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GENDER & SEXUAL
HEALTH EQUITY

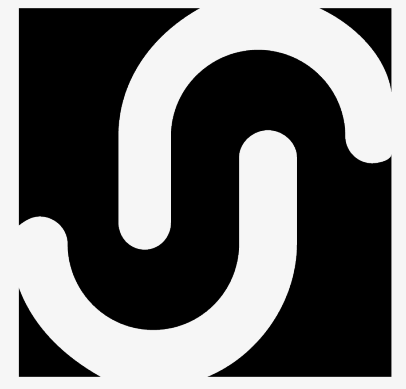
TRAINEE RESEARCH SYMPOSIUM



SIMON FRASER
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THE UNIVERSITY
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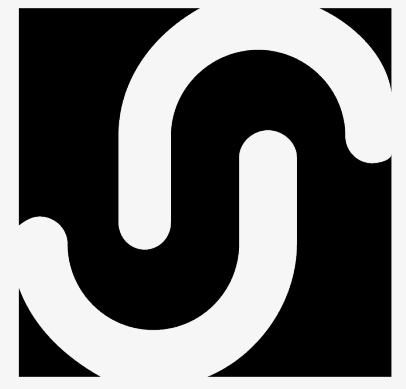


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WELCOME

We would like to acknowledge that the University of British Columbia, Point Grey campus, is situated on the unceded traditional territories of the x^wməθk^wəyəm (Musqueam) Nation. We would also like to acknowledge that you are joining us today from many places, near and far, and acknowledge the traditional owners and caretakers of those lands.

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WELCOME

Please note that this session will be recorded.

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Zoom provides live captioning for this event.

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TRAINEE RESEARCH SYMPOSIUM

THUR. OCT. 26 | 12:30-2:30 pm PT
UBC SPPH Building or via Zoom



Emma Stirling-Cameron



Alice Murage



Bronte Johnston



Ran Hu



Chelsey Perry



Logan Burd



Sasha Askarian

12:30 PM

Lunch

—

12:45 PM

Introduction

—

12:50 PM

Presenter: Emma Stirling-Cameron

—

1:05 PM

Presenter: Alice Murage

—

1:15 PM

Bio Break

1:25 PM

Presenter: Bronte Johnston

—

1:40 PM

Presenter: Ran Hu

—

2:55 PM

Presenter: Chelsey Perry & Sasha Askarian

—

2:10 PM

Moderated Q&A by Dr. A.J. Lowik

CGSHE SYMPOSIUM

Emma Stirling-Cameron

Centre for Gender and Sexual Health Equity Trainee Research Day

The impact of evolving policing practices on the health and safety of sex workers who use drugs in Vancouver, BC: A qualitative study

Emma Stirling-Cameron (she/they)

PhD Student, UBC Population & Public Health

Co-Authors:

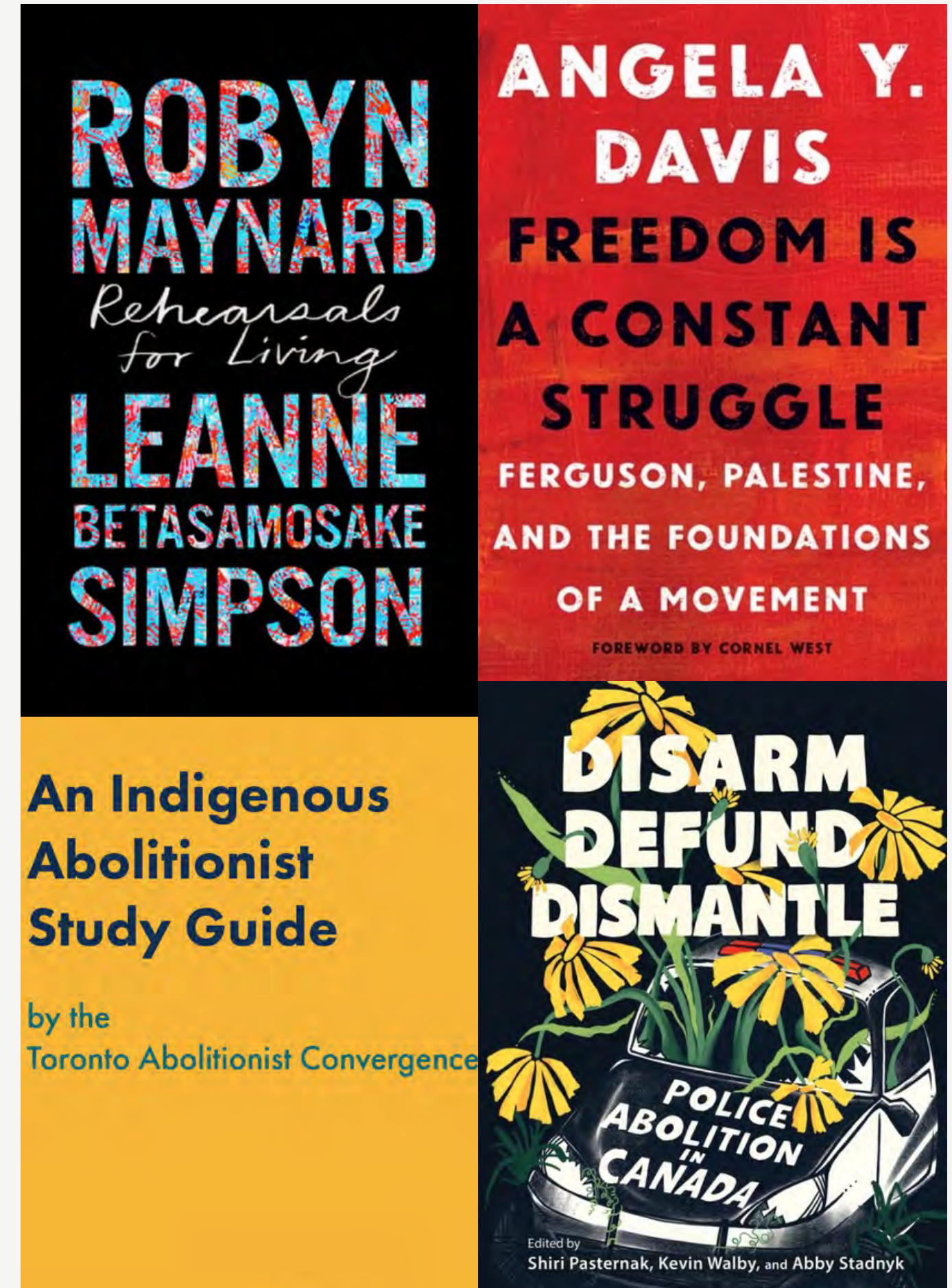
Jenn McDermid, Shira Goldenberg, & Andrea Krüsi



Artist: Chelsea Charles

Land Acknowledgement

- Unceded, unsurrendered, stolen traditional territories of the xʷməθkʷəyəm (Musqueam), Skwxwú7mesh (Squamish), and səlilwətał (Tsleil-Waututh) Nations
- Please see section 9.0 (policing) of the Missing and Murdered Indigenous Women Calls for Justice
- How could address/advocate for these calls in your work?



Background

Criminalizing & policing sex work + drug use

- Both sex work and drug use remain stigmatized and criminalized, despite a well-established body of empirical evidence documenting the health and human rights harms of criminalization
- Vancouver has been the site of evolving policing strategies and criminal legal system approaches, with local law enforcement rhetoric reflecting a shift away from targeting sex workers and drug users towards sex workers' clients and dealers.
- Have sex workers who use drugs in metro Vancouver noticed a change?



Objective:

- We examined the lived experiences of women, gender-diverse, and Two-Spirit people to examine how purportedly progressive approaches to policing sex work and drug use intersect to shape participant safety and engagement with harm reduction in Vancouver, BC

Methods

Data Collection

- **31 semistructured interviews** collected (2022-2023) as part of a community-based study which investigates sex workers' safety, health, and human rights in the context of evolving sex work legislation and regional policies (**An Evaluation of Sex Workers Health**)
- Participants must have lived in Metro Vancouver, been using a criminalized substance,* engaged in sex work of any kind, identify as a woman (cis or trans),, Two-Spirit or gender-diverse person
- Participants completed in-person or virtual interviews with the research team (45-120 minutes)
- Utilized reflexive thematic analysis with a lens of structural violence and intersectionality



*Data was collected prior to the official decriminalization policy was implemented in January 2023

Results

Client criminalization & police interference in safer sex work

- Interactions between police and sex workers have largely shifted away from arrest and criminal charges
- Significant police presence as clients remained criminalized and police continued to surveil sex workers in an attempt to “ensure sex worker safety” (VPD, 2020)
- Constant presence left street-based workers working longer hours and in more secluded areas



“When a girl is working on the streets, they’ll [police] drive by her lots, so customers stay away. Stupid, but they do... That could be their rent, that could be their food, that could be like they’re sick they need that money. The police are just forcing people to be out there longer. Or in more secluded areas where they’re more hidden.” - P20 (White cisgender woman)

Incomplete decriminalization of drug use & its impact on harm reduction strategies & services

- VPD moved enforcement efforts away from simple possession (VPD, 2020)
- Participants were glad to see a reduction in arrests and criminal charges for possession, but continued to be negatively affected by police:
 - “[Police presence] either gets people running in [overdose prevention site], and not wanting to leave because they know it’s safe... or they won’t come in and they’ll use in the back alley instead.”
- Continued targeting of drug dealers devastating in the context of a toxic drug supply
 - “I know [dealer’s] dose doesn’t have benzos and so if I’m in a hurry and [dealer] isn’t around, I will not buy on the street. I’m scared of getting that benzo-dope; I got sexually assaulted about four year ago, which was drug-related.”



Policy reform failed to address issues of violence & discrimination

- **The more intersecting marginalities people were experiencing, the more likely they were to be harassed and also ignored by police:**
 - *“I mean it seems like if the police are just a status structure for a certain kind of person, and any person that deviates from that doesn't get the support that was promised to them... So I think that the police just treat people less seriously or cause them harm based on how many degrees of separation they are from straight, White, middle-class men.”*
- **Participants by-and-large did not feel comfortable reporting sexual violence to police, or felt it was pointless:**
 - *“Calling the cops is just going to do nothing... They [police] will take your statement but they actually don't go out there and look for this person. They never did and they won't. They say they will but they never do. And then we're just left feeling dirty or burned.”*



Safety garnered through community & peer support

- The majority of participants did not feel supported or made safer by police
 - *“Are you kidding? The police won’t keep us safe.”*
- Participants sought safety and support in:
 - Well-resourced, affordable housing
 - Harm-reduction supports and services (e.g., access to a safe, non-toxic drug supply or trusted dealer; overdose prevention sites; clean drug-use supplies)
 - Anti-oppressive, trauma-informed healthcare services
 - Peer and community support

Down here [Downtown Eastside], believe it or not, there's a lot of kinship going on [...] Whether we hate each other or like each other, something happens, something strange, everybody will check-up, find each other.”



Conclusions & Implications

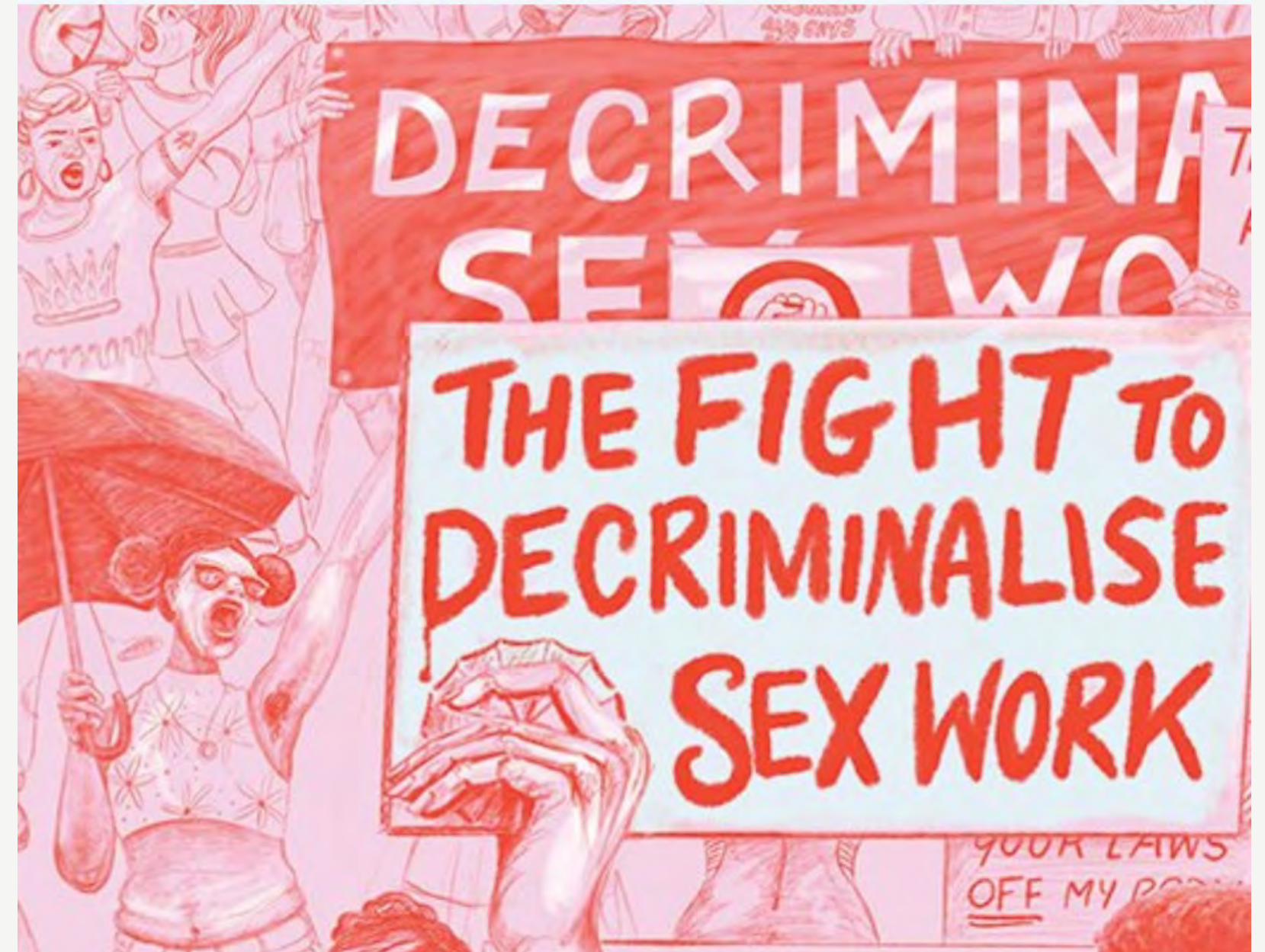


Discussion

- Saw parallel, piece-meal reform in the policing and criminalization of both sex work and drug use among women, Two-Spirit and gender-diverse people in Metro Vancouver
- Continued criminalization of dealers and clients disrupted undermined safety strategies of sex workers and drug users
- Those with intersecting identities that have been historically marginalized (i.e., Indigeneity, visibly racialized, unhoused, living with a mental health condition) faced greater risks when interacting with police

Policy Implications

- Redirect funds from police to community supports to address safety/wellbeing of sex workers who use drugs (e.g., OPS, safe supply, basic income, sex worker friendly health services)
 - See also MMIW Calls for Justice Section 9 (policing)
- Decriminalization of all aspects of sex work (see *By Us, For Us* Report for more nuanced recommendations; Transitions Metro Vancouver Consortium, 2023)
- Complete decriminalization of all drugs and the drug supply and establish long-term, sustainable safe supply program



Carys Boughton

Acknowledgements

Investigators & Collaborators

Drs. Shira Goldenberg, Kate Shannon, Andrea Krüsi, Kathleen Deering, Brittany Bingham, Jill Chettiar, Jeannie Shoveller, Mark Gilbert, Thomas Kerr, Steffanie Strathee, Deanna Kerrigan

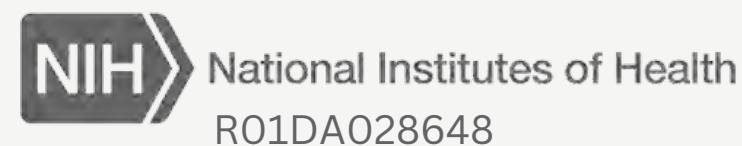
Research Staff

Chris Gabriel, Jennie Pearson, Portia Kuivi, (Alaina) Tongyao Ge, Emily Luba, Echo Viera, Natasha Feuchuk, Grace Chong, Saetia James, Elissa Aikema, Alex, Martin, Ollie Norris, Jennifer McDermid, Sarah Moreheart, Arveen Kaur, Peter Vann, Ran Hu, Esteban Valencia, Haoxoun Zhou, Coco Merrison, Emma Chambers

Community Partners & Advisory Board

WISH, SWUAV, SWAN, PACE, HUSTLE/HiM, KCS, ATIRA, RainCity, Pivot Legal Society, Positive Women's Network, YouthCO, Canadian HIV/AIDS Legal Network

Project funders



Agence de la santé
publique du Canada

Public Health
Agency of Canada



Personal funders



Thank you!

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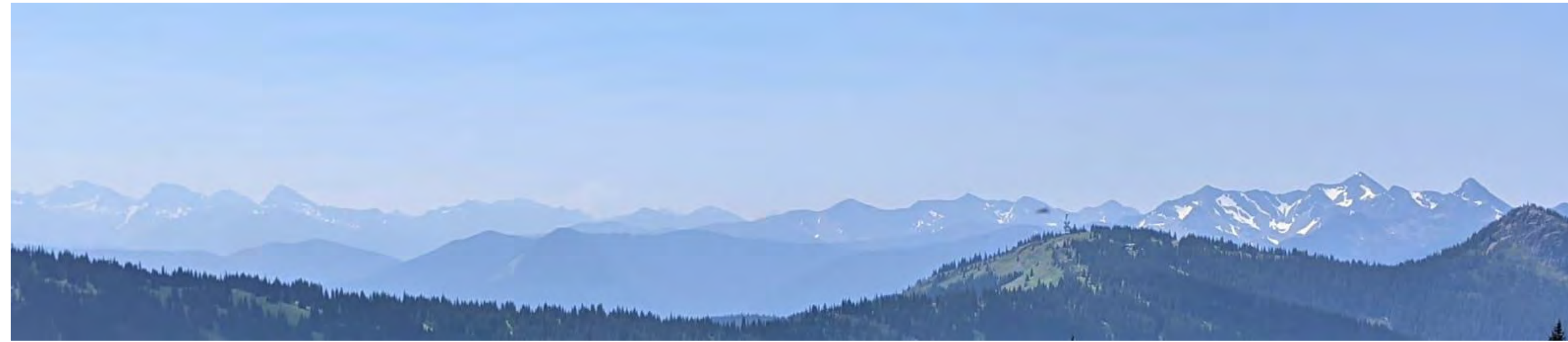
Alice Murage

Gendered and racial experiences of moral distress

A scoping review

CGSHE Trainee Research Symposium
October 26, 2023

Alice Mũrage,
Research Fellow, the Pacific Institute on Pathogens, Pandemics and Society
PhD Student, SFU Faculty of Health Sciences
Trainee, Centre for Gender & Sexual Health Equity



Land Acknowledgement

This work was conducted on the unceded and traditional territories of the Coast Salish peoples: The x^wməθkwəy̓əm (Musqueam), Skwxwú7mesh (Squamish), and Səlilwətaʔt (Tsleil-Waututh) and k^wik^wəłəm (Kwikkwetlem) nations

Goal of the scoping review

To investigate if and how gender and racial analyses have been incorporated in moral distress research

To inform efforts to integrate gender and race into moral distress research



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What is moral distress?



Challenge arising from being unable to provide care one believes is required, typically towards patient care

- ethical or moral judgement different from those in charge
- resource constraints
- morally troubling situation

(Jameton, 1984; Fourie, 2017)

Outcomes: emotional exhaustion, depersonalization, burnout, turnover intention/ attrition



Methods

Search terms:
moral distress, gender, race

Inclusion:

- Focus on experiences of healthcare providers or trainees
- Original findings
- Peer-reviewed
- Published 2012-2022
- In English

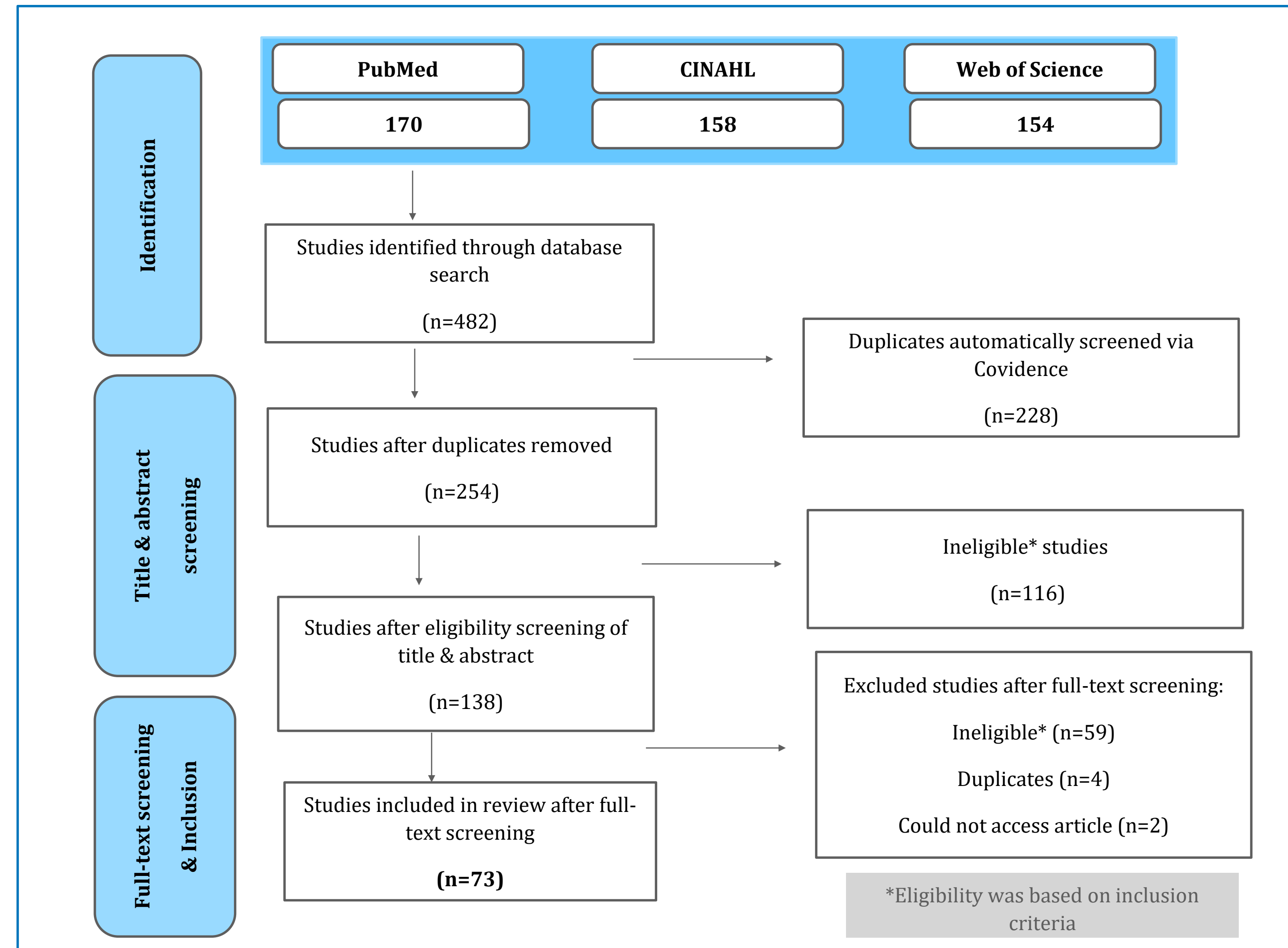
The Prisma Extension for
Scoping Reviews

Databases:
PubMed, CINAHL, Web of Science



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Search Results



Description of articles (N=73)

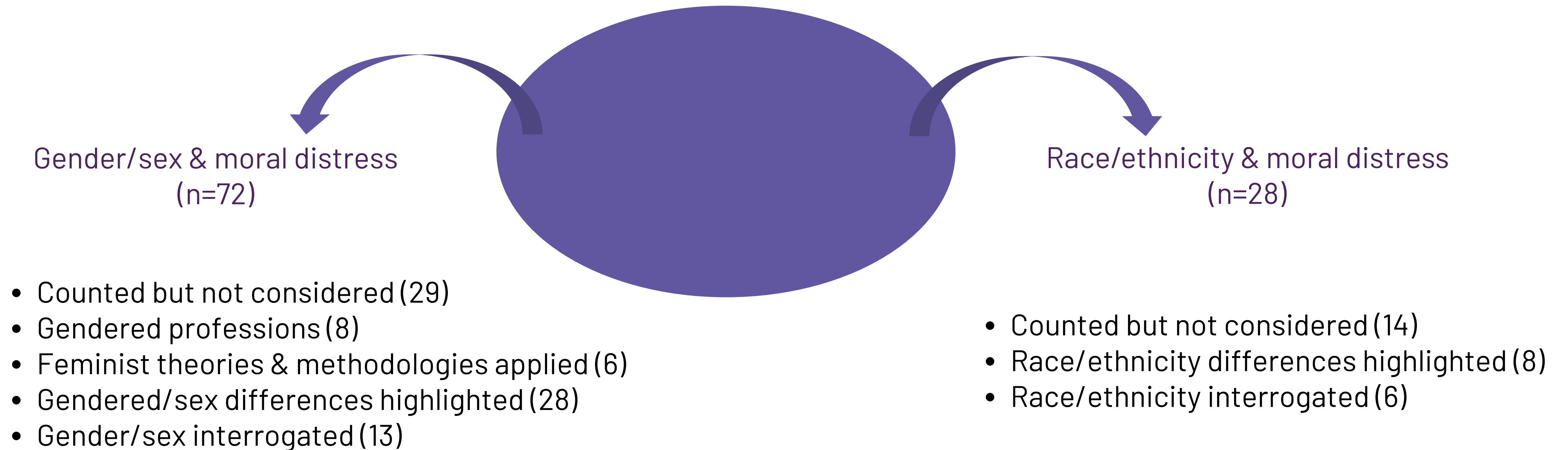
Year	n (%)
2012	4 (5.5)
2014	1 (1.4)
2015	4 (5.5)
2016	4 (5.5)
2017	4 (5.5)
2018	8 (11.0)
2019	11 (15.1)
2020	9 (12.3)
2021	17 (23.3)
2022	11 (15.0)

Medical Speciality	n (%)
General (non-specific)	25 (34.2)
Intensive care	18 (24.7)
Obstetrics	6 (8.2)
Mixed specialities	4 (5.5)
Oncology	4 (5.5)
Nephrology	4 (5.5)
Pediatrics	3 (4.1)
Family medicine	2 (2.7)
Psychiatry	2 (2.7)
Geriatrics (long-term care)	2 (2.7)
Surgery	1 (1.4)
Anesthesiology	1 (1.4)
Internal medicine	1 (1.4)

Profession	n (%)
Nurses	31 (42.5)
Clinicians (general)	8 (11.0)
Trainees (Residents/Students/Fellows)	9 (12.3)
Physicians, Nurses & Trainees/Assistants/Consultants	5 (6.8)
Midwives	4 (5.5)
Faculty	4 (5.5)
Clinicians (general) & Administrators	2 (2.7)
Physicians & Nurses	2 (2.7)
Physicians	1 (1.4)
Consumer Health Information Professionals	1 (1.4)
Social Workers	1 (1.4)
Care Aides	1 (1.4)
Nurses & Nurse Assistants	1 (1.4)
Nurses & Midwives	1 (1.4)
Faculty & Residents	1 (1.4)
Administrators	1 (1.4)

Country	n (%)
USA	24 (32.9)
Iran	12 (16.4)
UK	8 (11.0)
Canada	8 (11.0)
Brazil	3 (4.1)
Australia	3 (4.1)
Greece	2 (2.7)
South Africa	2 (2.7)
Ghana	2 (2.7)
Italy	2 (2.7)
Korea	1 (1.4)
Cyprus	1 (1.4)
USA & UK	1 (1.4)
Norway	1 (1.4)
Saudi Arabia	1 (1.4)
Germany	1 (1.4)
Israel	1 (1.4)

Findings



Gender/sex & moral distress (n=72)

Gendered/sex differences highlighted (28)

Moral distress or related measure analysed for gender/sex	No significant gender/sex difference observed	Higher measure by women/females observed	Higher measure by men/males observed
Moral distress	5	7	4
Moral resilience (highlighted as strategy to address moral distress)	-	1	1
Moral injury	1		
Moral distress component of 'feeling pressured to provide prognosis information'	-	1	-
Dissatisfaction & intension of leaving profession/institution	1	-	1
Association between moral distress and secondary traumatic stress syndrome symptoms	-	1	-
Relationship between moral distress and turnover	1	-	-
Relationship between moral distress and perceived ethical assessment skill	1	-	-
Vitality (vigorous commitment to the profession)	2	-	-
Adoption of best interest ethical framework	-	1	-

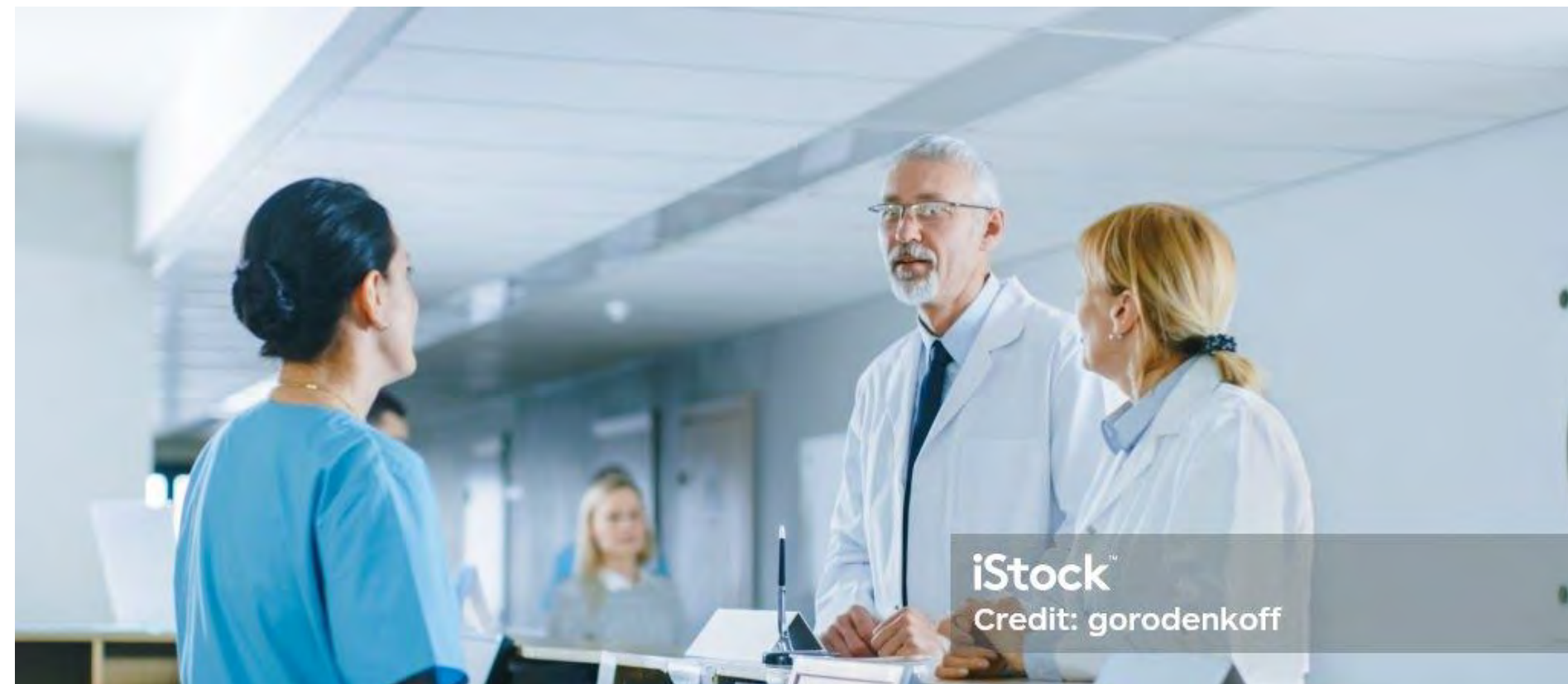
Wait! It's not always straightforward

Gender/sex & moral distress (n=72)

Gender/sex interrogated (13)

Gender roles & expectations

- power hierarchies, care giving roles & value at work
- unpaid care at home
- gender & reporting on moral distress



Gender-based violence & discrimination
(affecting women, non-binary & LGBTQ+ workers)
Moderators: age, position of power

Race/ethnicity & moral distress (n=28)

Race/ethnicity differences highlighted (8)

Measure analysed for race/ethnicity	No significant race/ethnicity difference	Lower measure by minority race/ethnicity	Higher measure by minority race/ethnicity observed
Moral distress	3	2	-
Relatedness/inclusion	-	-	1
Vitality (vigorous commitment to the profession)	1	-	-
Emotional exhaustion	-	1	-

Also- not always straightforward & doesn't offer insights on the how and why!

Race/ethnicity & moral distress (n=28)

Race/ethnicity interrogated (6)

Racism, class & power

- replication of societal power relations
- intersection of race & class, unpaid care
- race- & ethnic-based bias & discrimination



Ethnic affiliations & cultural beliefs

- heightened sensitivity to patients' narratives
- healthcare practices not aligned with cultural beliefs e.g., voluntary assisted dying

Implications

Research

- Need to collect and utilize demographic data in analysis
- Clearly define demographic data/ social identities under examination
- Incorporate intersectionality analysis that also examines power and structural inequalities
- Mixed methods in interrogating moral distress experiences

Policy

- Reducing attrition by addressing moral distress
- Need for nuanced approach to addressing moral distress in healthcare setting e.g., gendered & anti-racist approaches



Associated open access publication now available online!

Received: 13 March 2023 | Revised: 23 August 2023 | Accepted: 2 October 2023
DOI: 10.1111/jan.15901

SCOPING REVIEW



Gendered and racial experiences of moral distress: A scoping review

Alice Mürage^{1,2} | Rosemary Morgan³ | Hasina Samji¹ | Julia Smith^{1,2}

¹Faculty of Health Sciences, Simon Fraser University, Burnaby, British Columbia, Canada

²Pacific Institute on Pathogens, Pandemics, and Society, Burnaby, British Columbia, Canada

³Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland, USA

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Abstract

Aim: To inform efforts to integrate gender and race into moral distress research, the review investigates if and how gender and racial analyses have been incorporated in such research.

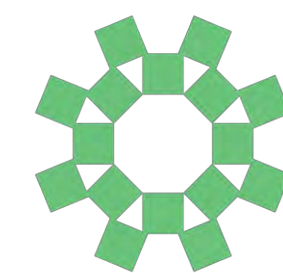
Design: Scoping review.

Methods: The PRISMA (Preferred Reporting Items for Systematic and Meta-Analysis) Extension for Scoping Reviews was adopted.

Data Sources: Systematic literature search was conducted through PubMed, CINAHL and Web of Science databases. Boolean operators were used to identify moral distress literature which included gender and/or race data and published between 2012 and 2022.

Results: After screening and full-text review, 73 articles reporting on original moral distress research were included. Analysis was conducted on how gender and race

Thank you for your attention



PIPPS
Pacific Institute on Pathogens,
Pandemics and Society



**CIHR
IRSC** Canadian Institutes of
Health Research
Instituts de recherche
en santé du Canada



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Bio Break

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Bronte Johnston

Moving Towards Equitable Contraception Care: Reflections on the Current State of Youth Contraception Care

CGSHE Trainee Symposium
October 26, 2023

Bronte Johnston, Patricia Janssen, Sarah Munro, Kate Shannon

Land Acknowledgement

- We acknowledge that the land on which we work is the unceded and traditional territories of the x^wməθkwəyəm (Musqueam), Sk̓wx̓wú7mesh (Squamish), and Səlílwətaʔ/Selilwitulh (Tsleil-Waututh) Nations.



Elder Blessing & Opening of CGSHE-UBC Office (2021)
With Elder Price & Elder Glida, Indigenous Design by Tiffany Creyke,
Art Installation by bubze & Sage

Land Acknowledgement¹



- Coast Salish
- Nuuchahnulth
- Kwakwaka'wakw



Elder Blessing & Opening of CGSHE-UBC Office (2021)
With Elder Price & Elder Glida, Indigenous Design by Tiffany Creyke,
Art Installation by bubze & Sage

Background

World Health Organization (WHO) & Canadian Maternal Mortality²⁻⁶

810 maternal deaths
from pregnancy
complications **A DAY**



Accessible
Contraception
Reduce MMR



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Background

World Health Organization (WHO) & Canadian Maternal Mortality²⁻⁶

810 maternal deaths
from pregnancy
complications **A DAY**



Canadian Maternal
Mortality Rate
*8.16 per 100,000 live
births*



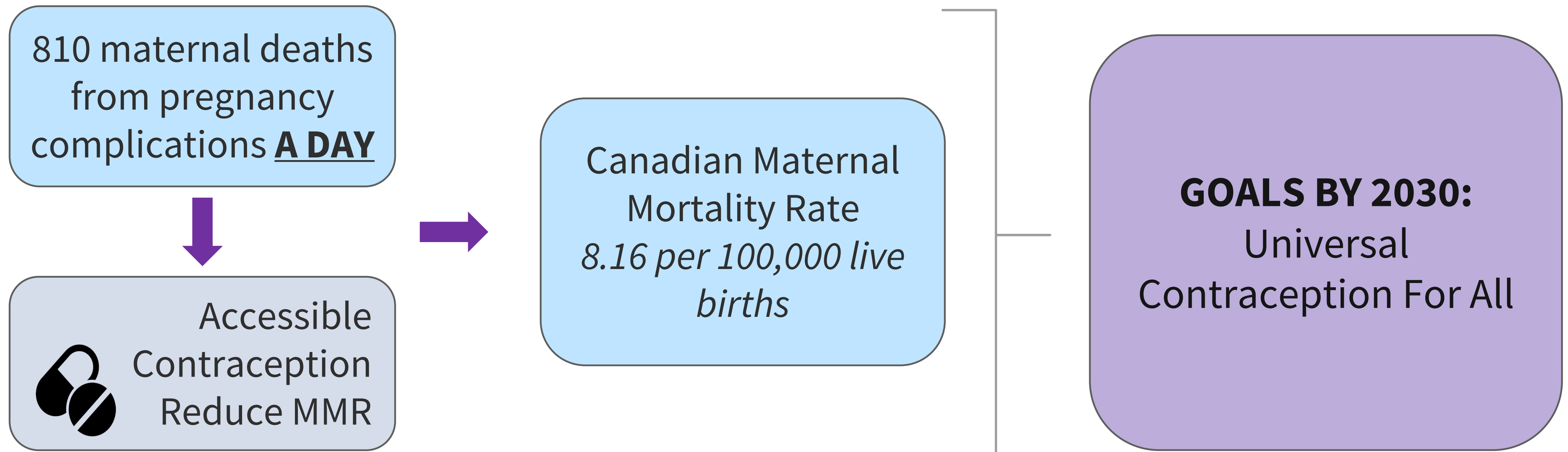
Accessible
Contraception
Reduce MMR



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Background

World Health Organization (WHO) & Canadian Maternal Mortality²⁻⁶



Background

Current Status of Reproductive Healthcare in Canada^{7,8}

- Over 180,700 unplanned pregnancies (UP) in Canada per year
 - \$320 million dollars directly associated with these yearly births
 - Youth aged 20-29 accounting for approximately 58% of them

In British Columbia (BC) 20% of sexually active youth do not use contraception

Contraception reduces approximately 60% of Canadian maternal deaths

Overall Thesis Aim

**Understand Youths' (Aged 15-29) Unmet Contraception Needs
across rural Vancouver Island Communities**

Gaps in Literature

Barriers

Contraception
Care

Youth

Gaps in Literature

Barriers

Contraception
Care

Youth

- A ***contraception barrier*** is defined as the inaccessibility of family planning methods and health care.

Gaps in Literature

Barriers

Contraception
Care

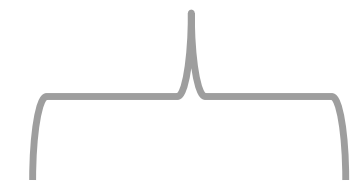
Youth

What is reported in the literature related to youths' barriers to contraception in high-income countries from 2013-2023?

Scoping Review

Methods

Identification



Search Strategy
Databases:
MEDLINE, EMBASE,
CINAHL

Scoping Review

Methods

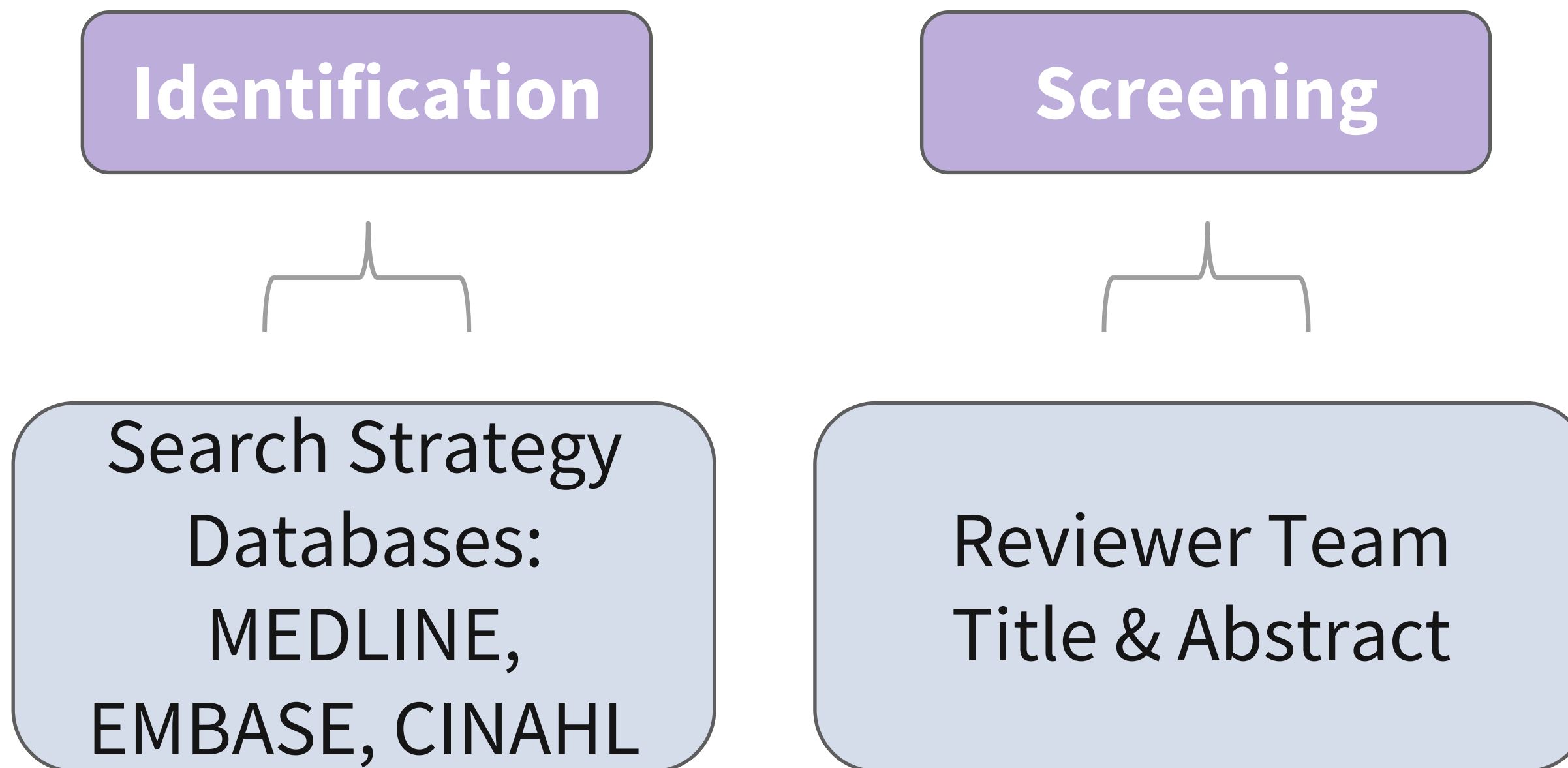
Identification

Search Strategy
Databases:
MEDLINE, EMBASE,
CINAHL

Sample Search Terms: unmet adj3
contracept*, contraception/ or barrier/ or
hormonal contraception/ or long-acting
reversible contraception/
youth or high school student*,

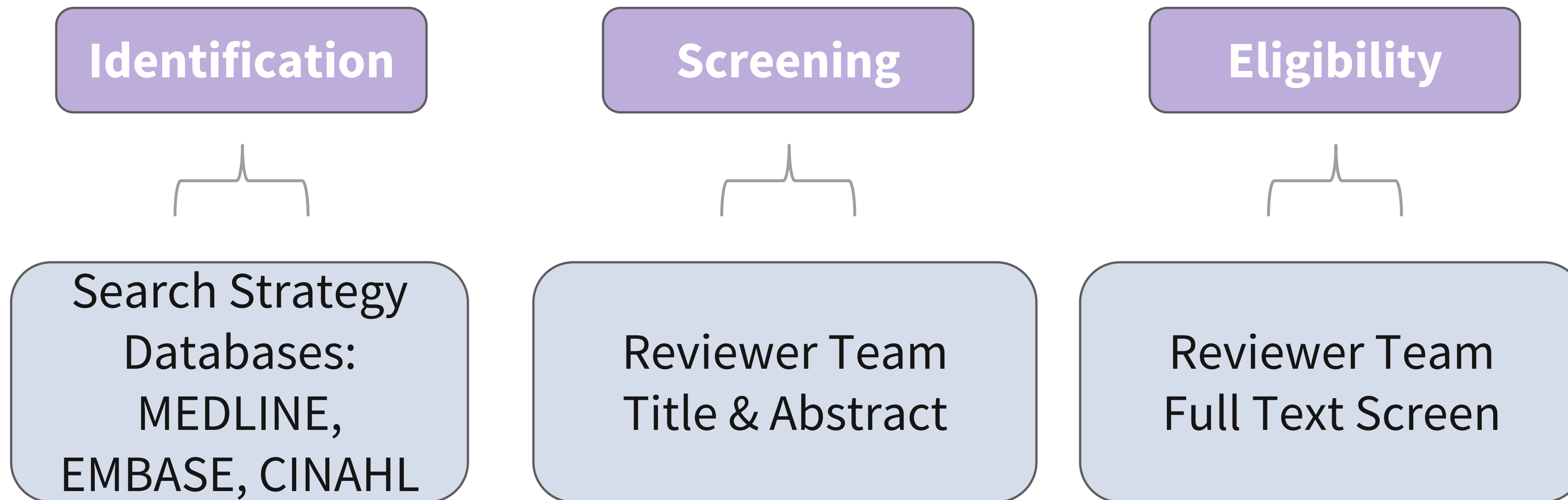
Scoping Review

Methods



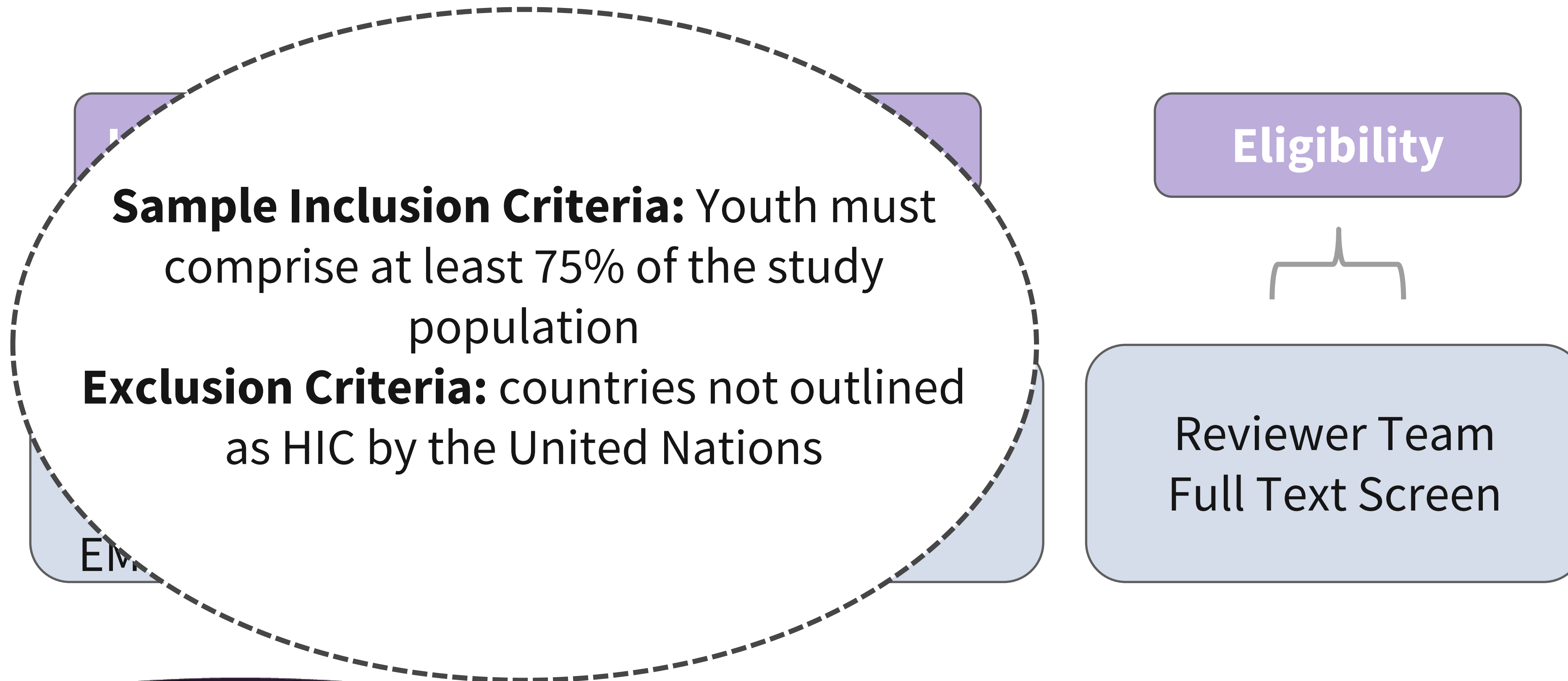
Scoping Review

Methods



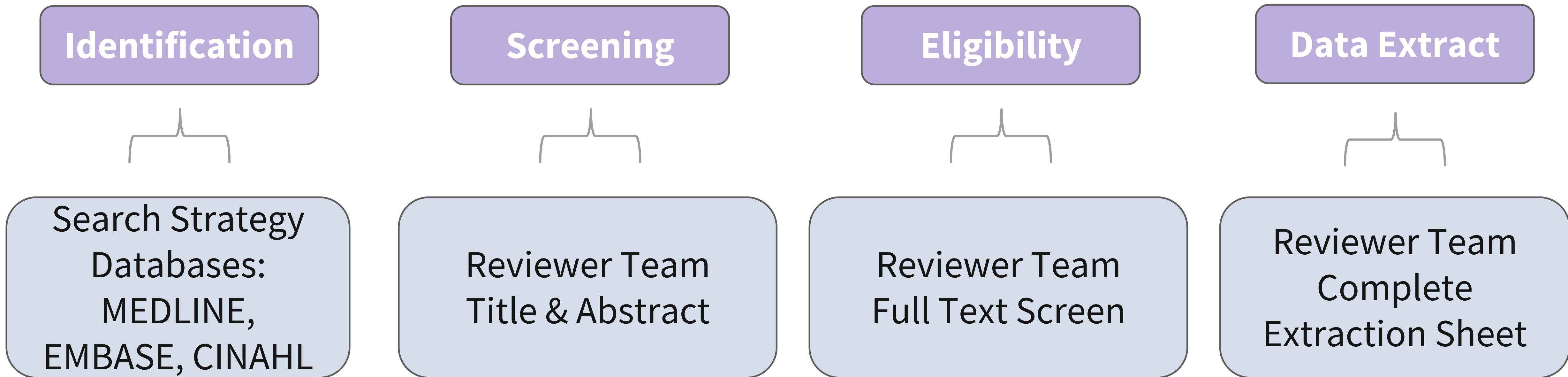
Scoping Review

Methods



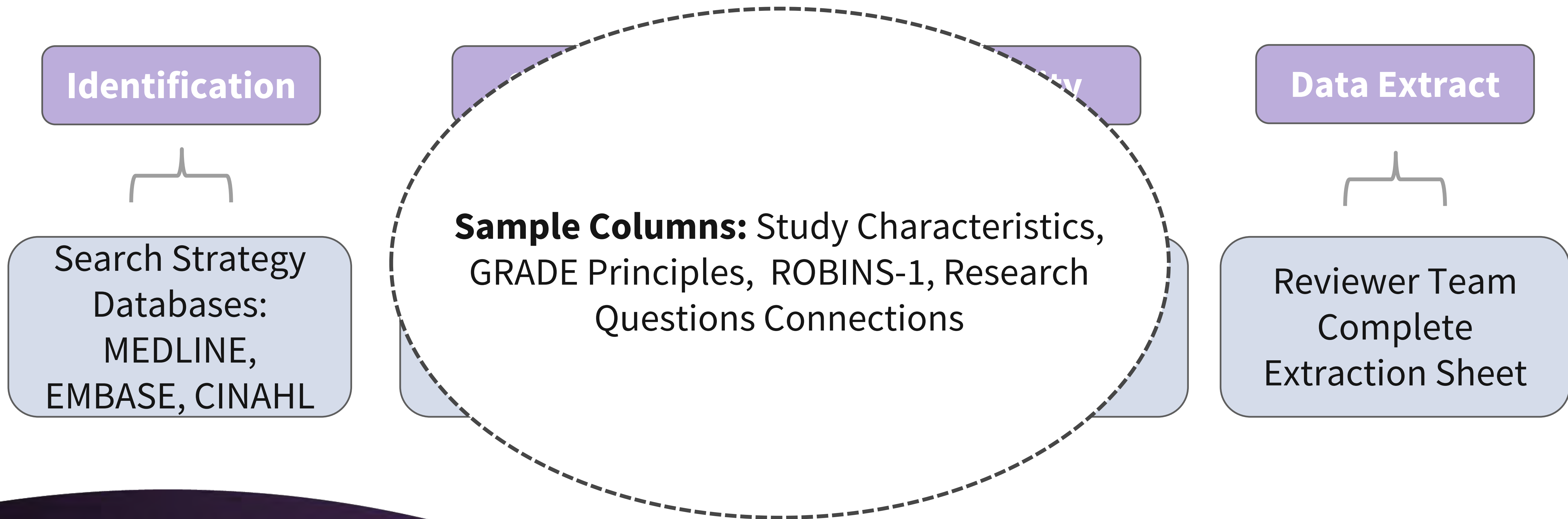
Scoping Review

Methods



Scoping Review

Methods



Scoping Review

Current Process



Next Steps

Fall 2023–Summer 2024

- Complete Scoping Review Screening
- Scoping Review Analyses and Manuscript Writings
- Develop Final Thesis Proposal



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Thank You!

I appreciate you taking the time to connect today



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CGSHE SYMPOSIUM

Ran Hu

The intersectional association of citizenship, English fluency, and Asian racialized identity with accessing health and community-based services among women sex workers in Metro Vancouver, Canada (2014-2022)

Ran Hu (she/her)

Postdoctoral research Fellow

Center for Gender & Sexual Health Equity

ran.hu@cgshe.ubc.ca

Trainee Research Symposium
October 26, 2023

Background

- Access to services as a human right
- Inequities in service access among sex workers due to socio-structural barriers¹
- Migration-related factors add further complexity to the barriers to services
 - Precarious immigration status², language barriers³, Asian racialized experiences⁴
- Socio-structural determinants of health⁵ + intersectionality⁶

¹Duff et al., 2015; Goldenberg et al., 2017; Ma et al., 2017; Macioti et al., 2022; Oliveira et al., 2023; Platt et al., 2020; Sweeney & FitzGerald, 2017

²Lam, 2020; McBride et al., 2021; Sou et al., 2017

³Goldenberg et al., 2017; Lagi et al., 2023; Ryan & McGarry, 2021

⁴Goldenberg et al., under review; Mahabir et al., 2021 Pearson et al., 2022; Tuyisenge & Goldenberg, 2021

⁵Goldenberg et al., 2017; Knight et al., 2014; Saadi et al., 2020; Shannon et al., 2015

⁶Crenshaw, 1990; McCall, 2005

Research aim is to examine:

The intersectional association of

- (1) Having no citizenship
- (2) Limited English fluency
- (3) Asian racialized identity

with

- (a) Access to health services
- (b) Access to sex work community-based services

among

Women sex workers in Metro Vancouver, Canada

Methods: Data



AESHA longitudinal community-based cohort study

- Including 652 participants enrolled between Sept. 2014 and Feb. 2022 (4,067 observations)

Factors of interest:

- **Having no citizenship:** Coded as **Yes** when the respondent reported **No** to “being a naturalized Canadian citizen” or “being born in Canada”
- **Having limited English:** Respondents were asked how comfortable they felt with speaking English: **Yes** (not very comfortable, uncomfortable, and very uncomfortable) or **No** (Very comfortable, somewhat comfortable)
- **Holding an Asian racialized identity:** Coded as **Yes** when the respondent identified as any of the following: Chinese/Taiwanese, Vietnamese, Korean, Japanese, Thai, Filipina, Indian, Pakistani, Middle Eastern, Bangladeshi. Sri Lankan, East/Southeast Asian, Middle Eastern, South Asian.

Methods: Data

Outcomes

- **Access to health services** (Yes/No)
 - “How often can you get health care services when you need it?”
 - Coded as **Yes** (Always, Usually) or **No** (Sometimes, Occasionally, and Never).
- **Access to sex work community-based services** (Yes/No)
 - Respondents selected from a list of community-based outreach or service programs that they had used in the past six months.
 - Coded as **Yes** when selecting any of the service programs (an Other option is included); otherwise, **No**.

Methods: Analysis

Regression with generalized estimating equations (GEE)

Variables included		
Interaction term	1 Citizenship X English fluency 2 Citizenship X Asian racialized identity 3 Asian racialized identity X English fluency	
Outcome	Access to health services	Access to sex work community-based services
Confounders adjusted in multivariable GEEs	age, education, unstable housing in the last six months, sexual minority identity, non-injection drug use, and whether data were collected during COVID-19	

Highlights of sample characteristics (N=652)

Factors of interest

24.7% (n=161) had no citizenship

10.1% (n=66) had limited English fluency

22.6% (n=147) identified as Asian

7.4% (n=48) had no citizenship & limited English fluency

11.8% (n=77) were Asian with no citizenship

9.8% (n=64) were Asian with limited English fluency

Main outcomes

At baseline:

86% (n=561) accessed health services when needed

57% (365) accessed sex work community-based services

Over the 8 years:

94% (615) ever accessed health services when needed

70% (456) ever accessed sex work community-based services



CENTRE FOR
GENDER & SEXUAL
HEALTH EQUITY

Table 1. Baseline characteristics stratified by accessing sex worker community services and accessing health services in the last 6 months among women sex workers (N=652) in Metro Vancouver, Canada (2014-2022)

	Total (%)	Accessed sex worker community services in the past 6 months (Baseline)		Accessed health services in the past 6 months (Baseline)	
		Yes (%) n=365	No (%) n=286	Yes (%) n=561	No (%) n=89
Age (Median, IQR)	39 (31-46)	38 (31-46)	39 (32-46)	39 (31-46)	40 (31-45)
Identified as Asian	147 (22.6)	26 (7.1)	121 (42.3)	118 (21)	28 (31.5)
Sexual minority identity	293 (44.9)	182 (49.9)	111 (38.8)	248 (44.2)	45 (50.6)
Primary place of sex work					
Outdoor/public space	166 (25.5)	138 (37.8)	28 (9.8)	137 (24.4)	29 (32.6)
Informal indoor venue	202 (30.9)	141 (38.6)	60 (21)	178 (31.7)	24 (27)
Formal indoor venue	127 (19.5)	22 (6)	105 (36.7)	101 (18)	25 (28.1)
No sex work in the past 6M	144 (22)	57 (15.6)	87 (30.4)	133 (23.7)	10 (11.2)
Any non-injection drug use	306 (46.9)	223 (61.1)	83 (29)	256 (45.6)	50 (56.2)
Time since migration to Canada					
Non-migrant	491 (75.3)	328 (89.9)	162 (56.6)	432 (77)	58 (65.1)
Recent migrant (<=5 years)	57 (8.7)	5 (1.4)	52 (18.2)	41 (7.3)	16 (18)
Long-term migrant (>5 years)	92 (14.1)	28 (7.7)	64 (22.4)	78 (13.9)	13 (14.6)
Graduated high school	336 (51.5)	154 (42.2)	181 (63.3)	282 (50.3)	53 (59.6)
Sex work as main income in the past 6M	435 (66.7)	263 (72.1)	171 (59.8)	369 (65.8)	65 (73)
Any unstable housing in the past 6M	519 (79.6)	334 (91.5)	184 (64.3)	451 (80.4)	67 (75.3)
Limited English fluency	66 (10.1)	56 (19.58)	10 (2.7)	50 (8.9)	16 (18)
Data collected during COVID	14 (2.2)	11 (3)	2 (0.7)	13 (2.3)	1 (1.1)

Figure 1. A forest plot of adjusted odds ratios for having had **access to health services** in the last six months among women sex workers (N=652) in Metro Vancouver, Canada (2014-2022)

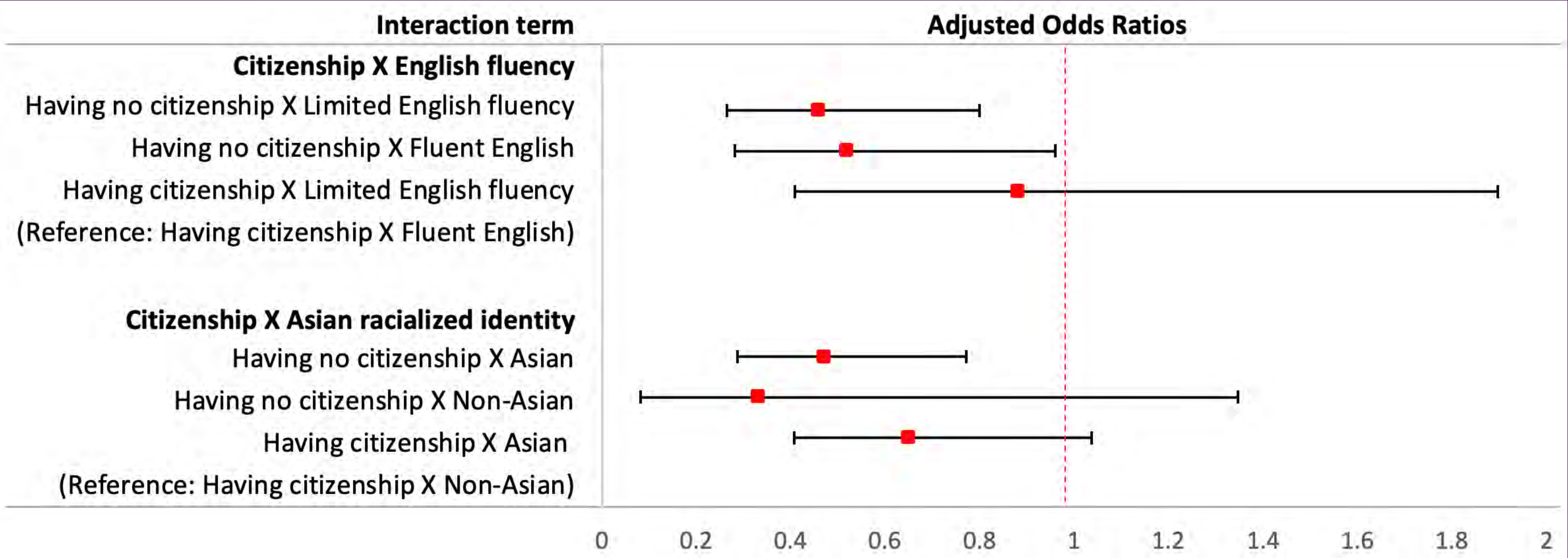


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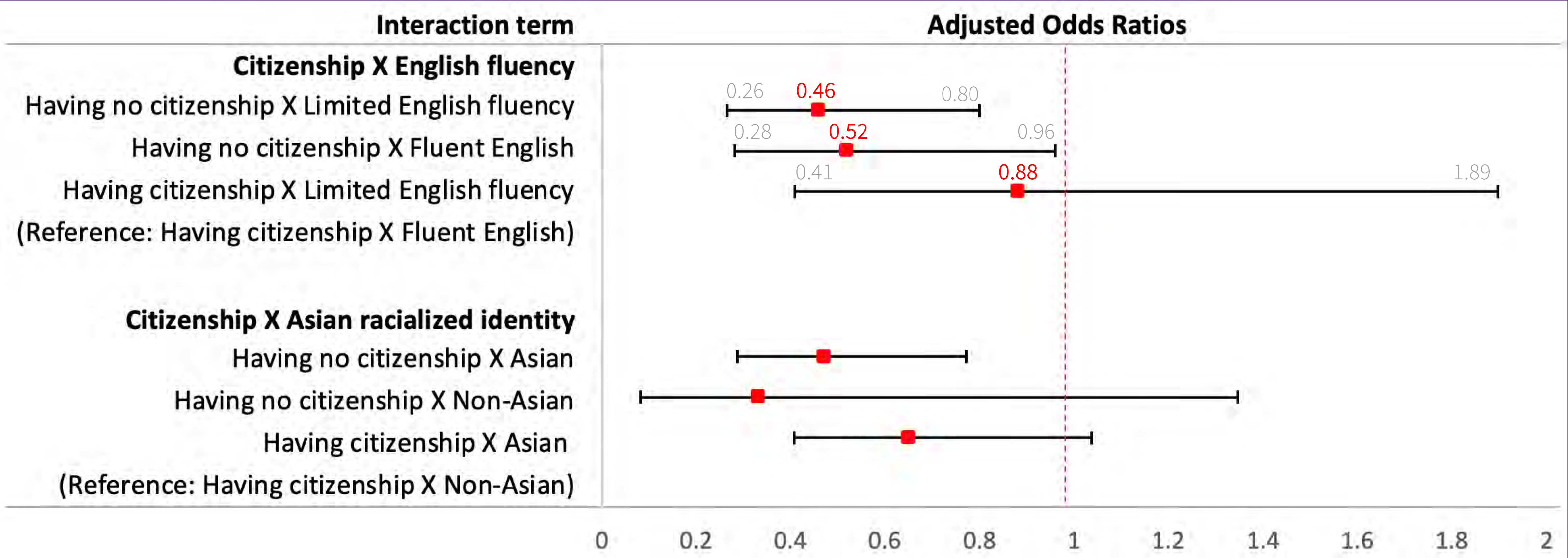


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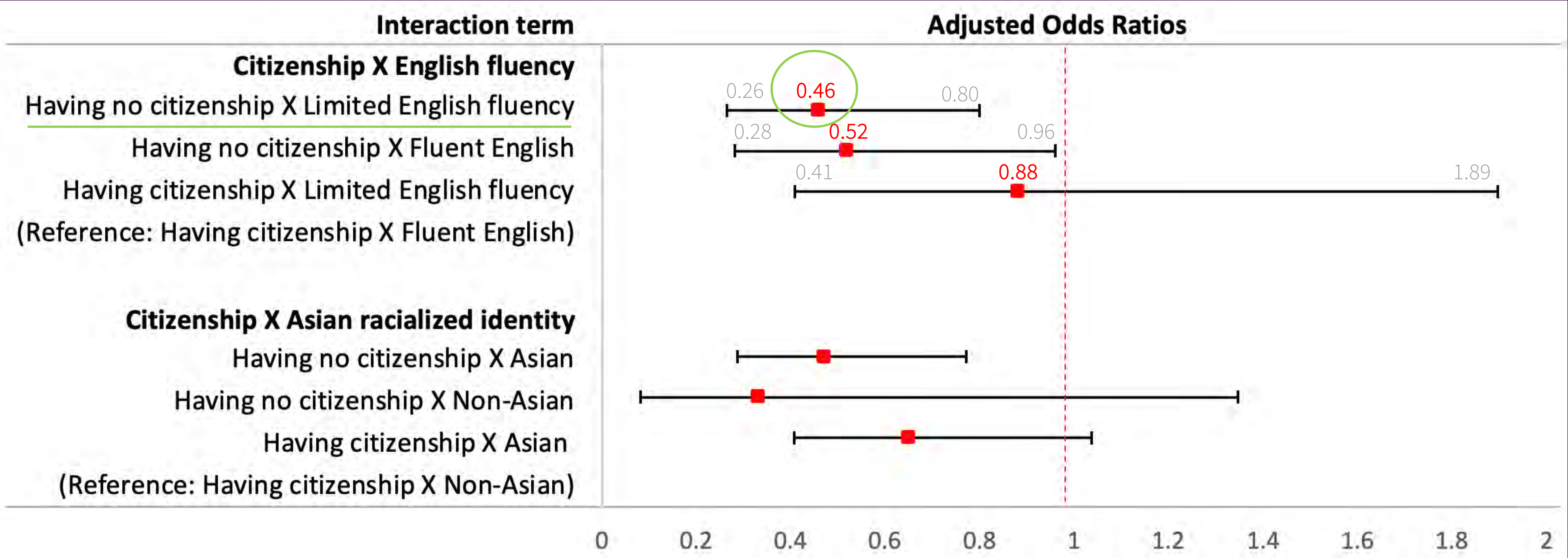


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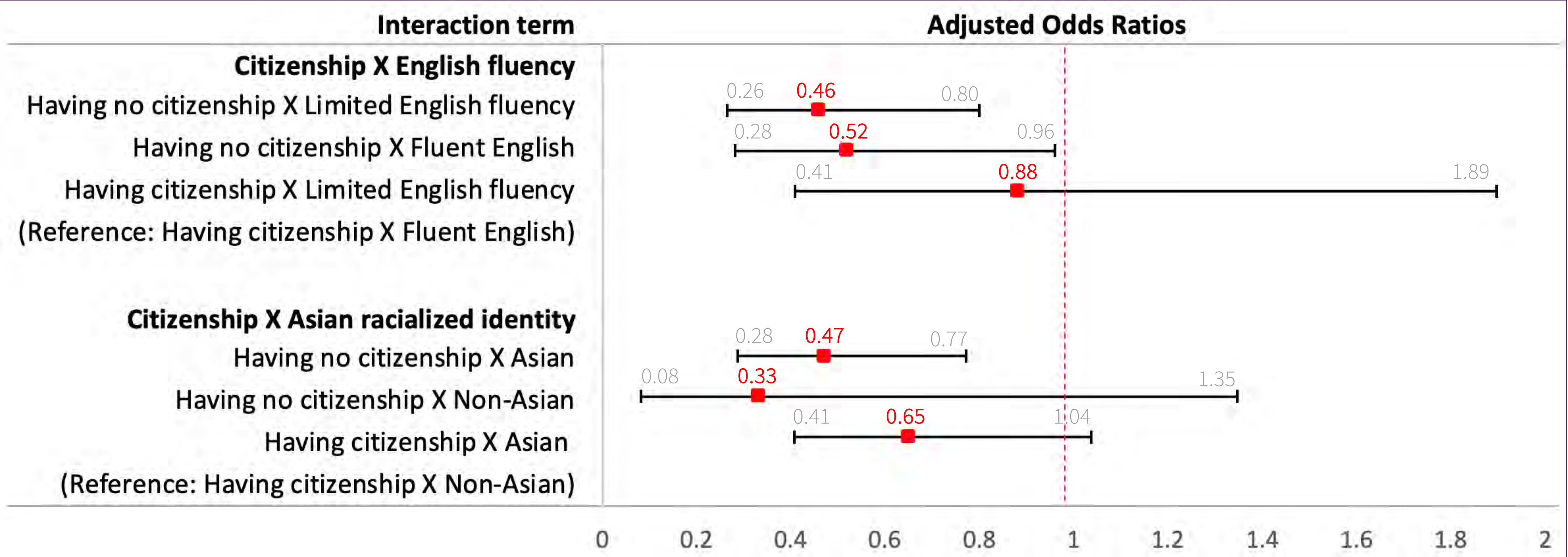


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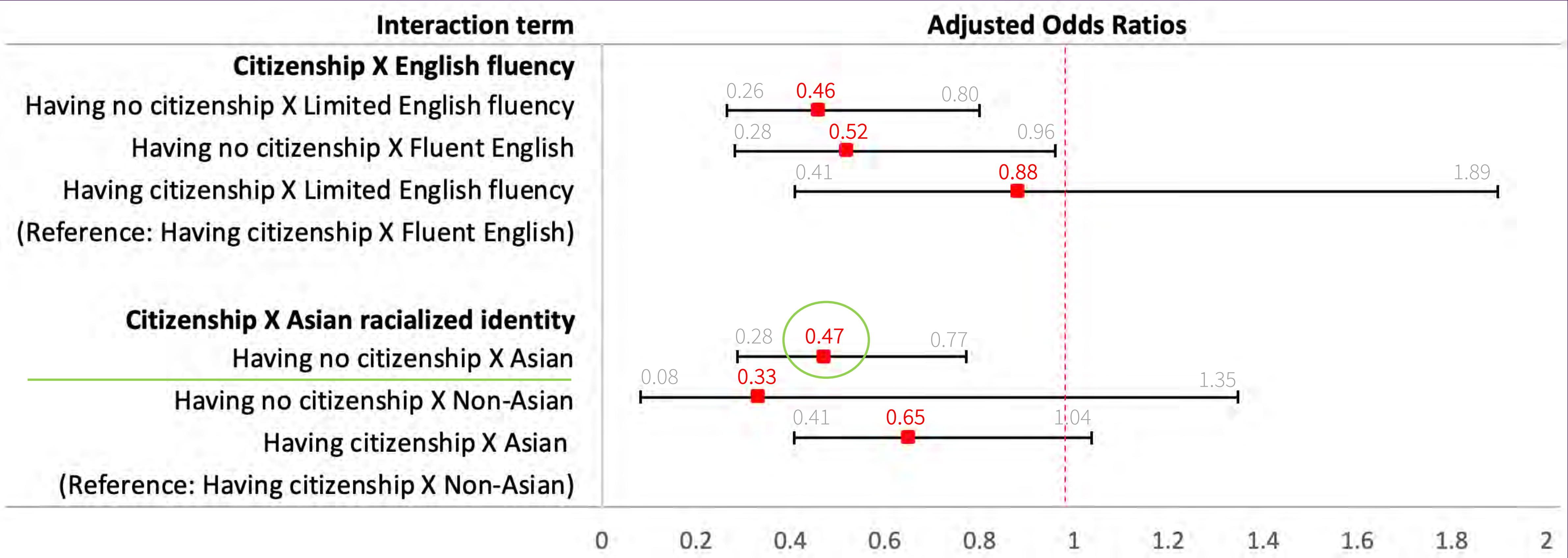


Figure 2. A forest plot of adjusted odds ratios for having had **access to sex work community-based services** in the last six months among women sex workers (N=652) in Metro Vancouver, Canada (2014-2022)

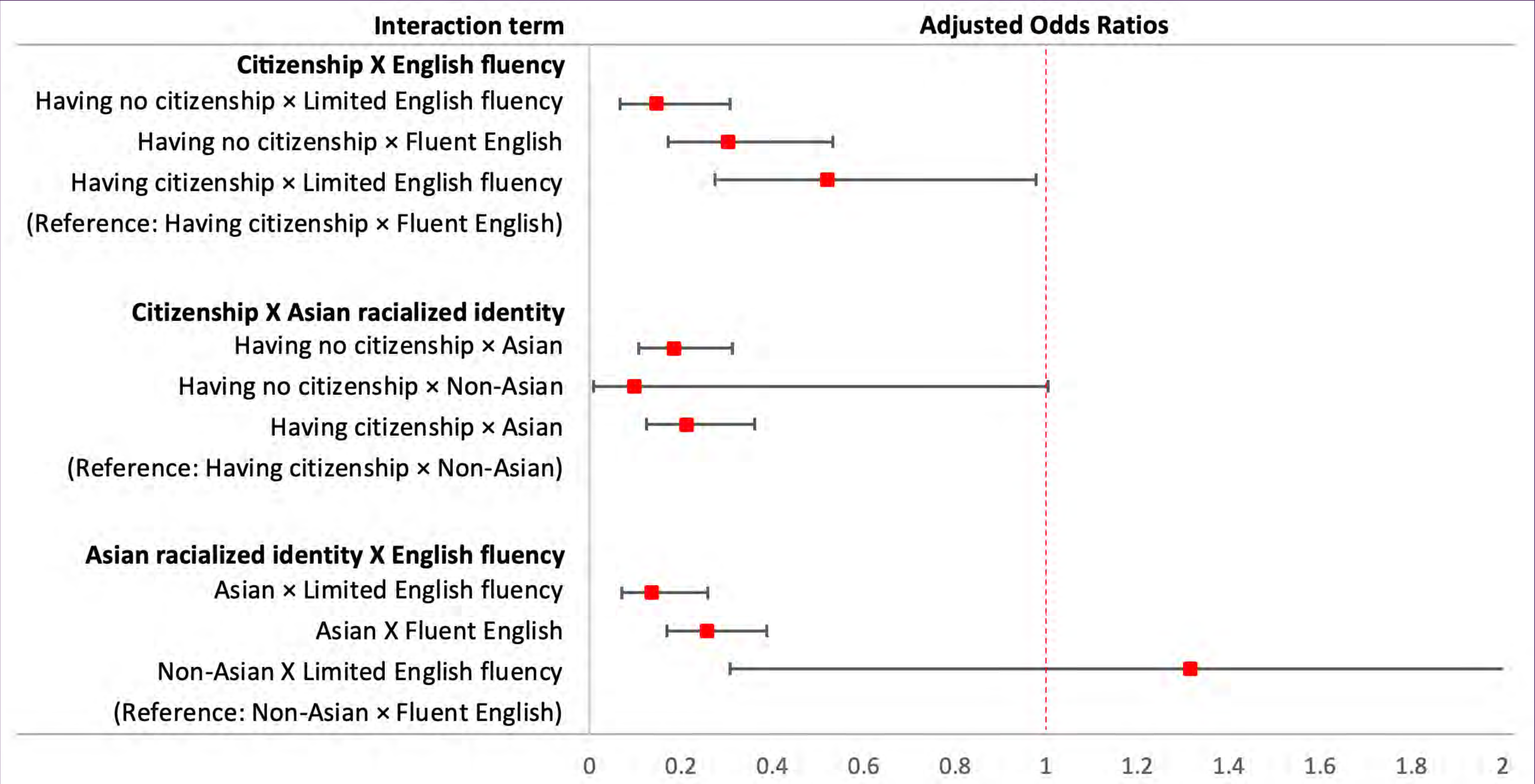


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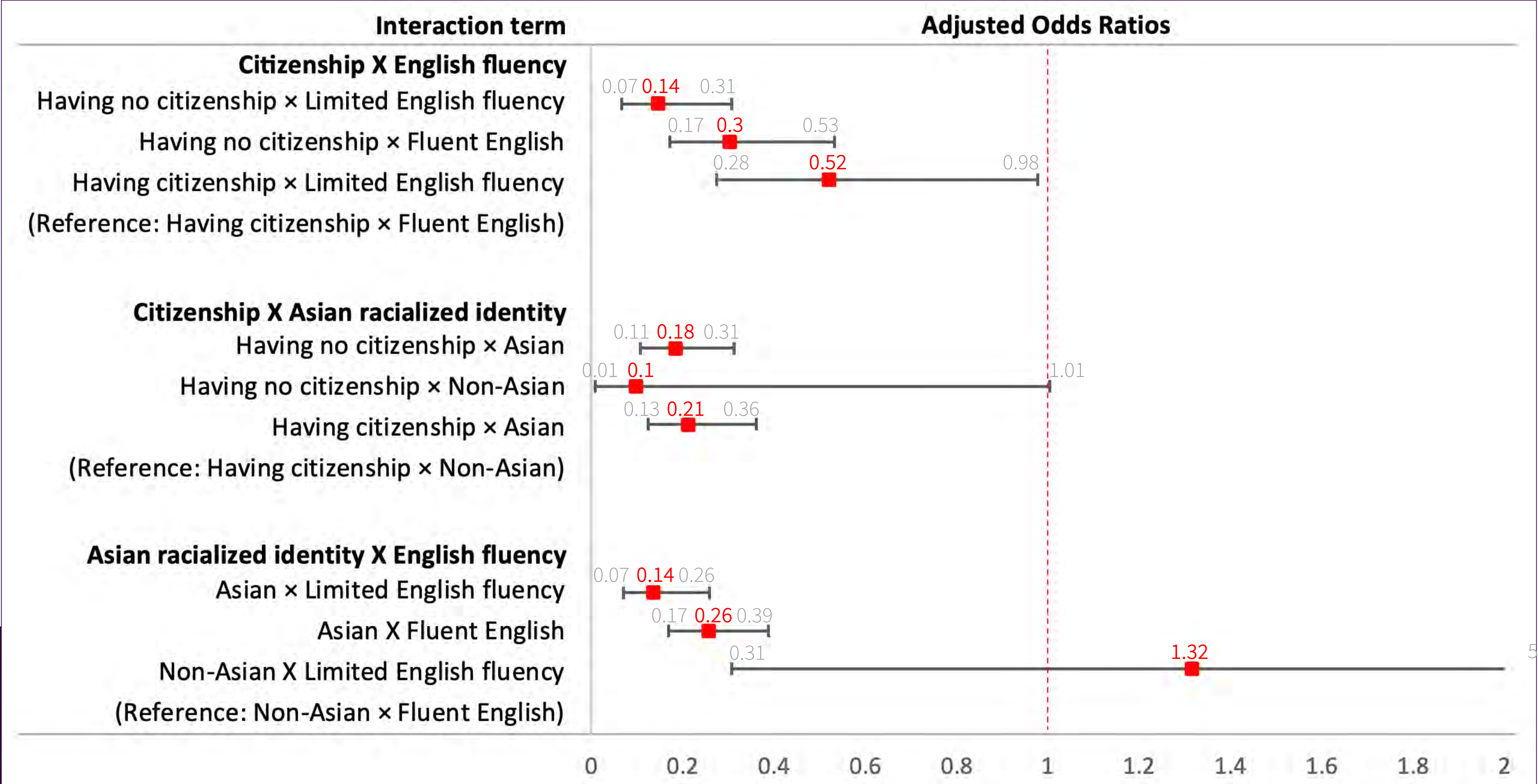


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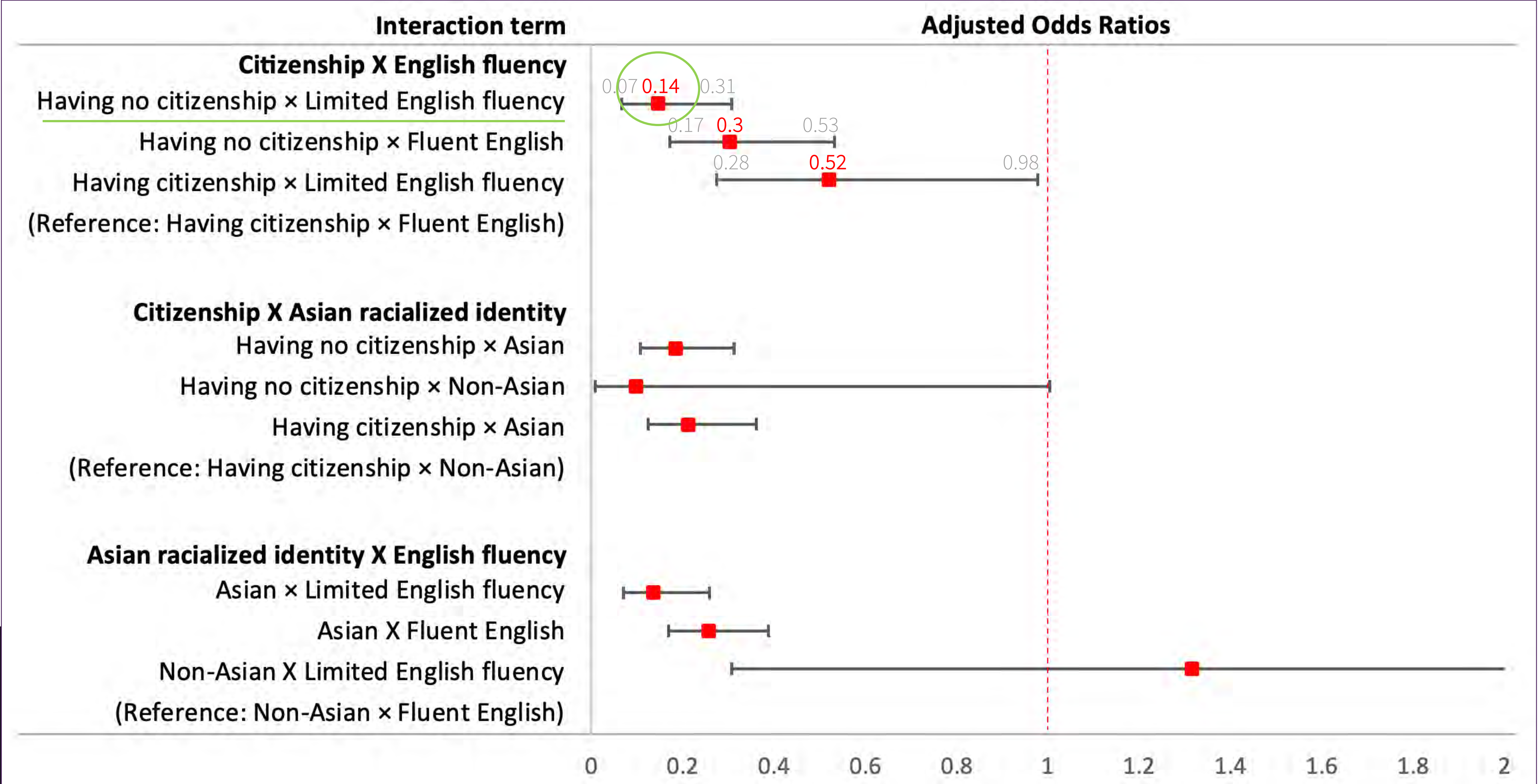


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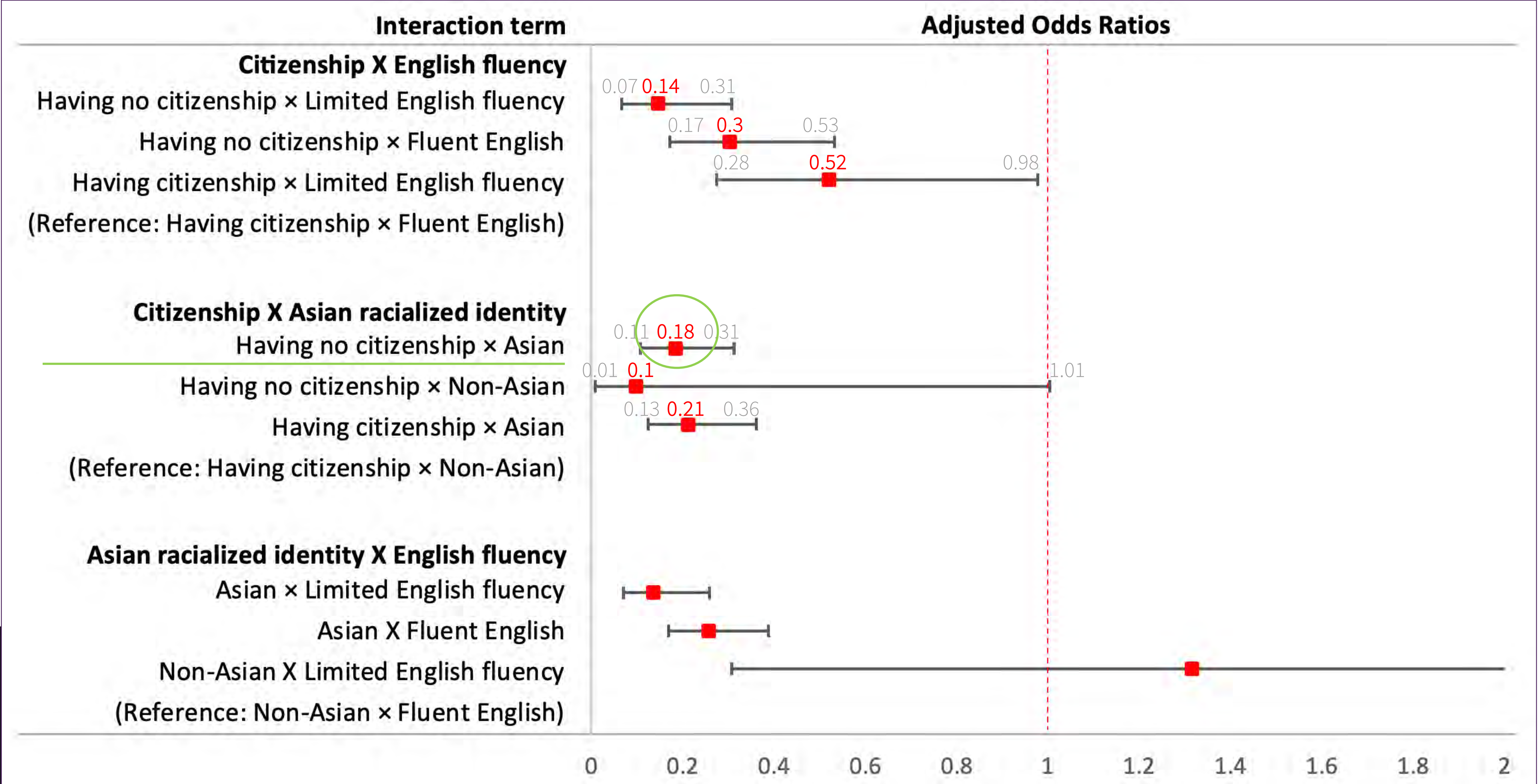
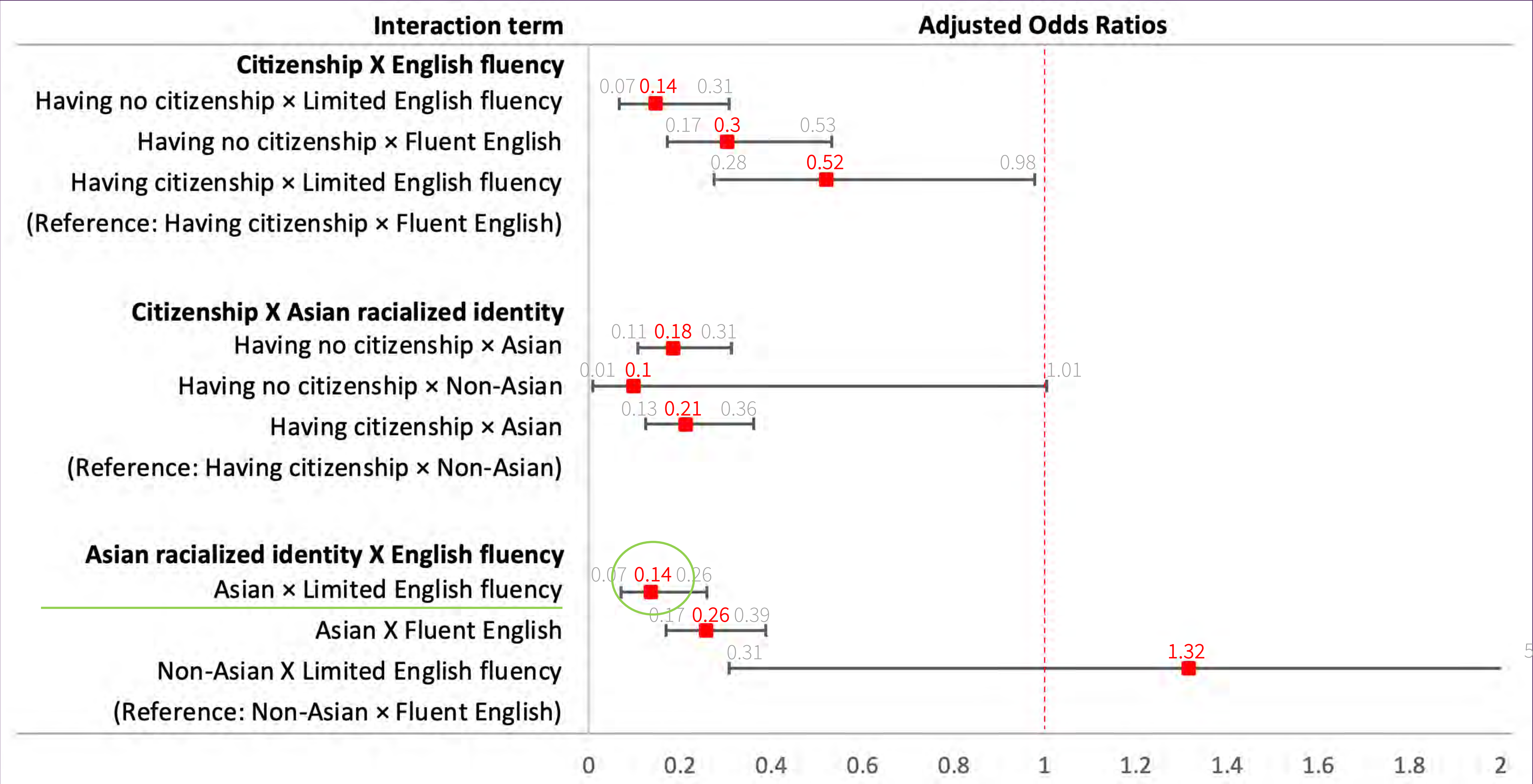


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Key **takeaway**

Intersectional forms of marginalization related to migration (i.e., lack of citizenship, language barriers, & Asian racialized experiences) can further the inequities in service access among sex workers.



Implications

- Promote and support linguistically & culturally responsive health services & community-led service initiatives
- Remove carceral interventions against sex workers, esp. those targeting (im)migrant sex workers, including:
 - Immigration consequences for migrant sex work
 - Third-party criminalization
 - Racialized policing & anti-trafficking operations against Asian migrant sex workers

Thank You

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Community partners & advisory board: WISH, SWUAV, SWAN, PACE, HUSTLE/HiM, KCS, ATIRA, RainCity, Pivot Legal Society, Positive Women's Network, YouthCO, Canadian HIV/AIDS Legal Network

CGSHE SYMPOSIUM

The AMPLIFY Team

Land Acknowledgement

- We acknowledge that the land on which we work is the unceded and traditional territories of the x^wməθkwəyəm (Musqueam), Skwxwú7mesh (Squamish), and Səlílwətaʔ/Selilwitulh (Tsleil-Waututh) Nations.



Elder Blessing & Opening of CGSHE-UBC Office (2021)
With Elder Price & Elder Glida, Indigenous Design by Tiffany Creyke,
Art Installation by bubzee & Sage



Team





AMPLIFY

- Amplify is a community-based participatory action research study.
- We call this project “Amplify” because it represents our greater goal to use research as a tool to amplify and uplift Indigenous voices.
- Amplify aims to uplift Indigenous voices to directly inform culturally safe and equitable sexual, reproductive health and justice for Indigenous women, Two-Spirit, and gender diverse Peoples.



Phases of Methodology

1. The building of the foundation
2. Being in circle together
3. Nourishment
4. Building connection and being in community





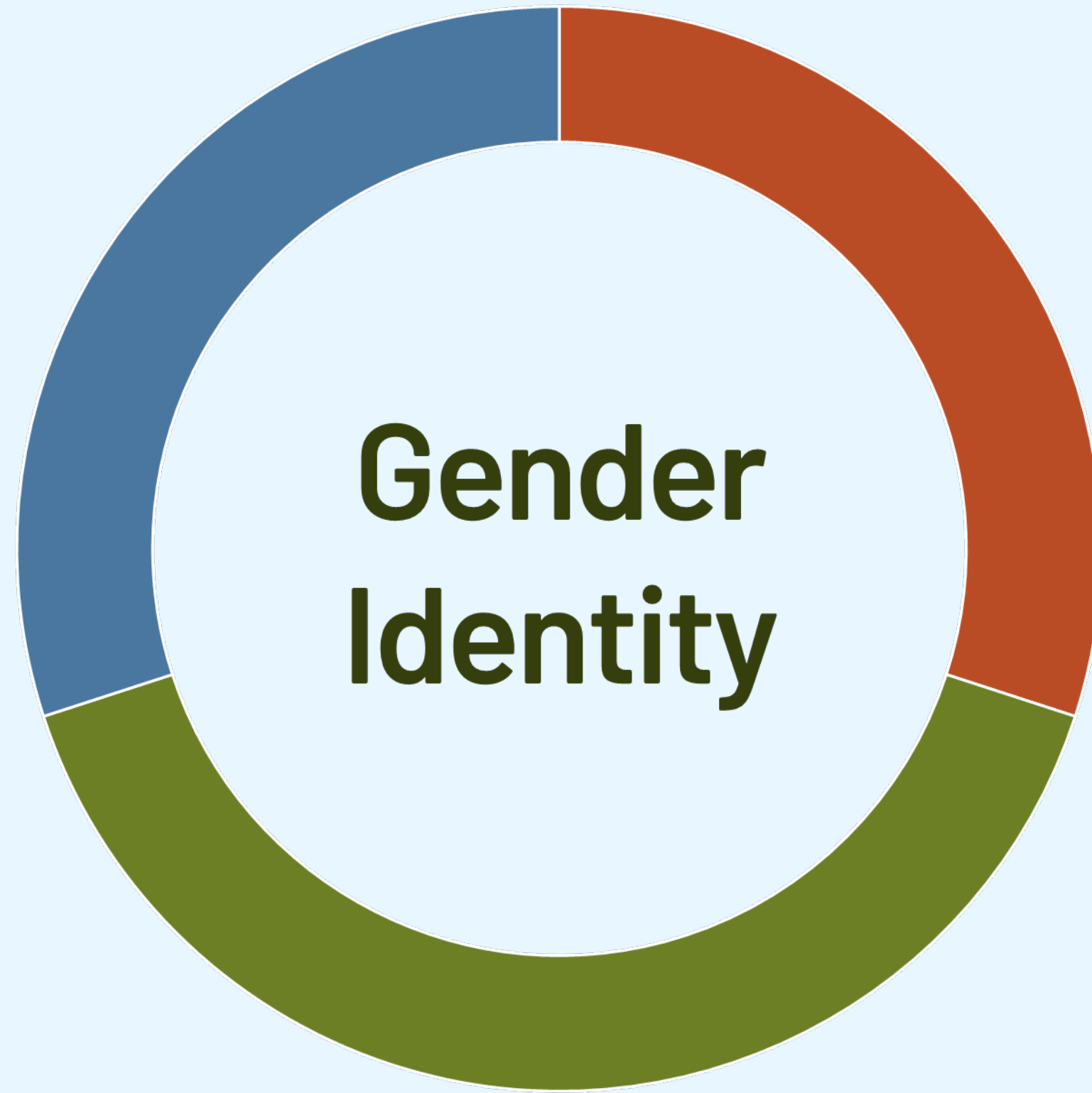
Participants

- Guided by our Two-Spirit advisors.
- Ensured that spots were held for Two-Spirit and gender diverse Indigenous Peoples.
- Engaged with the Musqueam, Squamish, and Tsleil-Waututh Nations.
- Ensured that priority spots were given to Indigenous Peoples from host Nations.

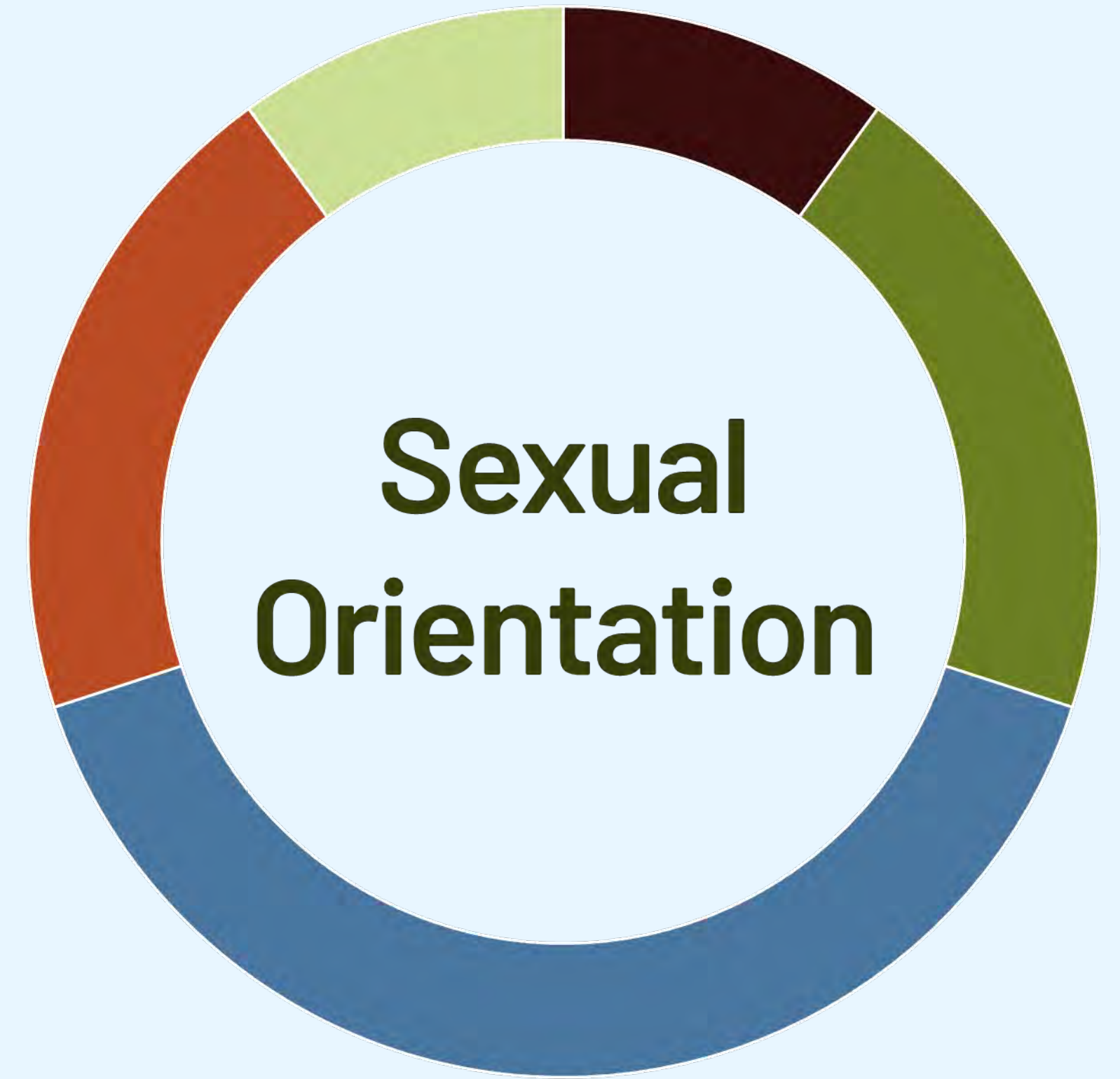




■ First Nations ■ Inuit ■ Métis



■ Gender Diverse ■ Women ■ Two-Spirit



■ Bisexual ■ Pansexual ■ Queer ■ Straight ■ Two-Spirit



Workshops



Workshop One

- Coast Salish Art and Protocol presentation by Aaron Nelson Moody (Sk̓wx̓wú7mesh).
- Lead artist Dionne Paul (Nuxalk and Shíshálh) shared her art journey and how she has shared her own stories through various art modalities.

Workshop Two

- Telling stories through comics with artist Milo Ira (Métis).
- Participants began the process of making their own pair of moccasins.



Phases of Methodology

- 5. Safety is not a destination
- 6. Creativity flow
- 7. Sharing story
- 8. Ancestral wisdom and knowing
in the art created





Workshop Three

- Storytelling, while focusing on technique, precision and style of moccasin making, allows a sense of comfort and safety.

Sharing circle:

- Drawing on your own Indigenous ways of knowing, how can we create safe healthcare spaces?
- Looking to the future, if you could build or create it, what word would describe your dream space?
- If you were sharing your voice with the top leaders in sexual and reproductive healthcare, what would you want them to know?



Sharing Circle Themes

“To me artwork is...it's a representation of who we are like are, it's our DNA”.

“We need to see ourselves reflected with whatever identity we choose”.

“Feeling like the person who you're interacting with holds your health and your information with privacy and more like that, it's sacred”.

“We have a very narrow view of what medicine and what healthcare looks like”.



Phases of Methodology

- 9. Commitment to accountability
- 10. Creating space for the participants to be artists
- 11. Amplifying the voices of our Indigenous artists
- 12. Closing the circle



"In Their Moccasins" Exhibit

And-Co

- Opening ceremony
- Artists sharing stories through moccasins, photos, posters, paintings, and artist statements.

Vancouver Public Library

- #rockyourmocs
- Panel discussion with Elders, artists, and Amplify research team.





Knowledge Translation & Supports for Participants

- Provided useful tools to continue making art beyond this project.
- Engage with participants to discuss the findings from the sharing circle.
- Reflexive time with participants for them to share their experiences and thoughts on the workshop.
- Share findings with the Matriarch Advisory Council and Two-Spirit Advisory.



Learnings

- Connecting to ancestral knowledge
- Cultural safety, humility, and anti-racism
- Our bodies, identities, and health are sacred
- Relationality
- Envisioning the future

“It is a gift to share our creativity this way – the coming together of people sharing stories through art is healing” - Dionne



**?ul nu msh chxw
T'ooyak_usiy' níin
Maarsii
Thank you**

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Q&A

THANK YOU

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