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ABSTRACT BOOK



PRIDE IN HEALTH
OCTOBER 24-25, 2024
UNIVERSITY OF MANITOBA

RESEARCH & ART • DRAG SHOW



PRIDE IN HEALTH 2024

ABSTRACT BOOK



LAND ACKNOWLEDGEMENT

The University of Manitoba campuses are located on original lands of the Anishinaabeg, Anishininewuk, Dakota Oyate, Denesuline, and Nehethowuk Nations, and the homeland of the Red River Métis.

We respect the Treaties that were made on these territories, we acknowledge the harms of the past and present, and we dedicate ourselves to move forward in partnership with Indigenous communities in a spirit of Reconciliation and collaboration.

We also acknowledge the ongoing and compounding discrimination experienced by our Two Spirit and Indigiqueer friends, family, and relatives. Two Spirit and Indigiqueer people have been here since time immemorial.



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DRAG SHOW

Friday, October 25
12:00 PM - 1:00 PM
University of Manitoba
Bannatyne Campus
Brodie Atrium



Special K



Vida Lamour



Orion Sbelt



Skirt Browning

Drag show presenting sponsor:

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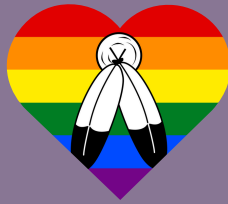
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PANEL DISCUSSION

TWO SPIRIT HISTORY AND HEALTH



Friday, October 25
1:30 PM - 2:30 PM
University of Manitoba
Bannatyne Campus
Apotex - Room 071 (Basement)



ELDER CHARLOTTE NOLIN



ELDER ALBERT MCLEOD



DANIELLE HART (MODERATOR)

Funded by:
The University of Manitoba Office of Equity Transformation
2SLGBTQIA+ History Month Fund

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ORAL PRESENTATIONS

ADAM CHRISTIANSON (HE/THEY), UNIVERSITY OF MANITOBA, RADY FACULTY OF HEALTH SCIENCES,
DEPARTMENT OF FAMILY MEDICINE

Title: MSM as a biosociality? Implications of the medicalisation of sexual identity for healthcare providers

Abstract:

This article makes the case for considering MSM (men who have sex with men) as a community distinct from the populations conventionally associated with the term. Since the mid-2000s, the limitations of MSM have been acknowledged. Particularly for homogenizing the diverse meanings of gender and sexual identity under one bio-behavioral category, mainly for the purposes of health surveillance. However, the social meanings of the medicalized identity this term has given way to have been underexplored. In this article, I illustrate how MSM has become a social identity on its own. Building on the work of Paul Rabinow and Steven Epstein, I argue MSM has become a biosexual identity people use to make themselves meaningful as subjects of health and sexuality concurrently. Using examples from my PhD thesis, this talk explores the different meanings ascribed to sexual health by people who identify themselves with the MSM category. I discuss how the somatization and molecularization of our identities change how sexual identity is understood and performed, with implications for the inclusion and marginalization of MSM. Generally, the article invites healthcare providers and researchers to consider how our categories shape identity and inequalities. In the face of shifting terminologies, it is worthwhile to consider how the categories we use shape queerness, representation, and solidarity in health and what happens when we eliminate them.



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ORAL PRESENTATIONS

AKHIL RAMDOYAL (HE/HIM), UNIVERSITY OF MANITOBA, RADY FACULTY OF HEALTH SCIENCES,
BACHELOR OF SCIENCE IN MEDICINE PROGRAM

Title: Differential HIV-1 Envelope Epitope Recognition by Two HLA Class I Alleles: Implications for Vaccine Development

Abstract:

HIV continues to disproportionately impact the queer and trans community in Canada, particularly men who have sex with men (MSM) and Indigenous people. According to the 2022 HIV Surveillance Report, MSM accounted for 34.8% of new HIV cases, while Indigenous people faced HIV infection rates 2.7 times higher than non-Indigenous populations. Human Leukocyte Antigens (HLAs), critical in presenting viral epitopes to T cells, play a central role in the immune response to HIV. This study focuses on two HLA Class I alleles, A01:01 and B07:02, which are linked to different HIV-1 outcomes. Understanding these differences could offer insights into vaccine development. We used the iTopia Epitope Discovery System and flow cytometry to analyze HIV-1 Env epitopes presented by A01:01 and B07:02. The epitope-specific T cell populations were studied to assess the immune response induced by each allele.

Our findings revealed that HLA-B07:02 exhibited broader epitope recognition, which may contribute to less effective viral control due to weaker or more exhausted immune responses. In contrast, A01:01's more focused epitope recognition was associated with stronger immune responses. The differential epitope recognition between these alleles may explain their association with differing HIV-1 outcomes and provide critical insights for a T cell vaccine development, with the understanding that an induction of both T cell responses and antibodies contribute toward protection against seroconversion. Vaccine strategies could be designed to specific HLA alleles in individuals or to target a diverse population following the peptide sequences discovered in this study.

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ORAL PRESENTATIONS

ALBERT MC LEOD, TWO SPIRIT MANITOBA & DR. ELAINE MORDOCH (SHE/HER), UNIVERSITY OF MANITOBA, RADY FACULTY OF HEALTH SCIENCES, COLLEGE OF NURSING

Title: Travelling from Qualitative Research to Graphic Novel

Abstract:

Between the Pipes is a graphic novel based on cumulative lived experiences and themes emerging from the two-part qualitative study Sharing the Traditional Understandings of the Two Spirit People, funded by the Winnipeg Suicide Prevention Network. In part one, we recruited Two Spirit Elders, Two Spirit Parents and Two Spirit youth ($n = 9$) to participate in focus groups interviews. We also conducted a literature review on Two Spirit/Indigenous LGBTQI+ history, health concerns and how health and social service providers can work together with Two Spirit people to promote their well-being and reduce the risk of suicide. Four research bulletins were developed and distributed to health and social services in the community. Information from Part 1 guided the development of the story line in Part 2 wherein research participants provided consultation and feedback on story development. All research participants are acknowledged in the book credits. We aimed to disseminate the knowledge in a youth friendly educational story about Two Spirit people based on the perspectives of the research participants and also within the context of knowledge based on Elder Albert McLeod's lived experience and long-term activism regarding Two Spirit people. In the face of crisis identity and intersectionality of race and homophobia, the story highlights life promoting strategies connected to community, family, and nature. We believe the graphic novel (Between the Pipes), is an excellent vehicle for discussion to promote Two Spirit youth mental health and their inclusion in society.

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ORAL PRESENTATIONS

BRITTANY JAKUBIEC (THEY/THEM), EGALE CANADA

Co-Authors:

Kim Seida (She/Her), Egale Canada; Celeste Pang, (She/They), Mount Royal University, Faculty of Arts, Department of Humanities

Title: “It’s just been a lifetime struggle”: Healthcare access experiences and needs among LBQ women, trans, and nonbinary people in Canada

Abstract:

Various Canadian studies have documented the unique barriers that LBQ women, trans, and nonbinary people face in accessing care across sectors and healthcare settings, such as dismissal, invalidation, and discrimination, but several questions remain. First, what priorities for health and healthcare access do LBQ women, trans, and nonbinary people in Canada have? Second, what actions can be taken across sectors to address these priorities? In this presentation, we will present findings from the “Action Through Connection” project. This community-based, qualitative research study was initiated, crafted, and conducted by, with, and for LBQ women, trans, and nonbinary research leads, advisors, collaborators, and community members. In this project, we learned about the healthcare access experiences, needs, and priorities of 35 LBQ women, trans, and nonbinary people in Canada, and now aim to amplify their perspectives and priorities when it comes to structural and systemic change. Data were collected via virtual focus groups and interviews. Participants lived in urban, rural, and suburban areas across Canada, were aged 18-69, and had a range of gender identities, sexualities, and ethno-racial backgrounds. In this presentation, we will focus on their experiences related to (1) labor in accessing healthcare, (2) experiences of, and barriers to, primary care, (3) sexual and reproductive healthcare, (4) gender-affirming and transition-related healthcare for TNB people, and (5) mental healthcare. Further, we will share participants’ recommendations for change relating to education and training, health systems change, and intersectoral action. The final report and posters can be found at egale.ca/LBQ.



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ORAL PRESENTATIONS

CHI-CHUN LIN (HE/HIM), THE UNIVERSITY OF WINNIPEG, FACULTY OF EDUCATION, MASTER OF MARRIAGE AND FAMILY THERAPY PROGRAM

Title: Barriers to Accessing Mental Health Services and Potential and Existing Presenting Issues among 2SLGBTQ+

Abstract:

Two-Spirit, Lesbian, Gay, Bisexual, Transgender, Queer, and other sexual and gender minorities (2SLGBTQ+) experience various mental health challenges and stresses, including discrimination, lack of social support, and unmet needs for mental healthcare, and relationship challenges as they try to form and maintain their relationships such as navigating online dating, polyamory, non-normative aspects of same-sex marriage, coming out to family and friends, and queer parenting. Therefore, mental health services play an important role in the well-being of 2SLGBTQ+ people.

The presenter is an assistant professor in the Master of Marriage and Family Therapy program in the Faculty of Education at the University of Winnipeg. He is an American Association for Marriage and Family Therapy Approved Supervisor, a Registered Clinical Counsellor in British Columbia, Canada, and a Registered Marriage and Family Therapist Supervisor in the Canadian Association for Marriage and Family Therapy. His academic and clinical interests mainly focus on mental health issues (e.g., anxiety, OCD, PTSD, and suicidality) and sexual health issues (e.g., sexual debut, STIs, and sexual relationships) among marginalized groups (e.g., 2SLGBTQ+, immigrants, and people living with HIV).

The presentation aims to explore 2SLGBTQ+ people's barriers to accessing mental health services and their potential and existing presenting issues. The presenter will also share his practical experience and self-reflection.



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ORAL PRESENTATIONS

CHRISTINA LAM, SIMON FRASER UNIVERSITY, FACULTY OF HEALTH SCIENCES

Title: Methodological and ethical considerations of an arts-based study exploring self-discovery and wellness with Asian, gender-diverse youth

Abstract:

Being both Asian and gender-diverse can create unique experiences that may shape one's wellness, especially among youth who are discovering and making sense of their identities. However, little health research has focused on experiences at this specific intersection. We used an adapted photovoice methodology to explore self-discovery and wellness experiences of youth (n=6) who self-identified as both Asian (i.e., East, South, West, Central, or Southeast Asian by ethnic background or heritage) and gender-diverse (i.e., any gender identities outside the gender binary). Participants collected and submitted three to five photos based on guiding questions. They then participated in a semi-structured interview in which they discussed their photos and the questions. Interviews were recorded, transcribed, and analysed using thematic analysis. Three major themes emerged: "seeking empowerment amidst disempowerment," "situating the self in relations," and "misalignment and realignment of identities." In this presentation, we will share methodological and ethical considerations that guided our research process to appropriately conduct this work with Asian, gender-diverse youth. Our discussion will encompass our use of adapted photovoice methods, our recruitment approach, our efforts to honour participant experiences and voices, and limitations of our study, among other reflections. Sharing these considerations may guide or inspire future work in this area or with these communities/populations.

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ORAL PRESENTATIONS

DASHA GULIAK (SHE/HER), UNIVERSITY OF SASKATCHEWAN, HISTORY DEPARTMENT

Title: “There’ll be no Gays in my Church”: Saskatoon, Christian Churches, and the AIDS Crisis, 1983-1993

Abstract:

The emergence of acquired immunodeficiency syndrome (AIDS) as a result of human immunodeficiency virus infection (HIV) was met with medical confusion and a lack of government transparency in Canada. In Saskatoon, some churches and Christians declared it was ‘God’s judgement on homosexuals’ while others remained ‘quietly hostile’ contributing to the unfolding crisis in Canada which resulted in thousands of dead, even more infected, and a re-shaping of sexual norms and perceptions of sexualities. In Saskatoon, the churches offered little refuge for Saskatoon’s gay community who suffered and died through the crisis, despite many of these individuals being members of the churches. The Star-Phoenix filled with pieces covering and educating readers on AIDS yet local churches fell silent or expressed hostility. The strengthening of queer activism and AIDS networks in the city, such as AIDS Saskatoon, directly challenged this silence and expressed the harm that churches caused to queer health during the crisis.

Through a study of Saskatoon-based newspapers, church papers, and the AIDS Saskatoon archival papers this presentation reveals how ignorance, silence, and hostility by local churches influenced the health and treatment of Saskatoon’s gay residents during the first ten years of the AIDS crisis. This presentation argues that by studying the intersection between Christian faith, sexual identities, and health at the local level it becomes clear how Saskatoon’s churches failed to mobilize notions of Christian charity to support the queer community and instead contributed to the medicalizing and marginalizing of queer bodies and reinforced ideas Christian heteronormativity and health.

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ORAL PRESENTATIONS

ELISA DO, SHE/HER, UNIVERSITY OF VICTORIA, DEPARTMENT OF PSYCHOLOGY, SELF AND WELL-BEING LAB

Co-Authors:

Danu Stinson (She/They), University of Victoria, Department of Psychology, Self and Well-Being Lab;
Nigel Mantou Lou (He/Him), University of Victoria, Department of Psychology, The Motivation and Intercultural Relations Lab

Title: A Community of Joy and Pride in Queer Bodies

Abstract:

The stigma that lesbian, gay, bisexual, transgender, and queer (LGBTQ) people face is a social issue that continues to affect many in our communities today. This stigma affects LGBTQ people's mental health and wellbeing, and in particular, it can negatively affect their relationship with their own bodies. Queer bodies are stigmatized and viewed as abnormal, and this can lead queer folks to feel uncomfortable or out of tune with their body. One way for queer people to experience a safe space and build self-esteem is by participating in queer community gatherings. For example, events in June during Pride Month offer the opportunity for LGBTQ people to come together as a community. Pride events include a wide range of activities such as parades, dances, drag performances, and sports. This study aims to explore how community engagement, coupled with the physical activity required during Pride Month festivities, can help LGBTQ people feel safe in their bodies and break down negative stereotypes they may have internalized from social stigma. For this study, data was collected during the 2024 Victoria and Vancouver Pride Festivals. More than 80 participants answered open-ended questions about how their participation during the festivals affected their relationship with others in the community and how they feel regarding their queer identity. Data will be analyzed qualitatively using reflexive thematic analysis. Results from this study will provide a better understanding of how community engagement and physical activity during activism can benefit queer people's wellbeing and empower them in their identities.

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ORAL PRESENTATIONS

EMERY POTTER, UNIVERSITY OF TORONTO, WOMEN'S COLLEGE HOSPITAL, TRANSITION RELATED SURGERY PROGRAM

Title: The effects of gender affirming medical care on microbiology and infections in transgender and gender diverse patients

Abstract:

Transgender and gender diverse individuals undergoing gender-affirming medical and surgical care have unique genital environments that are distinct from those of cisgender individuals. Gender-affirming medical care for transmasculine individuals can include testosterone therapy, which suppresses circulating estrogen and can lead to changes in the vaginal epithelium that are reminiscent of the post-menopausal period in cisgender females. Among transfeminine individuals, gender-affirming medical care can include vaginoplasty, which is the surgical creation of a vulva and neovaginal canal, commonly using penile and scrotal skin. The effect of gender affirming medical care on the vagina of transmasculine individuals and on the neovagina of transfeminine individuals is poorly characterized. In this presentation I intend to review what is known currently about genital health in trans and gender diverse individuals including the current research underway at Women's College Hospital in Toronto Ontario. To study epithelial microstructures vaginal lateral wall biopsies were taken from three groups: transfeminine individuals who had undergone vaginoplasty, transmasculine individuals on testosterone and cisgender women. Using immunofluorescence microscopy and periodic acid schiff staining, distinct differences were noted between the three groups. Additionally, studies on the microbiota are currently being performed with analysis pending. Preliminary analysis of patient reported symptoms demonstrates a crucial need to address this knowledge gap to improve genital and sexual health and overall wellness.



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ORAL PRESENTATIONS

JENNIE MACMILLAN GOMEZ (SHE/HER), UNIVERSITY OF MANITOBA, RADY FACULTY OF HEALTH SCIENCES, COLLEGE OF NURSING

Co-Authors:

Christina West (She/Her), University of Manitoba, Rady Faculty of Health Sciences, College of Nursing

Title: Initial reflections on a master's thesis work in progress: Dads' experiences parenting gender diverse children and youth in Manitoba

Abstract:

This presentation will discuss my current, in progress thesis research titled Dads' experiences parenting gender diverse children and youth in Manitoba. My qualitative master's thesis research will explore the parenting experiences of dads parenting a child with a non-cisgender gender identity, age 4 to 18 years old. Within this qualitative interpretive description study, I will explore dads' parenting experiences by exploring parenting approaches, actions, motivations, and behaviors with their transgender and gender diverse children. The first research objective is to hear the dad's unique parenting experiences of parenting their transgender and gender diverse child/youth. The second objective focuses on identifying the key messages from what dads have shared that could help other parents understand dads' experiences and parenting impacts. The presentation will provide an overview of the rationale for the research design, as well as the queer graduate students' experience of creating a study that is situated in understanding dads' parenting experiences, with an aim to inform future resources to strengthen the parenting of gender diverse children. The project builds on the graduate students' public health and family nursing work where the overarching goal is to positively impact the wellbeing of gender diverse children and youth by strengthening parenting. The existing research with parents, including the relevance to the current socio-political human rights context, of transgender and gender diverse children and youth will be shared. Presently the study is awaiting final ethics approval, and the presentation will include any initial study insights, if available.

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ORAL PRESENTATIONS

JJ MAO (THEY/THEM), UNIVERSITY OF MANITOBA, RADY FACULTY OF HEALTH SCIENCES

Co-Authors:

Lee Airton (They/Them), Queen's University, Faculty of Education

Title: Falling Between the Cracks: Compound Identity Discrimination Within Healthcare

Abstract:

Canadian primary care physicians (PCPs) are ill-equipped to support transgender and/or gender non-conforming (TGNC) people and also racialized people, with the majority of these professionals reporting little or no education about the nuances of either TGNC or racialized peoples' health. As a result, individuals who possess both of these marginalized identities often have their healthcare needs neglected. Multiple stakeholders have called for training programs to expand medical health curricula; however, input from racialized TGNC people is necessary for the enhancement of physician education. The current study explores racialized TGNC peoples' experiences with their PCP using qualitative interviewing. A total of 10 participants (n = 10) were asked to discuss their positive and negative experiences. The emergent themes of this study are medical mistreatment acceptance, mirrored positive and negative experiences, attribution errors placed on PCPs, and critical engagement with identity from patients. From the emergent themes, I develop a theoretical framework for PCPs to recognize the diverse lived experiences and knowledges of patients by providing a novel approach to anti-oppressive health care.

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ORAL PRESENTATIONS

KATHERINE LINDER (SHE/HER), UNIVERSITY OF IOWA, DEPARTMENT OF SOCIOLOGY

Title: “I just feel like I’m stuck between a rock and a hard place”: Asexual Women and Reproductive Healthcare

Abstract:

While research is lacking for many gender and sexual minority groups, perhaps none are lacking in research as much as the asexual community. By further studying both the asexual and the non-asexual, queer community, this research aims to bridge the knowledge gap that currently exists among the populations in question. This research poses that there is a correlation between asexual identity and lack of seeking reproductive healthcare - specifically for those asexual people who either have or have had a uterus. Utilizing both survey methods as well as guided interviews, this research project aims to more thoroughly explore the relationship that asexual people with uteruses have with reproductive healthcare, as well as how those relationships differ from other queer, but not asexual people with uteruses. Additionally, this project will also focus on healthcare providers. Because information and research on the asexual community is so lacking, this project aims to explore just how knowledgeable healthcare providers from all areas are about issues that are facing the asexual community and how that knowledge - or lack thereof - could potentially impact the health outcomes of asexual and other queer patients. By furthering our knowledge - both of the issues that asexual people face as well as the general lack of knowledge about the asexual community - we can continue to further understand how to best manage care for asexual individuals in such a way that can improve health outcomes.

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ORAL PRESENTATIONS

KIM SEIDA (SHE/ELLE), EGALE CANADA

Title: Queering Mental Health Supports in Canada: Developing a service provider training program

Abstract:

The COVID-19 pandemic has exacerbated the socioeconomic and health inequities facing 2SLGBTQI people in Canada, including access to mental healthcare and related services. Alongside these deepened disparities, the last few years have been characterized by troublesome rises in gender-based and anti-2SLGBTQI violence.

To address these challenges, Egale Canada's researchers and instructional designers co-developed a cost-free and self-led virtual training program for mental health and social service providers across Canada. The bilingual training program is based on research conducted between 2021 - 2022, which included a national survey (N = 304), and virtual focus groups (N = 61) with 2SLGBTQI service seekers as well as queer and allied service providers.

The Queering Mental Health Supports in Canada training is a four-module interactive program incorporating both service recipients' and providers' experiences. The first module reviews content from Egale's existing "Inclusion 101" trainings. The second module puts forward the theoretical foundations of the training program: social determinants of mental health, intersectionality, minority stress, and trauma-informed care. The third module aims to create safer mental health care with a focus on cultural safety, anti-oppression, and neurodiversity-affirming care. The final module explores responses to pandemic-related challenges (e.g., adopting alternate modes of delivery), and how to dismantle financial and physical barriers to care.

Egale Canada's training serves as a critical intervention to support the health and well-being of 2SLGBTQI communities. Addressing key training and knowledge gaps among frontline service providers, managers, and decision-makers regarding 2SLGBTQI communities' healthcare needs is urgent within an increasingly hostile sociopolitical landscape.



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ORAL PRESENTATIONS

LAURA CLEARY (SHE / HER), HEALTH NEW ZEALAND, PLANNING, FUNDING, AND OUTCOMES

Co-Authors:

Micha Davison (he/him), Te Whatu Ora

Title: Improving equity: national standards for gender and sex data

Abstract:

Transgender, non-binary, and intersex individuals face significant barriers in accessing equitable health services in Aotearoa. They encounter widespread discrimination and stigmatisation within healthcare settings, leading to adverse health outcomes compared to the general population. These negative experiences foster distrust towards health service providers and create an environment where seeking care can be unsafe. Existing research shows poorer health outcomes for gender-diverse populations than the general population across multiple determinants of health. Improving access to appropriate, safe, and respectful services is critical for supporting more equitable health outcomes.

The current health system in Aotearoa lacks consistent practices and guidance on the collection, storage, transfer / sharing, access and use of gender and sex information. which leads to the following issues:

1. Disclose of sensitive sex and gender information when it may not be relevant or appropriate.
2. Consumers miss out on screenings.
3. Clinicians and health providers don't have the information they need to provide appropriate care.
4. No oversight of how gender and sex data flows between systems, and who has access.
5. Accurate and complete data is not available to monitor health outcomes or measure equity.

To address these issues, Te Whatu Ora plans to develop Health Information Standards Organisation (HISO) standards to guide the collection, storage, transfer, sharing, and use of gender and sex data, drawing upon international benchmarks, and will co-design with community and health providers. This session will cover challenges that transgender, non-binary, and intersex individuals face when accessing health services in Aotearoa; and work we have done to address this.



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ORAL PRESENTATIONS

MIKAYLA HUNTER (SHE/THEY), UNIVERSITY OF MANITOBA, RADY FACULTY OF HEALTH SCIENCES, DEPARTMENT OF COMMUNITY HEALTH SCIENCES/DEPARTMENT OF MEDICAL MICROBIOLOGY & INFECTIOUS DISEASE

Co-Authors:

Sam Hayes (They/Them), Zucker Hillside Hospital, Child Psychiatry; Ashley Baird (They/Them), University of Southern California, Annenberg School for Communication and Journalism; Noah Rodriguez (He/They/She), CarePoint Christ Hospital; Victoria Wong Murray (They/Them), Rowan-Virtua School of Osteopathic Medicine; Court Kusler (They/Them), Virginia Commonwealth University Health; Chi-Chun Lin (He/Him), The University of Winnipeg, Faculty of Education, Marriage and Family Therapy Program

Title: Twenty Years After Bogaert: The State of Asexual Mental Health Research in 2024

Abstract:

Asexuality, like other queer identities, has always existed. However, asexuality began truly emerging in the scientific literature with Bogaert's 2004 paper entitled *Asexuality: Prevalence and associated factors in a national probability sample*. Since then, asexuality has slowly but surely begun to become more included in research literature.

This oral presentation seeks to review the presence of asexuality in mental health, in the twenty years since Bogaert's 2004 paper. We will review the literature that the team has collectively found both through systematic literature searches as well as supplementary papers that were pulled manually. We will also consider the implications of the limited asexual mental health research has on the clinical services available to asexual people seeking mental health supports. We will also discuss the robust community driven asexual initiatives that have been filling the gaps that academia has left, such as the Asexuality Visibility and Education Network (AVEN) and the annual Ace Community Survey.

Finally, taking a stance of legitimizing and depathologizing asexual identity, we will trouble the DSM-V diagnoses of male hypoactive sexual desire disorder (MHSDD)⁴ and female sexual interest/arousal disorder (FSIAD).

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ORAL PRESENTATIONS

MUHAMMAD NAVEED NOOR, UNIVERSITY OF MANITOBA, DEPARTMENT OF COMMUNITY HEALTH SCIENCES, INSTITUTE FOR GLOBAL PUBLIC HEALTH

Co-Authors:

Robert Lorway and Souradet Shaw: University of Manitoba, Department of Community Health Sciences, Institute for Global Public Health; Janice Linton, University of Manitoba, Neil John Maclean Health Sciences Library

Title: Barriers to sexual health care for sexually diverse Muslim men

Abstract:

Sexually diverse Muslim men (SDMM) are seen to present later and with more advanced symptoms of HIV and other sexually transmitted infections (STIs). The limited access to sexual healthcare services is attributed to the stigma associated with their multiple intersecting identities. We conducted a scoping review to synthesize research on barriers impeding SDMM's access to sexual healthcare. We used Arksey and O'Malley's five-stage framework as the methodology for the review. The Preferred Reporting Items for Systematic Reviews and Meta-Analyses' extension for scoping reviews, was used as a guide for the presentation of the results. Searches conducted in EBSCOhost, Scopus, MEDLINE, Embase, CINAHL, Global Health, and Google Scholar yielded 1382 results, of which 18 studies were deemed eligible for this review. Bronfenbrenner's socioecological model was employed as a framework to analyze the studies. Through analyzing the eligible studies, we identified factors operating at three different levels that can impede SDMM's access to sexual health care. Limited awareness and low-perceived risk of HIV/STIs, coupled with the fear of sexual identity disclosure might act as individual-level barriers to sexually diverse Muslim men's access to sexual health care. The experiences of discrimination within clinical settings were presented as a healthcare system-related issue discouraging SDMM from revisiting those services. Heteronormative and religious ideologies, homophobic government programs, and poverty might manifest in the more intimate domains of healthcare delivery, creating hostile spaces for SDMM. Intensive research and advocacy efforts are required to improve SDMM's access to sexual health care, which can reduce their risk of HIV/STIs.



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ORAL PRESENTATIONS

PAYAM PEYMANI (HE/HIM), UNIVERSITY OF MANITOBA, RADY FACULTY OF HEALTH SCIENCES,
COLLEGE OF PHARMACY

Co-Authors:

Mikayla Hunter (She/They), University of Manitoba, Rady Faculty of Health Sciences, Department of Community Health Sciences & Department of Medical Microbiology and Infectious Disease; Sherif Eltonsy (He/Him), University of Manitoba, Rady Faculty of Health Sciences, College of Pharmacy

Title: Data-Driven Equity: Improving Medication Safety and Efficacy in the 2SLGBTQIA+ Population

Abstract:

The 2SLGBTQIA+ population exhibits healthcare disparities that have real consequences on medication safety and efficacy. This presentation reviews the role and potential of large health care databases and electronic health records to understand the trends and outcomes of medication safety specifically in 2SLGBTQIA+ patients.

By so doing, through real-world evidence and big data, we can aspire to a healthcare system that would more fully meet the diversified needs of the 2SLGBTQIA+ community and present unique medication safety and efficacy challenges.

This lecture will outline the development of inclusive and intersectional cohorts for pharmaco-epidemiological research in a way that describes ethical considerations for conducting research within marginalized populations. Of particular note is the standardization of sexual orientation and gender identity coding to make sure proper data representation and accuracy for the 2SLGBTQIA+ community. This combination of big data analytics and a patient-centered approach closes the gap in health care to better meet the needs of the 2SLGBTQIA+ equitably and effectively.

It's where, through large-scale data analysis with a focused approach to each patient's needs, we can improve medication safety and efficacy and overall health outcomes for a diverse, often underserved population.

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ORAL PRESENTATIONS

REEYA PARMAR (SHE/HER), WESTERN UNIVERSITY, SCHULICH SCHOOL OF MEDICINE AND DENTISTRY, DEPARTMENT OF MICROBIOLOGY AND IMMUNOLOGY

Co-Authors:

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Title: Nugent Scoring in the Neovagina: The Futility of Current Vaginal Dysbiosis Diagnostics in Transfeminine Individuals Post-Vaginoplasty

Abstract:

Transfeminine individuals (tF) were assigned male at birth and experience a feminine gender identity. Many tF elect to undergo vaginoplasty – surgically creating a neovagina, often using penile and scrotal tissue. Bacterial vaginosis (BV) is a condition in cisgender women caused by dysbiosis of the vaginal microbiome, often leading to vaginal irritation. The Nugent score is a Gram-stain based test commonly used to diagnose BV in cisgender women. The test assesses the presence of Gram-positive rods (health-promoting *Lactobacillus* morphotypes) and small or curved Gram-variable rods (BV-associated *Gardnerella* and *Mobiluncus* morphotypes), with scores of 0-3 being optimal and 7-10 indicative of BV. Ongoing research shows bacteria associated with neovaginal inflammation differ from those in the cisgender vagina. Despite this, the Nugent score remains a primary clinical tool to diagnose neovaginal dysbiosis. This study assessed the Nugent score's relevance as a diagnostic tool for neovaginal dysbiosis and the presence of neovaginal inflammatory bacteria. Slides with neovaginal smears from n=37 tF were self-collected, Gram-stained and Nugent Scored as part of a broader TransBiota project. Comparisons to neovaginal microbiota composition by 16S rRNA sequencing revealed Nugent criteria are inadequate for neovaginal samples as targeted morphotypes are not prevalent or present in the neovaginal microbiota. Additionally, higher Nugent scores did not correlate with inflammation, symptoms, or the presence of inflammatory bacteria. This study concludes the Nugent score is an ineffective tool for predicting dysbiosis or neovaginal health in tF, highlighting the need to establish criteria for neovaginal microbial health and develop accurate, evidence-based neovaginal diagnostics.



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ORAL PRESENTATIONS

S. CHAD HAYES (HE/HIM), UNIVERSITY OF MANITOBA, RADY FACULTY OF HEALTH SCIENCES,
DEPARTMENT OF COMMUNITY HEALTH SCIENCES

Title: Unqueer language: A critical discourse analysis of institutional attitudes towards 2SLGBTQ+ students in Manitoba's funded independent Christian schools

Abstract:

Introduction: 2SLGBTQ+ youth are at increased risk for negative health outcomes that can be mitigated by inclusive and affirming schools. Approximately 15,000 Manitoba youth attend provincially funded independent schools, many of which are Christian. Some expressions of Christianity have shown a pattern of discrimination towards 2SLGBTQ+ individuals. Discrimination based on sexual orientation in a funded independent Christian school has prompted at least one Human Rights Commission complaint.

Methods: Schools selected for inclusion in this review (n=38) were Christian (Catholic and Protestant) schools that serve students in grades 6-12. Websites, student handbooks, and statements of faith were reviewed for content about gender, sexuality, and marriage. Critical discourse analysis was employed to determine institutional attitudes towards 2SLGBTQ+ people.

Results: Most schools avoided explicit statements of discrimination towards 2SLGBTQ+ people in publicly available documents. However, five evangelical Protestant schools published overtly homophobic and transphobic beliefs about gender and sexuality. Two schools openly challenged laws such as the Safe and Inclusive Schools Act, stating that "in matters of disagreement between Scripture and government, we believe we must obey God."

Conclusion: This discourse functions as a form of mass conversion therapy, causing substantial harm to 2SLGBTQ+ students. These findings call for an investigation into the treatment of 2SLGBTQ+ youth in Manitoba's funded independent schools, as well as into the Ministry of Education and Early Childhood Learning's failure to provide adequate oversight. They also emphasize the importance of considering religion (including denominational and doctrinal differences) as a social determinant of both individual and public health.



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ORAL PRESENTATIONS

STELLA SCHNECKENBURGER (SHE/HER) DEAKIN UNIVERSITY SCHOOL OF MEDICINE

Co-Authors:

Lori Ross (She/Her), University of Toronto, Dalla Lana School of Public Health & Michelle Tam (She/Her), University of Toronto, Dalla Lana School of Public Health

Title: Asexual competent practices in healthcare: A narrative review

Abstract:

Through a 20-minute oral presentation and PowerPoint, I aim to discuss key concepts in asexual health, including unique health needs of the asexual population; barriers to care that asexual people experience; how health providers can improve care for asexual people; and how health services and institutions can improve care for asexual people as well. Discussions on methods to improve asexual-affirming care will surround perceiving asexuality through an identity model rather than a medical model; practical techniques providers can use to affirm asexual identity; and ways in which providers can obtain further education on asexual health in a field where inclusive curricula are lacking.

This presentation will be based on my paper titled “Asexual competent practices in healthcare: A narrative review” published in the Journal of Gay & Lesbian Mental Health on June 6, 2023, with co-authors Michelle Tam and Lori Ross.

The original abstract for the paper is as follows:

Introduction: Asexuals present at health services with unique needs, yet providers typically lack training to care for this population. This narrative review aims to inform providers on best methods of asexual care. **Methods:** Search terms included “asexuality” and “health.” Abstracts were screened against inclusion criteria, yielding 987 articles. After full-text screening, 44 papers were included. **Results:** Pathologization, microaggressions, lack of awareness, and institutional neglect pose challenges to asexuals seeking care. Providers can improve asexual care by affirming identity, taking asexual-specific approaches, educating themselves, challenging biases, and fighting for institutional-level changes. **Conclusion:** These findings may guide practitioners in developing asexual-competent practices.



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ORAL PRESENTATIONS

THEODORE BIGGS-ENGEL (HE/THEY) UNIVERSITY OF MANITOBA, RADY FACULTY OF HEALTH SCIENCES, BACHELOR OF SCIENCE IN MEDICINE PROGRAM

Title: The Lack of Access to Gender Affirming Care in Manitoba

Abstract:

Gender affirming care encompasses a combination of social, behavioral, medical, and psychological interventions designed to help individuals align with their gender identity, primarily benefiting transgender and gender diverse individuals. Accessing this care often begins with a diagnosis of gender dysphoria but is complicated by systemic barriers, including a lack of education and supportive policies, especially prevalent in regions like the United States and recently in Canada.

As someone who identifies as transgender and has experience accessing gender affirming care, I have extensive insight on this topic. For context, I identify as a transgender male and began to socially transition almost 7 years ago. Due to a lack of family and mental health support, I did not begin my medical journey until about a year ago (2023). The wait times and uninformed practitioners speak for themselves. There were times I had to educate my doctor on what my needs were as a transgender individual, as well as constantly correcting professionals on my preferred pronouns. I have also relied on community resources for medical and psychological care, with waitlists of up to two years. I have lived experience with gender affirming care services, and I can confidently say a change is needed.

In Manitoba, there is a lack of gender affirming care. Between the gap in health care professionals trained in gender affirming care and the extensive waitlists at community clinics, and the missing advocacy for change in funding, Manitoba is at risk of burning out its only providers of gender affirmative care. This project uses a systems thinking approach to deeply understand the lack of gender affirming care in Manitoba. On the pages that follow I will dive deep into the problem, identify existing solutions, and explore gaps in the current landscapes and potential levers for change.



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SCIENTIFIC POSTERS

ADAM BRANDT (HE/THEY), UNIVERSITY OF MANITOBA, RADY FACULTY OF HEALTH SCIENCES, COLLEGE OF NURSING

Co-Authors:

Lynn Scruby (She/Her), University of Manitoba, Rady Faculty of Health Sciences, College of Nursing; Wanda Chernomas (She/Her), University of Manitoba, Rady Faculty of Health Sciences, College of Nursing

Title: Internalizing External Stigma: A Concept of Analysis of Internalized Homophobia

Abstract:

Aim: To present an analysis of internalized homophobia as a concept and how it relates to health and the provision of nursing care. **Background:** There is a vast amount of literature investigating the numerous adverse health outcomes of homophobia directed toward equity-deserving people who identify as 2SLGBTQIA+. **Design:** Concept analysis. **Data Sources:** Literature from the following databases: Taylor Francis Online, Science Direct, EBSCOhost, Ovid, PubMed, Sage Journals, Wiley Online Library, and Springer Link. **Methods:** Walker and Avant's method of concept analysis was utilized. **Results:** A clear definition of the concept of internalized homophobia was identified. Internalized homophobia exists due to the context of heteronormative and heterosexist societies. The defining attributes (internalization of oppression, change in self-concept), antecedents (awareness of sexuality, exposure to homophobia and societal stigma), and consequences (shame, hiding sexuality, mental illness, minority stress, and negative self-esteem) of internalized homophobia are revealed. **Conclusion:** Nurses and health care practitioners are uniquely positioned to recognize the consequences of internalized homophobia, promote resiliency, affirm people with diverse sexual orientations, advocate for policy change, and disrupt systems of oppression. Further analyses of this concept and related concepts are needed to promote meaningful change for equity-deserving people and people who identify as 2SLGBTQIA+.



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SCIENTIFIC POSTERS

ALBERT MCLEOD, TWO SPIRIT MANITOBA & ELAINE MORDOCH (SHE/HER), UNIVERSITY OF MANITOBA,
RADY FACULTY OF HEALTH SCIENCES, COLLEGE OF NURSING

Title: Returning to the Circle: Sharing Traditional and Contemporary Understandings of the Two Spirit People

Abstract:

As part of our research project Sharing the Traditional Understandings of the Two Spirit People, funded by the Winnipeg Suicide Prevention Network, we created four research bulletins related to the traditional and contemporary lives of Two Spirit people. These bulletins, created for educational purposes and distributed to approximately 40 diverse community organizations, are currently housed in the University of Winnipeg archives. Under the umbrella title Two Spirit Truths: Returning to the Circle, we provided information on:

1. Traditional Roles, Resurgence and Contemporary Perspectives
2. Risk, Resilience and Resurgence in Health
3. “Good People” and Creating Safety
4. Danger in the Lives of 2SLGBTQIA People

We highlight the impact of colonization on Two Spirit people, their strong spirit of resilience and ongoing resurgence with examples of contemporary Two Spirit people and their contributions. Further, we identify risk factors in health care, inclusive of the social determinants of health, societal stigma and the overrepresentation of Two Spirit youth as street involved, affected by trauma and homelessness. We discuss gender and sex sensitive practice, the process of becoming an ally, and the basis of respectful helping relationships within the health care system. We acknowledge the ongoing danger and violence occurring in Two Spirit people’s lives and their contribution to Reclaiming Power and Place: Final Report of the National Inquiry of Missing and Murdered Indigenous Women and Girls (2019).



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SCIENTIFIC POSTERS

ASHLEY BELL (SHE/HER), UNIVERSITY OF MANITOBA, RADY FACULTY OF HEALTH SCIENCES,
COLLEGE OF NURSING

Co-Authors:

Roberta Woodgate (She/Her), University of Manitoba, Rady Faculty of Health Sciences, College of Nursing

Title: The Neonatal Intensive Care Unit Care Experiences of 2SLGBTQIA+ Parents: Preliminary Finding

Abstract:

Background: The neonatal intensive care unit (NICU) provides family-integrated care to sick and/or premature newborns, which involves a collaborative, inclusive, and empowering approach to caring for the whole family. However, for parents who identify as 2SLGBTQIA+, the cis-heteronormative care environment of the NICU can present challenges to achieving this care ideal. 2SLGBTQIA+ parents are also at risk of experiencing discrimination and bias in this care setting, which can impact their experiences, health, and well-being. **Purpose:** The purpose of this phenomenological study is to explore the lived NICU care experiences of 2SLGBTQIA+ parents in Canada, with the aim of informing NICU care practices and programs that improve the experiences of 2SLGBTQIA+ families receiving this care. **Method:** Using van Manen's phenomenology, this qualitative study utilizes semi-structured interviews supplemented with journey maps. At present, three 2SLGBTQIA+ parents who have had an infant in an NICU in Canada have been interviewed. Thematic analysis is currently underway. **Findings:** Preliminary findings suggest that 2SLGBTQIA+ parents have a diverse range of experiences in the NICU that are influenced by both their 2SLGBTQIA+ identity and the place in which they received care. Parents also experienced stressors and joys that are common among NICU families. NICU care experiences were improved when they received care from queer-identifying nurses, with participants' care recommendations centering on enhanced 2SLGBTQIA+ visibility throughout the NICU. Special considerations, alongside standard family care practices in the NICU, are recommended to improve the experiences of 2SLGBTQIA+ families receiving this care and to promote family well-being.

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SCIENTIFIC POSTERS

BOBBY MCHARDY (HE/HIM), UNIVERSITY OF MANITOBA, FACULTY OF ARTS, DEPARTMENT OF PSYCHOLOGY

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Title: Do Canadian 2SLGBTQ+ Parents Perceive Barriers to Online Mental Health Programs?

Abstract:

2SLGBTQ+ people experience more mental health challenges and added barriers to mental health service access than cisgender heterosexual people. Minority Stress Theory (Meyer, 2003) suggests that 2SLGBTQ+ people face unique minority stressors that exacerbate mental health challenges and service barriers. Existing service access research overlooks the experiences of 2SLGBTQ+ parents, who often experience parenting stress in addition to minority stressors. Research speculates that technology-mediated mental health (eHealth) services may mitigate some service barriers for 2SLGBTQ+ people, although the experiences of 2SLGBTQ+ parents have not been examined. To address this gap, we analyzed data from a Canada-wide survey that asked parents about their eHealth service needs. The survey asked about parent demographics, mental health challenges, and any resource (e.g., lacking time, childcare) or stigma (e.g., worry of judgement, discrimination) barriers faced in accessing eHealth. Of 606 Canadian parent respondents ($M_{age} = 33.88$, $SD_{age} = 6.87$), 56 (9.2%) identified as 2SLGBTQ+. Compared to cisgender heterosexual parents, t-tests found that 2SLGBTQ+ parents were more often single, younger, had lower household income, and greater mental health challenges (p 's < .01). After accounting for these higher mental health challenges ($p < .001$), 2SLGBTQ+ parents did not report more resource barriers ($p = .276$) but, consistent with Minority Stress Theory, they reported more stigma barriers ($p = .001$). Results highlight areas of resilience and challenge for 2SLGBTQ+ parents and the need for eHealth programs, public policy, and future research that works to mitigate the stigma experienced by 2SLGBTQ+ parents seeking eHealth services.



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SCIENTIFIC POSTERS

EMERY POTTER, UNIVERSITY OF TORONTO, WOMEN'S COLLEGE HOSPITAL, TRANSITION RELATED SURGERY PROGRAM

Title: Exploring Neovaginal Health for Transfeminine People: Symptoms and Concerns, Impact and Treatment

Abstract:

Vaginoplasty is a common surgery for transgender and gender diverse people. Vaginoplasty involves the creation of a vulva and vagina from penile skin. Little research has been done that illuminates the patient's reported symptoms and concerns following vaginoplasty and what impacts these concerns have on people's lives.

The purpose of our study is to describe the postoperative care needs and neovaginal concerns of patients having vaginoplasty; understand the impacts these symptoms and concerns have.

Methods: Sampling includes 30 patients enrolled from the WCH's Transition Related Surgery (TRS) Program's Post Operative Care Clinic. Patients must have had full depth vaginoplasty and be 2 months out from surgery. This is a descriptive longitudinal study. **Results:** Patients identified multiple concerns after surgery, the most common concerns were hypergranulation, bleeding, hair in the vagina, pain with dilation. Over 54% of people found hypergranulation bothered them more than a moderate amount and it had the most impact on sexual activities (57.1%), mental health (28.6%) and body image (22.9%). Sexual activity was most impacted by: hypergranulation, vaginal discharge, bleeding, vaginal dryness. Sexual health was impacted: Inability to have the type of sex desired (19, 73.1%), Decreased interest in sex or libido (14, 53.8%), Difficulty with arousal during sexual activity (10, 38.5%), Body image impacting sexual activity (13, 50.0%), Sex is not pleasurable (3, 11.5%), Challenges achieving orgasm (8, 30.8%), Other (4, 15.4%) **Conclusion:** Patients endorse many different symptoms after vaginoplasty that have far reaching negative impacts that require management by knowledgeable health care providers.

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SCIENTIFIC POSTERS

JOHN SEGUI (HE/HIM), UNIVERSITY OF TORONTO, DALLA LANA SCHOOL OF PUBLIC HEALTH

Title: Digital Desires and Discrimination: A Qualitative Inquiry into the Experiences of Sexual Racism Among Young Asian Men Who Have Sex with Men (YAMSM) on Dating Apps

Abstract:

Background: Sexual racism, which involves discrimination based on race during sexual encounters, is an increasing public health concern, especially for young Asian men who have sex with men (YAMSM). This form of racism manifests in dating apps (DAs) through exclusionary statements including "no Asians" or harmful stereotypes that portray Asian men as submissive or effeminate. These experiences can lead to significant mental health issues, such as anxiety, depression, and low self-esteem. While DAs offer a platform for connection, they often reinforce racial hierarchies, which can negatively impact YAMSM's mental health.

Research Questions: This research aims to address the following: How does sexual racism shape the experiences and mental health of Canadian YAMSM on DAs? 2) How do Canadian YAMSM resist, refuse, and challenge sexual racism within DAs?

Methods: The study will involve recruiting 30 YAMSM, aged 18-29, who have used or are currently using DAs, and from Ontario. Semi-structured interviews will be conducted, and interviews will be analyzed using in vivo and axial coding.

Significance: Results will have the potential to (re)shape the development of strategies and supports to reduce the mental health challenges and disparities experienced by YAMSM, all of which may be integrated directly into dating app platforms and policies. More importantly, the outcomes of this research, while primarily focusing on YAMSM, will have implications for all dating app users in Canada, as sexual racism towards YAMSM is a small piece of a larger problem of discrimination occurring both online and offline.

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SCIENTIFIC POSTERS

JUAN MOHADEB (HE/HIM) , UNIVERSITY OF MANITOBA, RADY FACULTY OF HEALTH SCIENCES,
DEPARTMENT OF EMERGENCY MEDICINE

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Title: Development and evaluation of a clinical simulation-based educational innovation on sexual orientation and gender identity in emergency medicine

Abstract:

Introduction: Sexual orientation and gender identity (SOGI)-diverse patients are marginalized and poorly cared for in the emergency department, yet well-designed educational interventions to meet this gap are lacking. We developed, implemented, and assessed a novel multi-modal SOGI curriculum on health and cultural humility for emergency medicine physician trainees.

Methods: We conducted a prospective, single-arm evaluation of our educational intervention. A convenience sample of emergency medicine resident physicians (n = 21) participated in the facilitated curriculum including didactic and clinical simulation components. Participants completed a pre- and post-curriculum evaluation that assessed clinical skills, preparedness, attitudinal awareness, and basic knowledge in caring for SOGI-diverse patients. The content of the module was based on a scoping literature review and national needs assessment of Canadian emergency physicians, educators, and trainees along with expert collaborator and input from patient/community partners. The curriculum included a facilitated pre-brief, didactic presentation, clinical simulation modules, and a structured de-brief. Participant clinical skills were evaluated before and after the educational intervention. Our primary outcome was change in clinical preparedness, attitudinal awareness, and basic knowledge in caring for SOGI-diverse patients pre- and post-intervention.

Results: Our patient-centered, targeted emergency medicine SOGI health and cultural humility training resulted in a significant improvement in resident self-rated clinical preparedness, attitudes, and knowledge in caring for SOGI-diverse patients. This training was valued by participants.

Conclusion: We have designed an effective, patient-centered curriculum in health and cultural humility for SOGI-diverse patients in EM. Other programs can consider using this model and developed resources in their jurisdictions to enhance provider capacities to care for this marginalized group.

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SCIENTIFIC POSTERS

MIKAYLA HUNTER (SHE/THEY), UNIVERSITY OF MANITOBA, RADY FACULTY OF HEALTH SCIENCES, DEPARTMENT OF COMMUNITY HEALTH SCIENCES/DEPARTMENT OF MEDICAL MICROBIOLOGY & INFECTIOUS DISEASE

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Title: Health and Healthcare Utilization of Gender Diverse Canadians: Evidence from the Canadian Community Health Survey

Abstract:

Previous studies using data from the Canadian Community Health Survey (CCHS) have found significant differences between men and women in terms of chronic physical and mental health conditions and healthcare utilization. Although these studies are important, gender diverse Canadians are excluded in surveys that utilize binary gender variables, which are a result of cissexism, such is the case in earlier cycles of the CCHS. Some small-scale studies found that when compared with their cisgender counterparts, the transgender and gender diverse populations are at an increased risk for drug and alcohol abuse, HIV seroprevalence, diabetes, suicide ideation, and suicide attempts. Since 2019, the CCHS has collected data on gender diverse individuals, allowing for a more detailed investigation into how gender is associated with health at the population level.

The research objectives for this study were to: 1) describe the gender diverse population in Canada, 2) describe the health status of gender diverse Canadians, and 3) compare the health status of gender diverse Canadians with non-gender diverse Canadians.

Data from the 2019/2020 and 2021 cycles of the CCHS were used. Weighted frequencies were used to describe socio-demographic characteristics, and health status of gender diverse Canadians. Multivariable logistic regressions were conducted to compare physical and mental health status between gender diverse and non-gender diverse Canadians.

98.8% of gender diverse Canadians are estimated to be under the age of 50. The majority of gender diverse Canadians were between the ages of 19-30, and were more likely to be sexual minorities, to be single, and to have an annual household income greater than \$100,000. They were also less likely to live in rural settings. Gender diverse Canadians had a higher proportion of mental health conditions, including having at least one mental health condition in both the 2019/20 and 2021 CCHS cycles, compared to all other Canadians. However, they had a lower overall burden of physical health conditions compared to all other Canadians.



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SCIENTIFIC POSTERS

MIKAYLA HUNTER (SHE/THEY), UNIVERSITY OF MANITOBA, RADY FACULTY OF HEALTH SCIENCES,
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Title: Anatomical Inventories for Person-centred Design in Health Information Systems: A Scoping Review

Abstract:

Transgender, nonbinary and gender fluid people (TNGF) people face multiple health disparities due to structural and social barriers to access to quality healthcare. Negative experiences resulting from discrimination based on gender identity in healthcare are stressful and can lead to delays in seeking care due to anticipation of being harmed or healthcare avoidance. Delays in care seeking and healthcare avoidance contribute to the perpetuation of health inequities for TNGF people. Thoughtfully designed digital health information systems (DHISs), which include electronic health records, electronic medical records, laboratory information systems, personal health records, patient portals, and other systems are generally understood to be helpful for addressing major problems concerning care quality in healthcare. Improvements in the routine collection of gender, sex, and sexual orientation (GSSO) in DHISs are particularly important to ameliorate some of the inequities face by TNGF people when accessing healthcare. Anatomical inventories are an emerging topic in the DHISs field, as their capacity for increasing appropriate, person-centred care for all patients is vast.

This scoping review consisted of three objectives: 1) mapping the body of literature related to anatomical inventories, 2) examining included sources to identify and obtain key attributes and design features of anatomical inventories, 3) and developing an information model that can be used to support the standardization of anatomical inventories in interoperable DHIS. Several seed articles and worked with an expert librarian from the University of Manitoba to develop a search strategy which aimed to locate peer-reviewed literature about anatomical or organ inventories or lists using key search terms to search appropriate databases. In total, 33 articles were included in the sample. This presentation will provide an overview of the results of the findings of this scoping review.



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ARTWORK

ALEXANDER PARASIDIS (HE/HIM), SCHOOL OF FINE ARTS, UNIVERSITY OF MANITOBA

Title: (Joe Gets Kicked Out of School for Using) Drugs with Friends (But Says This Isn't a Problem), 18x24", oil pastels and acrylic paint on paper

Artist Statement:

Alexander Parasidis is a multi-disciplinary artist from Selkirk, Manitoba studying at the University of Manitoba's School of Fine Arts with a recent focus on illustration, printmaking, and painting. Queerness inhabiting unexpected space is a point of personal and artistic interest, as well as post-queerness, classical horror, and the body.



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ARTWORK

ASHTON GOEBEL (THEY/THEM), UNIVERSITY OF TORONTO, INSTITUTE OF MEDICAL SCIENCES

Title: Penile Inversion Vulvoplasty: Labiaplasty Surgical Illustration

Artist Statement:

As the demand for gender-affirming healthcare has increased in recent years, it is becoming more evident that proper education is needed for practitioners who serve transgender patients. For transition-related surgeries in particular, knowledge of various techniques can improve both the cosmetic and functional results of these procedures. This illustration was created as a part of my coursework for the Masters of Biomedical Communications program at the University of Toronto, where I was tasked with creating a mock surgical atlas spread from an observed procedure. The overall goal of the project was to create a clear visual narrative that was both anatomically accurate and faithful to the observed procedure. I had the privilege of observing both a full-depth vaginoplasty and a vulvoplasty under the guidance of Dr. Alexandra Millman, who specializes in transition-related surgeries at Women's College Hospital in Toronto, ON. Due to the complexity of the procedure and the scope of the project, we decided to focus on the labiaplasty component of the surgery. Starting from OR sketches, I was able to clarify and condense the steps of the procedure into thumbnail sketches, further into refined drafts, and finally, fully rendered drawings that utilize the traditional pen & ink technique that has been used by medical illustrators throughout the last century. As gender-affirming care continues to grow and evolve, illustrations such as these are critical to ensuring that healthcare practitioners are providing the best quality of care for transgender patients.

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ARTWORK

BRODY MCQUEEN (HE/HIM), SCHOOL OF FINE ARTS, UNIVERSITY OF MANITOBA

Title: Revoltingly Red (Awfully Alive) [Albumen Photo Prints]

Artist Statement:

My name is Brody McQueen, and I am an experimental photographer currently studying at the University of Manitoba at the School of Art in my third year of my undergraduate degree. For this symposium on queer health, I aim to create self-portraits using the albumen printing method depicting queer love. Albumen prints were the first commercially available printing method using albumen in egg whites. This property is also shared by human blood which is what I will be using to create these prints. I will be using the albumen in my own blood to create these prints.

These photographs will be taken on film and then printed using the Albumen method. I wish to call back to the law that prohibited LGBT+ people from donating blood, this lifeline for so many people that was bottlenecked by a discriminatory law which was removed back in 2022, which is shockingly recent and through this, I hope to spark conversations about what other prejudices LGBT+ people face in healthcare and remind providers that we are all human. I wish to also make comments on how people say that being gay is a choice and that we choose to live like this. I wish to say to them that my love is built into my blood, and these prints will be proof of that.

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ARTWORK

DANIELLE HART (SHE/HER), ARTIST

Title: Plant, tend, nourish, blossom

Artist Statement:

I created this picture with a few core components of community care in mind that queer folks are often well-acquainted with. As 2SLGBTQIA+ people, we know that we can not rely on systems or governments to protect us, let alone meet our basic needs. We have been let down, discriminated against, and had our very existence legislated against and demeaned. It is a very scary world for queer people globally. Because we can't rely on systems to keep us safe, we lean into a community network of care offered by the queer community.

WE protect each other. WE make sure each other's needs are met. WE show up for each other, time and time again, with love and determination and strength.

This image is a representation of that community care. In this image, queer people have planted seeds that have blossomed into a beautiful garden. They have removed seeds of hate, and discrimination and are watering the seeds of the community. Each seed is rooting and glowing, ready to grow for future generations to be safe and loved and protected.

I included an iris and a wild rose to represent two very important and loved people who the world lost far too soon.

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ABSTRACT BOOK



ARTWORK

EARL RINA (HE/SHE/THEY/THEM), SCHOOL OF FINE ARTS, UNIVERSITY OF MANITOBA

Title: You are You

Artist Statement:

"You are You." Medium: Acrylic on Canvas. Size: 36"x 48". 2023 This is a narrative self-portrait about a Filipino-Canadian, gender-fluid, gay artist. The eyes as the window to the soul are also the window to our culture, this shows the symbols of the flags of our nationality. The clothes are the revelation of who we are as our identity which is the colours of our pride. The accessories are the things that we are passionate about and advocate in life, passionate about nature shows beautiful flower patterns all over their clothes, an advocate for cancer awareness shows an earring of the lavender ribbon, and an advocate for HIV / Aids awareness showing an earring of the red ribbon.



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ARTWORK

KIMBERLEY SMITH (SHE/HER), INDEPENDENT ARTIST (BASED IN NEVADA)

Title: Give 'em Hope

Artist Statement:

"Give 'em Hope." Medium: Colored pencil on paper. Size: 9"x 12". 2024. Give 'em Hope is a colored pencil drawing of Harvey Milk who was the first openly queer person elected to public office in California. Growing up I was raised in a Mormon household. We went to church every Sunday and while my parents were pretty liberal it was always very obvious to me that the church was not. I agonized over my sexuality for a long time as a kid. Harvey's story and iconic speech about hope for queer kids all over the world touched me long after his assassination in 1978.



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ARTWORK

MEGAN LINDELL (SHE/HER/THEY/THEM), UNIVERSITY OF MANITOBA, GRADUATE STUDIES, PEACE AND CONFLICT STUDIES

Title: How Do We Listen To The HeArt

Artist Statement:

Balance is commonly misunderstood. It isn't based on equal parts but truthful need. It's not a 1 + 1 equation. Layers of understanding, questioning, and seeing from different perspectives can give the opportunity to learn what true balance is. This beaded piece takes the shape of a stethoscope. It listens and interacts with the heart in a different way; through the spirit of the beads. It can bring moments of peace and wonder that allows what needs to be heard and seen to come forward. Where balance can present itself authentically and not as binary or as equal numbered parts. The possibilities are endless and grow each time you visit. It acknowledges that we exist in countless ways and that we grow through life learning them. The doors and windows continue to open, and our own flowers continuously bloom. We are not stuck in one place or in one way. Here, our hearts and emotions are valid and worthy of being listened to. Doing so leads us to our purpose and healthy honest identities. It creates change for the individual and all that is around them; from human to all life forms on this earth. If we listen to our hearts truthfully, we can go exactly where we need to and are meant to be. It changes the world of our health.



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ARTWORK

SAM GILL (HE/HIM), UNIVERSITY OF MANITOBA, RADY FACULTY OF HEALTH SCIENCES,
UNDERGRADUATE MEDICAL EDUCATION PROGRAM.

Title: Blossoming Through Adversity: Queer Newcomers' Path to Wellness

Artist Statement:

This mixed-media artwork, inspired by the documentary *Someone Like Me* (2021), explores the complex challenges faced by 2SLGBTQIA+ refugees and newcomers seeking healthcare in Canada. The piece is visually divided into two sections, symbolizing the obstacles and potential solutions in this journey. On the left, a tapestry of words represents the barriers: "Language Barrier," "Financial Constraints," and "Discrimination" stand out among others, illustrating the multifaceted struggles these individuals encounter. The composition conveys a sense of overwhelm and disorientation, mirroring the experience of navigating an unfamiliar healthcare system while grappling with trauma and identity issues. The right side offers a contrasting vision of hope and progress, symbolized by a flower. It showcases concepts like "Translational Services," "Peer Support," and "Educational Initiatives," presenting pathways to more inclusive and accessible healthcare. This contrast highlights the potential for positive change when systemic barriers are addressed. Central to the piece is the concept of intersectionality in queer health. The artwork integrates symbols representing various identities within the 2SLGBTQIA+ spectrum, acknowledging how factors like race, class, and language intersect with queer identities to shape health outcomes and care experiences. By contrasting challenges with progressive solutions, this artwork aims to spark dialogue about the current state and future possibilities of queer healthcare. It invites viewers to consider how health systems can evolve to provide more equitable, affirming, and comprehensive care for all members of the 2SLGBTQIA+ community, while also celebrating the resilience and strength of those who, in simply existing and seeking care, engage in acts of survival and self-affirmation.



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ARTWORK

STEPAN BILYNSKY (HE/HIM), UNIVERSITY OF MANITOBA, RADY FACULTY OF HEALTH SCIENCES,
UNDERGRADUATE MEDICAL EDUCATION PROGRAM

Title: TRUST/DISTRUST

Artist Statement:

This mixed media (acrylic on canvas, collage and 23 K gold, unframed size 24'X24', unframed) piece titled "TRUST/DISTRUST", is aimed to illustrate health disparities faced by LGBTQIA2 people in Canada who are less likely to have a family doctor and are more likely to live with chronic health conditions, poor mental health and substance-dependence disorder.

The piece features Pikorua, originally- used in Maori culture, representing an eternal bond between people and cultures. The twist incorporates no beginning or end, which refers to the natural ebbs and flows of life, including the crossing of life paths between the two individuals. It is a powerful symbol of loyalty, friendship and trust, signifying the strength and beauty of enduring friendships. Pikorua intersects two fields of the picture- the upper field, where the spectator would see the rainbow, surrounded by faces and human shapes in colour, representing a diversity of people that healthcare institutions experience daily. The lower part of the piece features grey-toned colours - faces of people are stripped of their individuality and Pikorua in shades of grey, representing that lack of trust between patients and healthcare providers leads to losing the ability to identify individuals, reducing them to "just another patient," or another doctor or nurse. There are several research studies[2], suggesting that trust could be divided into several categories, 1) patient trust in clinician, 2) clinician trust in patient, 3) clinician trust in clinician, 4) patient and clinician trust in organization, and 5) general trust in health care system, which symbolized by the colours of rainbow.

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ARTWORK

TIBERIUS FAYANT-MCLEOD (THEY/THEM), COMMUNITY RESEARCHER

Title: Diabetic Glam

Artist Statement:

Using a collection of patches, fabric and pins, I will turn a denim jacket into a wearable statement piece on the subject of Two-Spirit diabetic shame. Shame, stigma, fatphobia, and misinformation is at the heart of Two-Spirit struggles with diabetes. My art focuses on self-esteem, glamour, and combating shame and misinformation through the visual medium of jacket design. I work collaboratively with patch and pin makers to create pieces that are gorgeous and fun. By literally wearing my diabetic diagnosis on my sleeve, I hope this piece gives other Two-Spirit people the confidence to break out of shame around diabetes and take care of each other (and our dietary needs!) in collaborative and joyful ways.

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ARTWORK

TRẦN THẢO LINH (SHE/HER), DIPLOMATIC ACADEMY OF VIETNAM

Title: Let's Cheer For

Artist Statement:

“Let's Cheer For” is a digital artwork that celebrates the diverse aspirations of individuals within the LGBTQ+ community. Each character in the piece is depicted holding a drink, with symbols and words on the cups representing their personal hopes and desires as members of the queer community. The drinks serve as metaphors for key issues that affect LGBTQ+ individuals in the context of health, well-being, and equality.

From the drag performer on the left, cheering for an art form that is connected to and popular within the LGBTQ+ community, to the couple toasting to the recognition of same-sex marriage, the artwork emphasizes the importance of acceptance and rights. The non-binary one with the "end stereotypes" message advocates for the breaking down of harmful societal standards, while the ally doctor highlights the desire for public services to be supportive and welcoming to the LGBTQ+ community. Each character holds a symbolic space within the LGBTQ+ community, representing collective struggles and the shared longing for a more equal, accepting future.

This piece, with its vibrant colors and playful yet powerful imagery, encourages viewers to reflect on the challenges faced by LGBTQ+ individuals and the hopes that drive them forward. By focusing on inclusive health and well-being, “Let's Cheer For” aligns with the mission of Pride in Health, highlighting the intersection of health, identity, and equality.

PRIDE IN HEALTH 2024

MENTAL HEALTH RESOURCES



- **Manitoba Suicide Prevention & Support Line (24/7)**
 - Toll free: 1-877-435-7170
 - reasontolive.ca
- **Klinic Crisis Line (24/7)**
 - Phone: (204) 786-8686
 - Toll free: 1-888-322-3019
- **Adult Mobile Crisis Service and Mental Health Crisis Response Centre (24/7)**
 - 204-940-1781
 - Centre: 817 Bannatyne Ave
- **Youth Crisis Line/Youth Mobile Crisis Teams (24/7)**
 - 204-949-4777 or 1-888-383-2776
- **Deaf Access Counselling (24/7)**
 - TTY 204-784-4097
- **Eating Disorders Help Line Monday - Thursday: 8 AM - 5 PM; Friday: 9 AM - 3 PM**
 - 1-866-633-4220
 - For live chat visit: nedic.ca
- **Hope for Wellness Help Line* for Indigenous Peoples (24/7)**
 - Support available in Cree, Ojibway, Inuktitut, English, and French
 - 1-855-242-3310
 - For live chat visit: hopeforwellness.ca
- **Manitoba Addictions Help Line* Available Monday - Friday: 8:30 AM - 4:30 PM**
 - 1-855-662-6605
- **Trans Lifeline* (24/7) All operators are transgender**
 - 1-877-330-6366
- **Suicide Prevention and Support Line***
 - 1-833-456-4566 (24/7)
 - Text: 45645 (text service available 3 PM - 11 PM)



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