



**Q-Xposure
'Promoting Healthy
Queer and Trans Communities'
Premiere Event, October 18, 2007**

Post-Event Report

**Coordinated by the
The East Mississauga Community Health Centre in
partnership with the Peel HIV/AIDS Network**

**QX Coordinators*:
Nicole Ghanie-Opondo, East Mississauga CHC
Marc Simcox, Peel HIV/AIDS Network (PHAN)**

**at time of event*

Executive Summary

Q-Xposure's (QX) premiere event took place at the Burnamthorpe Library Theatre on October 18th, 2007 from 6:00pm-9:00pm. Coordinated by the East Mississauga Community Health Centre, in partnership with the Peel HIV/AIDS Network, the event brought together over 45 community members, service providers, front-line workers, and community members from all over Peel Region and the GTA.

Q-Xposure's mission is to improve the health and well-being of queer and trans communities in Peel, using Mississauga as its pilot project, through a social determinants of health perspective, guided by an anti-racist and anti-oppressive framework which recognizes the specific needs of racialized queer and trans communities.

Why Queer & Trans Health?

This section is a synopsis of QX's larger more detailed literature review.

Queer and trans communities experience the healthcare system and access to health care resources differently than heterosexual communities. Queer and trans communities are often misunderstood, under-researched, and under-serviced, and stigmatized by irrational fears and prejudices. While a number of queer and trans population specific services exist in Toronto, there are virtually none that exist in Peel Region and a serious lack of understanding among mainstream agencies and healthcare centres to adequately respond to the needs of these communities. The only

While the social determinants of health concerns are the same for Queer and trans ethno-racial and ethno-cultural communities...there are additional concerns stemming from multiple and overlapping barriers.

(‘Whose Public Health?’ Discussion Paper of the Ontario Rainbow Health Partnership Project. January 2006. Jackson B., et.al.)

current queer and trans specific services in Peel exist at the Peel HIV/AIDS Network, the Positive Space Coalition of Peel (limitedly funded for only queer and trans youth enterprises) and most recently a queer and trans counselor position at Family Services of Peel¹.

National and international research demonstrates that the health effects of discrimination based on sexual orientation and gender identity can include:

¹ Information correct at time of event. As of November 2007 Associated Youth Services of Peel now houses a queer and trans youth program www.aysp.ca

- Increased levels of depression and suicide
- Increased rates of alcohol and drug use
- Greater risks for sexually transmitted infections
- Negative impacts on forming and sustaining supportive relationships
- Lack of access to supportive social networks for parenting, faith communities, etc.
- Reduced access to quality health care
- Under-utilization of health services ('Whose Public Health?' Discussion Paper of the Ontario Rainbow Health Partnership Project. January 2006. Jackson B., et.al.)

Sexual orientation and gender identity act as independent indicators for a variety of queer and trans health issues. That is, there are patterns of health and illness specific to queer and trans people independent of their experiences of marginalization and discrimination. These include health issues more common among gay men (e.g. certain cancers, alcohol and tobacco use, sexually transmitted infections), more common among lesbians (e.g. cervical and ovarian cancers, alcohol and tobacco use, reproductive health issues) and specific to transgender, transsexual and intersexed people (e.g. certain cancers related to hormone replacement therapies, complications from steroid use, and complications from surgical interventions. (Dean et al. 2000; INCLUSION Project 2003; Ministerial Advisory Committee on Gay and Lesbian Health 2003, in *Whose Public health*, Canadian Rainbow Health Coalition, 2006)).

Q-Xposure further appreciates that racism, ageism and gender identity discrimination can marginalize queer and trans youth, elderly and lesbians more than others. The proposed QX Advisory Body will include meaningful representation and participation from these communities. Likewise, geography can pose a barrier for queer and trans communities in areas like Mississauga where transportation can be a challenge for most people without vehicles.

...there are patterns of health and illness specific to Queer and trans people independent of their experiences of marginalization and discrimination. (Ibid.)

The above discussion is not exhaustive of the health concerns for queer and trans communities, but it outlines key issues within the context of the social determinants of health for all communities.

The goal of *Q-Xposure*'s premiere event was to begin to involve community members and service providers in addressing both the impacts of systemic discrimination on health access and the impacts of trans/homophobia, heterosexism, racism, and discrimination on physical, emotional, spiritual and mental health for diverse queer and trans communities. As a launch to further action around healthy queer and trans communities, the event

began to scratch the surface of a long-term dialogue and movement to decrease discrimination based on sexual orientation and/or gender identity as a form of social exclusion.

The consultation invited a dynamic panel of speakers from Toronto (mainly due to lack of expertise and ability to participate by local Peel speakers) to discuss a variety of issues around the impacts of trans/homophobia and heterosexism on health.

The panelists engaged the audience in discussions around the following:

- Trans communities 101
- Local to global queer and trans health and HIV connections
- The impacts of Arts and Culture on queer and trans health and wellness
- Programming for LGBT newcomer communities

The evening utilized both the knowledge of the panelists and the knowledge of the audience participants to create a safe space to discuss our current context in Peel. From educational panelists, to sharing food together, to the *Diversity and Power* game, participants had many opportunities to 'scratch the surface' of this emotional and difficult topic of discrimination and health. Many participants expressed the need for more time to engage in practical, theoretical and personal discussions with panelists and other participants.

QX, with the assistance from staff members at the Peel HIV/AIDS Network facilitated the *Diversity and Power* game which divided participants into 3 separate groups distinguished by a set of socialized experiences and other socio-economic criteria. The 3 groups represented different levels of power and were asked to answer the same questions:

How did the game make you feel?

Are you where you thought you would be at the start of the game?

What barriers to healthcare/health resources may you face that other groups may not face?

What advantages/privileges to accessing health care and health resources may you have that other groups may not have?

Please list 5 top recommendations for queer and trans programming in the Region of Peel

It was evident that based on their experiences, and their varied positions of power, each of the groups had very different and relevant ideas about how to go about reducing homophobia as a barrier to health care and health resources. Ideas ranged from training, to accountability, to different levels of responsibility for the problem. At times a heated discussion, but

nonetheless representative of the tensions and realities that arise when meaningful discussions about reducing barriers to social exclusion happen. A full description of the comments and recommendations from the three groups are available in the end of this report.

Next Steps

QX expressed great gratitude and pride towards all of the participants for bravely and passionately participating in both the panel and the community game. The event was the beginning of a longer term movement to build healthier queer and trans communities and to strengthen the community voice in Mississauga and eventually Peel.

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Diversity and Power Game – Instructions and Sample Questions

Objective of the game:

To illustrate what material realities come out of diverse experiences. We all start at the same place together, and our experiences diversify us and create different challenges and advantages for us in accessing the resources we need to stay healthy.

Instructions – The Diversity Line-up

- A. Everyone stand in a horizontal line
- B. Listen to instructions which will either be taking steps forward or backwards

STATEMENTS (SAMPLE)

1. Take one step forward if you have a family doctor
2. Take two steps backwards if you are unsatisfied with the health care you access
3. Take three steps forward if you have never experienced a barrier to accessing a health service when you need it (discrimination, gender, financial)
4. Take two steps backward if you have ever been without OHIP
5. Take one step backward if you do not have third-party private insurance
6. Take one step backwards if you were not born in Canada
7. Take one step forward if you speak a second language
8. Take one step forward if you speak French as a second language
9. Take three steps backward if English is not your mother tongue
10. Take two steps backwards if you identify as part of a racialized group
11. Take one step backward if you've ever felt you were being treated differently because of your race
12. Take two steps backwards if you have ever been a victim of a hate crime
13. Take two steps backwards if you have ever been called a racist remark
14. Take three steps backwards if you've ever been called a homophobic remark
15. Take two steps backwards if you have ever had to hide your relationship with a partner
16. Take two steps backwards if you ever felt ashamed of your sexuality or gender identity
17. Take two steps backward if you ever felt you were being treated differently because of how you look
18. Take three steps forward if you identify as heterosexual
19. Take one step forward if you are married
20. Take two steps backward if you are married to someone of the same sex
21. Take two steps forward if you have strong social support in your life (i.e. friends, or family, etc.)
22. Take one step forward if you have ever gone to a gay PRIDE celebration
23. Take two steps backward if you feel great stress on a regular daily basis

24. Take one step forward if you are in a position of leadership at work (i.e. manager, supervisor, director)
25. Take two steps backwards if you are working in a position that is less than what you are qualified to do
26. Take two steps backwards if you've ever had to take medication daily
27. Take one step backward if you are female
28. Take one step backward if you identify outside of 'male' or 'female'
29. Take one step forward if you would rate your current housing as good
30. Take one step backward if you would consider your neighbourhood unsafe

Summary of Group Discussions

Most Privileged Group's Results

How did the game make you feel?

- Felt didn't belong
- Minority (questions directed to race)
- Lucky
- Unhappy to see daughter at back of room
- Placement
- First
- Social location
- Discomfort because of location

Are you where you thought you would be at the start of the game?

- Yes
- No – according to the way people were being identified, group was surprised that some people are in group 1
- Feelings – guilt versus non-guilt (not functional to feel guilt)
- Need to understand own privilege

What barriers to healthcare/health resources may you face that other groups may not face?

- Two tier
- None?? – because of the “way you look” without intersectionality
- 2/3 – sex, race, colour, language, socio-economic (insurance, no OHIP card), status (immigrant)

Most Privileged Group's Results Continued

What advantages/privileges to accessing health care and health resources may you have that other groups may not have?

- Language (English is first language)
- Able to afford access
- Insurance
- Family doctor,
- Woman, white and straight
- You are considered "normal" if you don't disclose you're gay
- "able" vs. disabled
- Socioeconomic – "Jump the queue"
- \$ gets privacy at hospitals and healthcare settings
- Religion (visible): If not visible minority, I would have privilege
- Mainstream – customs, traditions
- Have access to Internet
- I am educated
- Marital status due to age and gender: depending on age/gender, being married is good

Top Recommendations

- **Advocate** for those less privileged
- Being "out" (Pride) at work/school
- Outreach in schools (education at a young age)
- Special training to healthcare staff re: Queer and trans issues
- Awareness re: Queer and trans issues at school, JK... – normalize
- Hire most qualified applicant (employment)
- **Education and Support** of parents and family
- Outreach to parents and family and queer and trans community
- Special clinics for Queer and trans community –anti-racism/anti-oppression training of staff

Mid-level Privilege Group's Results

How did the game make you feel?

- Freeing its ok to move
- Being singled out for being privileged
- Enlightening
- Didn't like being singled out
- Couldn't go farther back, nowhere else to go, felt bad
- Uncomfortable
- Weird to share with people you don't know
- Difference between how you see yourself and how other people see you
- Safe choice to come here

Are you where you thought you would be at the start of the game?

- Not surprised
- Surprised that I went back so far with a few questions
- Discrepancy between how we see ourselves vs. others
- Would have been in front if not for mental health
- Who was taking daily medication
- Surprising that we still have hate crimes
- Surprised to be at the back for so long, immigrant experience
- Reminded of some things I take for granted, like health care

What barriers to health care and health resources may you face that other groups may not face?

- Being in the middle means we have a little bit of both
- Comfort level, how comfortable are with the care you receive
- Passing or not passing

Mid-level Privilege Group's Results

What barriers to health care and health resources may you face that other groups may not face? (continued)

- More likely there are situations be perceived to fall in either group, fluctuating

What advantages or privileges to accessing health care and health resources may you have that other groups may not have?

- Hard to advocate for need when you aren't so supremely disadvantaged
- System structured/set-up
 - Hierarchy
 - Undemocratic
- Connection – people who don't have the advantage, don't have the chance to get connection

Recommendations

- Group for people to mingle with gay people
- Groups for parents with gay kids (dealing with "coming out")
- More educational workshops specifically around new Canadians
- Opportunity for creating something musical
- Gay/Straight Alliance
 - Didn't get much support
 - More teacher support
 - School board support
- Representation of gay health on RDR
- Changes at the LHINs to have a voice

Mid-level Privilege Group's Results

Recommendations (continued)

- Training for mental health and health providers on serving LGBTTOQ communities
- Training for teachers
- Grassroots organized, people in community making themselves more visible to be trainers
- Link up with *Youthnet*
- Culturally specific training
- Schools promoting positive space
- Address teachers' fear for training

Least Privileged Group's Results

How did this game make you feel?

- Felt good to have company
- Uncomfortable, had to disclose
- You have to do it, no choice. If I abstained it would be obvious.
- Game and play don't fit the activity
- Half played, didn't participate
- Reassuring, self-satisfied, validated
- Confusing two steps ahead, three steps behind
- The game quantified oppression
- The game was oppressive
- Lack of gender based identity
- Questions not asked as gendered, non-aboriginal
- Felt angry and game exaggerated the effects of the oppression
- Did not look at class, "passing", creation of a group
- What is the value/quantity of each step
- How do you determine #'s

Are you where you thought you would be at the start of the game?

- Never played
- Thought I would be in middle not so far back
- Wallflowers
- Couldn't move further back
- Took larger steps forward
- A lot was identity based, not enough questions about class
- No surprise, started at the back

Least Privileged Group's Results

What barriers to health care and health resources may you face that other groups may not face?

- Doctors are not equipped, excessive wait times, intersectionality issues and trans issues
- Fear based, would get better care if I talked about who I really was
- Geographically and economically limited

What advantages or privileges to accessing health care and health resources may you have that other groups may not have?

- I'm white
- Passable, as cisgendered
- Healthy, service providers don't want to take on clients who have more issues
- I'm educated – access to knowledge and higher education helps navigate systems
- Access to formal education
- More formal education does not equal unknowledgeable
- Green Shield
- Work insurance
- Progressive employer
- Health care/OHIP

- The right to exist and to do, *Charter of Rights* (fall back on)
- Friends, support, family, community and can get overwhelming who supports
- Housing
- Ability
- Employment, steady

Least Privileged Group's Results

What barriers to health care and health resources may you face that other groups may not face? (*continued*)

- Human right to have access to SRS, most people striving for – huge barrier, cuts you down
- Have trouble getting women specific services i.e. Gardasil, sexual health and reproductive health
- Fertility is not protected
- Ethno-specific health services are sometimes homophobic/transphobic and homophobic GPs, black listed doctors
- Have to be diagnosed with GID to receive access to service
- Validation of gender
- Competition in relation to oppression
- Lumped together queer and trans and trans issues
- Validate personal experiences of oppression
- Barriers to get female doctors, cultural, no support to request female doctors
- Have to keep identity hidden, too much for them to handle
- Another freak show – you are trans, poly, etc.
- **Polyamoury** means having unsafe sexual practices
- Sexualized and racialized health experiences leads to education and a weird space to be
- A group that seems to be a vector for HIV
- Cissexism/heterosexism/biphobia/transphobia/homophobi
a

- Working within a conscious and questioning Anti-Racism/Anti-Oppression framework
- Cultural competency training made available
- More dialogues
- People need tools and skills
- For agencies that do support

Least Privileged Group's Results

Recommendations

- Stop oppressing the oppressed
- Queer and trans positive space clearly displayed, proudly, don't play p.r. for real
- For agencies that provide support they should do outreach and training to employers.

Summary of Top Recommendations presented by each group

- Stop oppressing the oppressed
- For agencies that provide support, they should do training and outreach for their employees
- Queer and trans Positive Space clearly displayed proudly, don't play P.R.
- Schools promoting positive space
- Groups for parents with gay children
- Advocacy and outreach
- More support from teachers and school boards for Gay/Straight alliances
- Education and awareness
- Social support from family, friends, community

Evaluation Summary

BASED UPON 31 EVALUATIONS	No Responses	Some Room For Improvement	Neutral	Good	Excellent	total
Invitation/Event Organization	3	3	3	14	8	31
Key Note – LLana James	4	0	0	10	17	31
Coverage of Subjects:	4	0	6	9	12	31
Sexual Orientation						
Gender Identity	5	1	2	11	12	31
Ethno-Racial Ethno-Cultural Issues	5	1	3	13	9	31
Panel Discussion	2	1	6	15	7	31
Community Game	12	1	2	8	8	31
Discussion	12	1	0	10	8	31

Evaluation Summary

PARTICIPANTS' DEMOGRAPHIC DATA

AGE RANGE	ETHNICITY	IDENTIFY AS	CAPACITY IN WHICH ATTENDING
TOTAL Responses 31	<i>African/Caribbean - 6</i> 31	<i>Bisexual - 3</i> 31	<i>Unspecified Professional - 13</i> 31
20-29 yrs (10)	<i>South Asian - 1</i>	<i>Gay - 8</i> <i>Heterosexual - 13</i>	<i>Specified Professional - 5</i> Manager x1 Supervisor x1 Program Consultant x1 Social Service Worker x 1 Therapist x 1
30-39 yrs (5)	<i>East Asian - 2</i>	<i>Lesbian - 3</i>	<i>Community Member - 10</i>
40-49 yrs (6)	<i>Latin - 2</i>	<i>Other - 1</i> Intersexed	<i>Other - 3</i> Mom x 2 Unspecified x 1
50-59 yrs (4)	<i>Caucasian - 18</i>	<i>Queer and trans - 3</i>	-
60 yrs + (0)	<i>Other - 2</i> 1-parents-Guyanese/German 1-Filipino/S.E.Asia	<i>Transgendered - 0</i> <i>Transsexual - 0</i>	-
No Response (1)	-	-	-

Evaluation Summary

PARTICIPANTS' RATING OF THE TOP FIVE (5) PRIORITY INITIATIVES

Rankings	5	4	3	2	1
1 for the most wanted & 5 for the least wanted					
LGBT coming out group	2	2	1	2	3
LGBT of colour coming out group	1		2	3	3
Parents & Families of Gay and Lesbians' in Peel (PFLAG)	1	1	3	3	2
Community forums educating around homophobia and heterosexism	2	5		3	6
Community forums educating against racism with Queer and trans communities	2		4	2	
Specific social service provider education around queer and trans and trans issues	3	2	5	1	2
Queer and trans and Trans sports groups		1			
Queer and trans and trans arts groups		1		3	
Queer and trans and trans dance groups	1		1		
Queer and trans and trans literature groups or book clubs	2	2			
Queer and trans and trans coffee clubs	1	1	1	1	1
Queer and trans and trans movie nights	2			1	
University queer and trans and trans clubs	1	1	2	1	
High school queer and trans and trans clubs			2	1	3
Queer and trans positive health care providers		3	1	2	
Queer and trans health education and information groups	2				1
Other ...Sexual diversity & addiction	1				

*No Response/no ranking provided – 9 Evaluations

**SUGGESTED PRIORITIES FOR Q-X-POSURE
BASED UPON THE EVALUATION SUMMARY RESULTS**

VALUES ASSIGNED TO EACH RESPONSE:
1 POINT PER 5TH RANKING 2 POINTS PER 4TH RANKING 3 POINTS PER 3RD RANKING 4 POINTS PER 2ND RANKING
AND 5 POINTS PER 1ST RANKING

Original Values Assigned to Rankings 1 for the most wanted & 5 for the least wanted	5 (1)	4 (2)	3 (3)	2 (4)	1 (5)	Total Points	Priority
LGBT coming out group	2 (2)	2 (4)	1 (3)	2 (8)	3 (15)	32	4th
LGBT of colour coming out group	1 (1)		2 (6)	3 (12)	3 (15)	34	Tied for 3rd
Parents & Families of Gay and Lesbians' in Peel (PFLAG)	1 (1)	1 (2)	3 (9)	3 (12)	2 (10)	34	Tied for 3rd
Community forums educating around homophobia and heterosexism	2 (2)	5 (10)		3 (12)	6 (30)	54	1st
Community forums educating against racism with Queer and trans communities	2 (2)		4 (12)	2 (8)		22	6th
Specific social service provider education around queer and trans and trans issues	3 (3)	2 (4)	5 (15)	1 (4)	2 (10)	36	2nd
Queer and trans and Trans sports groups		1 (2)				2	
Queer and trans and trans arts groups		1 (2)		3 (12)		14	
Queer and trans and trans dance groups	1 (1)		1 (3)			4	
Queer and trans and trans literature groups or book clubs	2 (2)	2 (4)				6	
Queer and trans and trans coffee clubs	1 (1)	1 (2)	1 (3)	1 (4)	1 (5)	15	
Queer and trans and trans movie nights	2 (2)			1 (4)		6	
University queer and trans and trans clubs	1 (1)	1 (2)	2 (6)	1 (4)		13	
High school queer and trans and trans clubs			2 (6)	1 (4)	3 (15)	25	5th
Queer and trans positive health care providers		3 (6)	1 (3)	2 (8)		17	

Queer and trans health education and information groups	2 (2)				1 (5)	7	
Other ...Sexual diversity & addiction	1 (1)					1	
*No Response/no ranking provided – 9 Evaluations							

Evaluation Summary

Would you consider racism or other forms of discrimination a problem within the Queer and trans and Trans Community(s)?

Yes	No	NO Response	Suggested Initiatives to Combat The Problem
26	3	2	<p>"Education/Awareness" (8)</p> <p>"More social spaces & programs for youth of colour"</p> <p>"Ensuring that in mixed spaces, facilitators are vigilant regarding racism and oppression amongst other group members."</p> <p>"Any opportunities to dialogue in a safe space are welcome, however, would rather see efforts to strengthen the visibility and acceptance of the queer and trans community as a whole."</p> <p>"Race-based discussion forums"</p> <p>"More support groups, acknowledging it and learning how to deal with it."</p> <p>"Community Forum"</p> <p>"Fun outings/gatherings"</p> <p>"Liaison with Rainbow Health Network (RHN.ca) which has a committee that discusses racism and more."</p> <p>"More specific programming"</p> <p>"Create a diversity program" / "Form groups of different cultures"</p> <p>"Use each month to celebrate a certain culture in the gay community."</p> <p>"Awareness programs at schools" / "Educating and informing school boards to promote positive space."</p> <p>"More identification of intersectional issues and racial issues related to Queer and trans ideals"</p>

			<p>and themes”</p> <p>“Provide safe socialization (schools, community centres)”</p> <p>“Dialogue”</p> <p>“Opening up the concept of positive space to include ALL aspects of diversity, including ethno-cultural pieces.”</p>
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Would you have preferred this forum and its material in other languages?		
Yes	No	No Response
10	12	9
<p><u>Specific Languages requested:</u> Chinese, Hindu, Italian, Korean, Spanish and Urdu</p> <p><u>Specific Comments:</u> “As many languages as you would allow.” “Whatever that is available to be inclusive.” “Supplying info pamphlets in different languages would be helpful.”</p>		

Did this forum meet your expectations?		
Yes	No	No Response
19	3	9

Comments:

"I feel the forum is rushing & rushing"

"Glad Peel is moving forward on this issue."

"Lights would have been good, otherwise the mood is draining after work"

"Not enough time" (2)

"Keep up the good work"

"It was not that exciting needs more activities to interest youth."

"Wish there was more people."

"Discussion very helpful."

"Wasn't quite sure what to expect. I imagine I wanted more documented information and experiences. I wanted to understand."

"I feel hopeful and it is about time Peel is addressing and looking at queer and trans issues."

"Very grassroots and grassroots work has always been beneficial. Having a multicultural pamphlet and various languages or offering languages from staff is always helpful for telephone inquiries and to pass out too."

"It takes a village...stay strong...!"

"Where were all the people?!"

"More audience questions during panel. Small group discussions were great."

"Unfortunately, the panelists did not have enough time to present." (2)

"A separate evening with a Peel-based panel would be good."