clinical Nurse Leadership. They are currently a PhD student at the University of Victoria. Kelsey's research interests include resilience, health equity, and LGBTQ health with an emphasis on older trans adults. Their goal is to conduct research that makes a positive impact for LGBTQ communities, and helps people who encounter overlapping oppressions by giving voice to the intersectional experience in ways accessible to program designers and policymakers.

Sara Runions is a master's student studying experimental psychology at Laurentian University. She graduated from Laurentian University in 2014 with her Bachelor's of Arts in Psychology. Her research interests include: sleep and pain, stress and eating, fostering environmental stewardship in children, and LGBTQ2-S mental health. She intends to pursue her PhD in experimental psychology with a focus on sleep psychology.

Dr. Elizabeth Saewyc is an internationally recognized leader in research about vulnerable and marginalized adolescents. Over the past 20 years, she has conducted mix-methods research with many different groups of vulnerable youth, including runaway and street-involved youth; sexually abused and sexually exploited teens; lesbian, gay, bisexual, transgender, Two Spirit, queer and questioning (LGBTQ) adolescents; youth in custody; immigrants, home-stay students and refugees; and Indigenous youth. Her research emphasizes how stigma, violence, and trauma affect adolescent health and risk behaviours, as well as the protective factors that foster resilience among these vulnerable populations of youth. Her research has influenced public health and policy in Canada, the US, and internationally. She also led SARAVYC in conducting the first Canadian national health survey of transgender youth in 2014, which has influenced clinical practice, human rights cases, and laws as well as gender affirming surgery reports for BC and Ontario in 2017.

Dre Elizabeth Saewyc est une personne reconnue internationalement dans le domaine de la recherche sur les personnes adolescentes vulnérables et marginalisées. Au cours des 20 dernières années, des méthodes méthodologiques mixtes ont été utilisées dans ses travaux de recherche qui ont porté sur de nombreux groupes de jeunes vulnérables, notamment des jeunes en fugue ou qui vivent dans la rue, victimes d'abus sexuels ou exploités sexuellement; des personnes lesbiennes, gaies, bisexuelles, transgenres, bispirituelles, queer ou en questionnement (LGBTQ) à l'adolescence; des jeunes en détention, immigrants, aux études et en famille d'accueil ou réfugiés, ainsi que des jeunes autochtones. Les travaux d'Elizabeth Saewyc se penchent principalement sur les effets de la stigmatisation, de la violence et des traumatismes sur la santé des personnes adolescentes et sur leurs comportements à risque, ainsi que sur les facteurs de protection qui favorisent la résilience chez ces populations de jeunes vulnérables. Ses travaux de recherche ont eu une influence sur la santé publique et les politiques de santé au Canada, aux États-Unis et à l'étranger. Elle a également dirigé l'organisme SARAVYC pour la réalisation, en 2014, du premier sondage national canadien sur la santé des jeunes transgenres, une vaste enquête qui a eu des effets sur la pratique clinique, les cas de droits de la personne et les lois ainsi que sur les rapports concernant les chirurgies affirmatives du genre pour la Colombie-Britannique et l'Ontario, en 2017.

Rani Sanderson is Program Coordinator Canada for StoryCentre Canada. Rani has a background in film studies and production, later obtaining her Masters of Environmental Studies, where she concentrated on community arts and environmental education. For the past 10 years she has been facilitating community arts workshops, with a focus on digital storytelling. In 2015, she was invited to head up StoryCentre Canada, where she develops and implements digital storytelling workshops for non-profit organizations across the country. She runs workshops with environmental, social justice, newcomer, arts, women's rights, youth and other groups.

Shayna Sayers-Wolfe is the Volunteer Engagement Worker for the T.E.A.C.H. program at Planned Parenthood Toronto. In addition to her work with T.E.A.C.H., she is a workshop facilitator with CANVAS Programs and an undergraduate student in Sexual Diversity Studies & Women and Gender Studies at University of Toronto. Shayna's research interests include community-building amongst queer youth, and the impacts of neoliberalism on social services & education.

Melissa Schaettgen is a parent advocate and community leader. As a catholic conservative mother of 4 she has struggled to overcome her own bias in order to best support her child. She has served as a public servant for over a decade and has been an active volunteer and director for a number of non-profit organizations, including United Way, Children's Hospital of Eastern Ontario, Children's Aid Society, Community Living Timmins, church outreach and many more. Since one of her twins came out as transgender (Warner 10), she has applied herself to LGBT advocacy work, emphasizing acceptance of transgender children by their families and community. She is the co-founder of the family resource network "Reaching for the Rainbow in Ottawa," which offers a safe place for transgender and gender non-conforming children to gather resources and connect with other families in a similar situation. This past year she appeared as a witness during Bill C-16 debate in Senate. She has told her families story in a number of documentaries and media outlets in hopes of supporting other families with gender nonconforming children.

Militante et dirigeante communautaire, **Melissa Schaettgen** est mère de quatre enfants. Catholique et de conviction conservatrice, elle a dû lutter pour surmonter ses propres préjugés afin de mieux aider son enfant. Elle a travaillé dans la fonction publique pendant plus d'une décennie, a œuvré comme bénévole et a dirigé bon nombre d'organismes sans but lucratif dont United Way (Centraide), le Centre hospitalier pour enfant de l'est de l'Ontario, la Société d'aide à l'enfance, Community Living Timmins, des activités de bienfaisance au sein d'églises et plus encore. L'un de ses deux jumeaux (Warner, 10 ans) est transgenre et depuis lors, elle s'emploie à faire pression pour les personnes LGBT, prônant l'acceptation des enfants transgenres par leur famille et par leur communauté. Melissa a cofondé Reaching for the Rainbow in Ottawa, un réseau pour les familles offrant un lieu sûr pour les enfants transgenres ou de genre non conforme offrant des ressources et la possibilité de tisser des liens avec d'autres familles dans une situation similaire. Au cours de la dernière année, elle a comparu comme témoin devant le Sénat lors des débats entourant le projet de loi C-16. Elle a raconté son parcours familial dans plusieurs documentaires et dans divers médias dans le but d'aider les autres familles d'enfants de genre non conforme.

Warner Schaettgen was born into a Catholic family in rural Ontario. She has been telling her story publicly since the age of 6, after having socially transitioned in a rural community and Catholic school and facing all the "hurdles" that encompasses. She has been bullied and assaulted for being transgender yet she continues to speak out so she may help other transgender children find their voice and live healthy and happy lives free of discrimination.

Warner Schaettgen a grandi dans une famille catholique d'une région rurale de l'Ontario. Racontant son histoire publiquement depuis l'âge de 6 ans, Warner a fait une transition sociale dans une collectivité rurale et dans une école catholique, avec toutes les embûches que cela suppose. Victime d'intimidation et d'agressions en raison de sa transsexualité, Warner persiste et continue de monter sur toutes les tribunes afin d'aider les autres enfants transgenres à faire entendre leur voix et à vivre une vie heureuse et en santé, libre de toute discrimination.

Sarah Seabrook is a proud queer woman, mother, partner, and LGBTQ2S+ advocate. Her experiences both personally and professionally have led her to unique opportunities developing and implementing programming in addition to growing her clinical practice as a Child & Youth Mental Health & Addictions Worker. Sarah was the coordinator of the first ever LGBTQ2S+ Health Awareness Conference on Manitoulin in 2016 and is the founder and Chair of Pride Manitoulin.

Jennifer Searle, a queer-identified Registered Nurse currently enrolled in the Master of Nursing program, School of Nursing, Dalhousie University, has held various positions in the School of Nursing while maintaining a connection to clinical practice on mental health and medical-surgical units. Jennifer understands the position she occupies to be one of power and privilege and works to leverage her positionality in her current graduate work and find innovative ways to connect theory to practice.

Kaeden Seburn (they/them/he) is a first year social work student at Carleton University. They are a community representative on the Champlain Regional Planning Table for Trans Health Services and the Provincial Trans Health Expansion initiative and have been involved in countless projects supporting the trans community, including developing and delivering presentations on gender diversity. Kaeden is also involved in many other initiatives including being the co-founder of Kind Space's High School Student Alliance.

Kaeden Seburn (ils/eux/lui) est à sa première année d'études en travail social à l'Université Carleton et agit comme représentant communautaire à la Table de planification des services de santé trans dans la région de Champlain et pour l'initiative provinciale d'expansion des services de santé trans. Kaeden a aussi participé à d'innombrables projets en appui à la communauté trans, notamment à la conception et à la prestation de présentations sur la diversité des genres et à de nombreuses autres initiatives, en plus d'avoir cofondé l'espace Kind de la High School Student Alliance.

Tanya Shute, RSW, MSW, PhD candidate (Faculty of Education, York University) is a principal researcher on the North Simcoe/Muskoka Trans Health Needs Assessment project and adjunct faculty, Laurentian University School of Social Work. Tanya worked in community mental health, homelessness, and addictions for 10 years in York Region prior to her teaching appointment to Laurentian University.

Tanya Shute, T. S. A., M.T.S., est une personne doctorante (Faculté des sciences de l'éducation, Université York), œuvrant comme chercheure principale pour le North Simcoe/Muskoka Trans Health Needs Assessment Project et est membre auxiliaire du corps professoral de l'École de service social de l'Université Laurentienne. Tanya a travaillé en santé mentale communautaire, en itinérance et en toxicomanie pendant dix ans dans la région de York avant d'obtenir une charge en enseignement à l'Université Laurentienne.

Dr. Arne Stinchcombe is an Adjunct Professor in the University of Ottawa's School of Psychology and Research Associate at the International Longevity Centre (Canada). He has expertise in psycho-social aspects of health with an emphasis on aging and older adulthood. Dr. Stinchcombe is a founding member of the Diverse Experiences in Aging Research (DEAR) Collaborative.

Dr Arne Stinchcombe est une personne professeure adjointe à la Faculté de psychologie de l'Université d'Ottawa et associée de recherche à l'International Longevity Centre (Canada). Son expertise se situe du côté des aspects psychosociaux de la santé, principalement dans le contexte du vieillissement et chez les adultes plus âgés. Dr Stinchcombe fait partie des membres qui ont fondé le collectif Diverse Experiences in Aging Research (DEAR).

Rihkee Strapp is a genderfluid Metis of the Wolverine Clan and was born in Red Lake, Ontario. They are a multi-disciplinary artist and Alumni of the Studio Y fellowship at the MaRS Discovery District, one of the world's largest urban innovation hubs. Rihkee loves connecting with people across Turtle Island for the purposes of community development, and co-creation.

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91

en santé publique de l'Université de Montréal ainsi qu'au SHERPA, portent essentiellement sur les populations de personnes migrantes et de réfugiées. Ses travaux récents sont menés en partenariat avec des organismes de services de santé de première ligne qui s'emploient à répondre aux besoins des populations de personnes migrantes et réfugiées à Montréal et à l'échelle provinciale et nationale. La contribution de Bilkis Vissandjée à la communauté scientifique et auprès de partenaires nationaux et internationaux rappelle l'importance de tenir compte du sexe, du genre, des migrations et de l'ethnicité pour dégager des stratégies en vue d'offrir des soins équitables et de qualité dans un contexte socioculturel diversifié.

Dr. Blair Voyvodic, MD, has been a primary care provider for more than 30 years in rural and remote areas, with a keen interest in mental health. Identifying as genderqueer, they have been working with Rainbow Health Ontario's Trans Health Connection program as a physician mentor and trainer for the past five years.

Amy Wah is policy lawyer at the HIV and AIDS Legal Clinic Ontario (HALCO), and has also provided direct advice and representation in areas of law related to HIV and AIDS at HALCO since 2010. HALCO provides free legal advice and representation in various areas of law, including human rights, income security, tenant, health, immigration/refugee, employment, and privacy to people living with HIV in Ontario. HALCO has advocated for the rights of people living with HIV in the wake of criminalization of HIV non-disclosure by intervening at various levels of court, including before the Supreme Court of Canada. The clinic has also intervened in a number of court cases dealing with human rights and health law. In addition, HALCO is leading the TRANSforming JUSTICE (Trans Legal Needs Assessment Ontario) project to help ensure that the legal needs of trans people in Ontario are being met and to determine the barriers that trans people face in accessing justice.

Melanie Warren sits on the Trans Health Expansion Implementation Working Group as a community member. They are a queer and trans, non-binary, multi-racial settler. A social work graduate from Mississauga, they juggle various roles including workshop facilitator, hotline counsellor, youth advisor, committee member--and occasional stand-up comedian. They have been co-chair of LGBT Youth Line's Craftathon fundraiser committee since May 2017, and recently they contributed to the City of Toronto's Trans Youth Advisory Panel.

Dr. Sophie Wertheimer, BFA, MA, PhD has been working in community health since 2000. She has collaborated with community-based groups and organizations across Canada. Sophie is fluently multilingual and passionate about linguistic issues as they play out in society, and in our work processes. As a consultant, Sophie provides services to increase the meaningful participation of communities in health, and to help make services more physically, culturally and linguistically accessible. (www.sophiewertheimer.com)

Dr. Kimberley Wilson is an Assistant Professor in Adult Development & Aging in the at the University of Guelph. With training in social work and gerontology, Dr. Wilson's program of research focuses on improving mental health and well-being for older adults. Dr. Wilson is a founding member of the Diverse Experiences in Aging Research (DEAR) Collaborative. The DEAR Collaborative is currently exploring the experience of aging for individuals with diverse sexual orientations and/or gender identities.

Dre Kimberley Wilson est une personne professeure adjointe en développement et vieillissement chez l'adulte à l'Université de Guelph. Sa formation en travail social et en gérontologie lui permet de concentrer ses travaux de recherche sur l'amélioration de la santé mentale et du bien-être des aînés. Dre Wilson fait partie des membres ayant fondé le collectif Diverse Experiences in Aging Research (DEAR). Ce collectif se penche sur l'expérience associée au vieillissement chez les personnes aux orientations sexuelles et/ou aux identités de genre diverses.

Falon Wilton is a bi ace enby, and a proudly autistic Child and Youth Care student at Humber College. She is a member of many communities, including Autistics of Canada, Autistiqeers, and her autistic friend circle. Using her privilege as a hypervocal adult, she seeks to educate others about trauma and neurodiversity. Falon is working towards conducting life-affirming research, focusing on the psychology of oppression and resilience as it pertains to autistic people.

Angelina Wiwczor, NP, is a provider with 16 years of pediatric nursing experience in both hospital and community settings. Having a special interest and passion with children's health, Angelina became a Primary Health Care Nurse Practitioner in 2009 and a Certified Asthma Educator in 2011. She is faculty for the Northern Ontario School of Medicine and works with the ADHD clinic, the BALANCE Program with a focus on pediatric obesity treatment, the Pediatric Asthma Education Clinic, and the Gender Transition Clinic at the Northeastern Ontario Health Centre for Kids at Health Sciences North.

Cheryl Woodman, ND, MHSc, CHE, is a healthcare professional and strategist, energized by transformative work that improves individual lives, population health and creates a more effective, responsive, and integrated health care system. In her role as Chief Strategy & Quality Officer at Women's College Hospital (WCH), Cheryl is responsible for strategic planning and partnerships and provides leadership to advance clinical quality, health equity and patient/client experience and engagement. Cheryl is privileged to work with the Trans Health Expansion partnership of Rainbow Health Ontario, Sherbourne Health Centre, WCH and CAMH on system redesign to improve the quality of healthcare outcomes, experience, and access for trans communities across Ontario.

Teija Yli-Renko is a graduate of the Psychology (BA) program at Laurentian University. The current study comes from her thesis work on parenting stress and minority stress in terms of lesbian parenthood. Teija is the recipient of the Grant Halle Lambda Award (2017), through her research on this topic.

Elise Yusuf is a black Muslim trans woman of colour of East African descent who uses her perspective and unique experience to bring awareness of the various issues surrounding trans people, especially trans women of colour. She has dedicated herself to using her voice to impact change and bridge understanding across all communities: she provides advocacy, resolution and transitions for trans people.

Jordan Zaitzow coordinates Trans Health Connection, a Rainbow Health Ontario (RHO) project. The project is increasing the capacity of primary health care systems across the province to provide high-quality, comprehensive care to trans communities through training, education, mentorship, resources, and networking. Previous to joining RHO, Jordan has also done years of front line shelter work, and has volunteered for and facilitated various drop-in programs for trans folks in Toronto. He also spent years as an independent trainer about trans access and issues.

Erin Ziegler is a 3rd year doctoral student in the School of Nursing at McMaster University. In addition to her PhD work, she works as primary health care nurse practitioner and instructor at Ryerson University. Her clinical and research interests include the LGBTQ2S population and the nurse practitioner's roles in primary care. Her PhD work examines the delivery and implementation of transgender primary care in Ontario. Erin is the recipient of the McMaster Nursing Graduate Program Research Award, Dr. Vivian Wood Graduate Scholarship, TUTOR PHC fellowship and CIHR Hacking the Knowledge Gap Trainee Award.



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