



The C.H.E.W. Project

Implementing the C3 Model: Comprehensive Health Education and Outreach, Community Support Services, and Compassionate Policing

A Project to Serve Edmonton's Vulnerable Sexual and Gender Minority (LGBTQ) Youth and Young Adults

Prepared by

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Introduction

Since Fall 2014, the Comprehensive Health Education Workers Project – CHEW @ <http://chewproject.ca> – has provided comprehensive health education and outreach, crisis intervention, mentoring, supports, resources, and social education for sexual and gender minority (SGM or LGBTQ) youth and young adults (aged 12 to 29 years) in Edmonton, especially in the inner city.

Partnering with other caring professionals including nurses from the STI Clinic on Jasper Avenue and officers from Edmonton Police Service, the C.H.E.W. Project provides intervention and outreach to vulnerable and underserved SGM youth and young adults, including YMSM (young men who have sex with men), trans-spectrum (transgender and other gender nonconforming) individuals, and SGM young people who are also Aboriginal persons or immigrants / newcomers. As a multivariate population variously navigating life in street-involved, homeless, and various institutional contexts, the individuals we serve commonly have histories of mental and sexual health issues, substance abuse, and engaging in survival crimes, including petty crime, theft, vandalism, and sex work. They also experience high rates of underreported violence and victimization, including sexual assault and being recruited by gangs and other criminal groups in our city. Navigating the intersection of education, healthcare, human services, and police services, the C.H.E.W. Project engages in holistic provision of interconnected services as it addresses HIV and other STI awareness, testing, sex positivity, harm reduction, and prevention; gender and sexual identity development; coming out, suicide ideation, body image, anxiety, and depression; and risk behaviors related to being victims or perpetrators of crimes, focusing on sex work, substance abuse, and survival crimes.

The C.H.E.W. Project seeks to make a difference by being there for every SGM youth and young adult with needs and concerns, nurturing their abilities and helping them build agency and capacity using a research-informed resilience model. This model emphasizes asset building and demonstrating indicators of thriving as individuals deal with the impacts of stressors and risk-taking in their everyday lives. As Canada Research Chair in Sexual and Gender Minority Services (Tier 1) at the University of Alberta, Dr. André P. Grace developed this model as part of his research program (Grace, 2015), which is currently funded by the Social Sciences and Humanities Research Council of Canada. Working to link research to advocating for SGM youth and young adults, the C.H.E.W. Project is filling a gap in mainstream institutional provision since street-involved, homeless, and other disadvantaged individuals often experience schooling, policing, and healthcare services, as well as government and legal services, as disconnected and deficient when it comes to addressing the risks associated with living with adversity and trauma induced by homophobia, transphobia, street involvement, homelessness, sex work, and other stressors (Bowleg, Huang, Brooks, Black, & Burkholder, 2003; CPHO, 2011; Grace, 2015).

The C.H.E.W. Project – From the Beginning

Youth and Young Adults – Life in Transition, the Chief Public Health Officer's 2011 annual report on the state of public health in Canada, focused on youth (aged 12 to 19 years) and young adults (aged 20 to 29 years). It drew this overall conclusion about SGM young people: Many researchers, policymakers, and caring professionals in education, healthcare, human services, policing, and other domains are concerned about limited and even declining efforts to intervene in the lives of this population, especially those living with adversity and trauma. Dr. Grace was an external reviewer and contributor for this report. As one effort to address this sorry reality, he initiated the C.H.E.W. Project, with the goal of filling a void in comprehensive

health education and outreach to inform and assist SGM youth and young adults living in Edmonton and area. As it emerged, the project focused on vulnerable individuals who are homeless, street-involved, and at-risk of contracting and spreading sexually transmitted infections, including HIV, as well as at risk of mental-health issues.

The work of the C.H.E.W. Project has been informed by these findings from the 2011 annual report and by an array of research-informed intervention and outreach perspectives:

- SGM, Aboriginal, and recent immigrant and homeless youth and young adults are over-represented among Canadian youth experiencing health and adjustment problems and living in low-income households. They frequently experience discrimination, which can increase levels of stress that can lead to mental health problems. SGM young people commonly experience stigmatization and harassment, which can put them at higher risk of mental-health issues.
- In Canada, almost one-third of all homeless people are aged 15 to 24 years, making homelessness a particular concern for this population. About half of Canadian youth living on the street have been involved with the child welfare system at some point; about the same percentage were sexually and physically abused as children and left home as a result. Some young people become homeless as a result of abuse and neglect, lack of parental support, a mental illness, inadequate income or housing, or lack of employment or income. Those who are living independently and with limited resources face many challenges. In Edmonton, Homeward Trust Edmonton (2017) identified 305 youth between the ages of 13 and 24 within the homeless count in 2016. The organization noted that SGM youth are “substantially overrepresented” (p. 7) in this population, composing twenty-five to forty percent according to Canadian estimates. Exacerbating the situation, Homeward Trust Edmonton notes the nonexistence of shelters and transitional or supportive housing specifically designed for SGM youth, a situation the organization is currently working to remedy.
- In working with Edmonton’s young homeless population, which involves focusing on intervention and crisis response, the C.H.E.W. Project zeros in on street-involved youth; targets health-related risk factors like HIV and other STIs as well as mental illness to make referrals; and links with city initiatives that broadly address poverty and homelessness. Staff recognize that street-involved youth are vulnerable to exploitation by adults and peers; are more likely to experiment with substance use and take risks; and have different coping strategies, some of which have negative outcomes.
- Some Canadian youth and young adult populations, including lesbian, gay, bisexual, transgender or questioning (LGBTQ) and Aboriginal persons, are disproportionately represented among the street-involved population as a result of a prior history of victimization. Since many street-involved young people have experienced abuse and/or have an identified mental illness and have engaged with child protection or justice services, the C.H.E.W. Project offers support services to help at-risk individuals. Crisis response, which includes helping them with basic needs for shelter, food, healthcare, and emergency support and services, is linked to addressing long-term goals of independence, stability, and addiction management.

The C.H.E.W. Project came about as one response to alarming provincial statistics. In 2013, Alberta Health reported that age-gender-specific rates of newly diagnosed HIV cases among 15 to 29 year olds in the province were disturbingly high (2013a, 2013b). In Edmonton, consecutive

2010 to 2012 rates as well as the 2013-annualized rate of HIV were the highest in the province. Public Health Agency of Canada (PHAC) (2010) asserts that youth need to be a primary focus since individuals aged 15 to 29 years old have accounted for 26.5 percent of all positive HIV test reports since reporting began in Canada in 1979. With sexually transmitted infections including syphilis, gonorrhea, and HIV generally increasing among young people in Alberta, there are significant associated costs in social, emotional, health, and economic terms; for example, the “lifetime direct cost of one HIV infection is [at least] \$750,000” (Government of Alberta, 2011, p. 2).

The C.H.E.W. Project is responding to the pressing need to engage in intervention and outreach to assist SGM youth and young adults in Edmonton and area, especially in the inner city. Significantly, our initiative provides outreach supports to young people living with HIV, many of whom have a history of not accessing proper healthcare or human services. The CHEW Project helps the youth we serve to build the knowledge, skills, capacities, understanding, personal insight, and motivation necessary to focus on their comprehensive health and social development, which is crucial for growing into resilience. The C.H.E.W. Project is filling a gap in mainstream institutional service provision for vulnerable SGM youth and young adults. We want these young people to be part of our 3H Club of happier, healthier, and hopeful individuals (Grace, 2014).

Regarding YMSM (young men who have sex with men), the C.H.E.W. Project’s ongoing intervention and outreach indicate they compose a significant population in Edmonton, many of whom are street-involved and homeless. These youth seek mentors and supports cautiously, valuing the presence of nonjudgmental caring adults who welcome them into safe and inclusive spaces to have some food, do arts-based projects for catharsis and learning, and talk about safety and harm reduction among other issues. These youth often turn to sex work to survive. It’s a way to get a place to sleep and earn some money. Having to navigate life in contexts marked by danger, fear, hunger, and homelessness, these youth often take risks. They commonly deal with addictions and engage in unsafe sexual practices like bareback sex (anal sex without using a condom). Still these youth have degrees of agency. They look out for one another in their street family, and, given the opportunity, many like to be peer mentors. They are tech-savvy, with many using disposable income from sex work to have cell phones with Internet access. Recognizing this contemporary reality, the C.H.E.W. Project developed and operates <http://chewproject.ca>, which is a website constituting a community impact space for comprehensive health education, intervention, and outreach.

The CHEW Project – Moving Forward Using the C3 Model

The C.H.E.W. Project began by providing comprehensive health (including sexual health and mental health) education as well as providing access to comprehensive healthcare and human services. While this provision has positively impacted our clients and remains vital, there is a need for problem solving focused on the larger picture: systemic issues and structural barriers to inclusion and accommodation of SGM youth and young adults in community and institutional contexts. This focus on collective and cohesive problem solving is embodied and embedded in the C3 model emphasizing *comprehensive* health education and outreach, *community* support services, and *compassionate* policing.

Employing this model, the C.H.E.W. Project emphasizes solution-based approaches in work with vulnerable SGM youth and young adults. The project is constituted as on-the-ground intervention and outreach that assists SGM youth and young adults to build capacity (a solutions approach), moving away from unconstructive strategies focused on stigmatizing or

fixing these young people as a source of social disorder (a problems approach) (Liebenberg & Ungar, 2009; Marshall, & Leadbeater, 2008). Through a research-informed emphasis on growing into resilience (Grace, 2015), coupled with positive outcomes of comprehensive health education and outreach, community service provision, and compassionate policing, we believe SGM young people can develop self-confidence, social competence, and problem-solving abilities as workers help them to build assets that include a strong personal sense of control, access to healthy mentors and social supports and resources, and a sense of recognition and accommodation in healthcare, policing, and other institutional settings (Goldstein & Brooks, 2005; Grace, 2014, 2015).

The C.H.E.W. Project interconnects foci on comprehensive health education, healthcare, human services, and compassionate policing. Our project's target population includes perpetrators of survival crimes. It is also a population that disproportionately experiences an array of crimes and violence committed against them, which often go unreported due to stigma and a lack of trust in the police / justice system. This systemic problem results in stressors and risk-taking that impact the comprehensive health of our clients. In addition, individuals in this population are increasingly vulnerable to recruitment by gangs and other criminal groups because they are hungry, homeless, and lack a sense of belonging within the community. As well, many of our project's clients experience marginalization and discrimination based on compounding factors including gender identity and expression, sexual orientation, race, and religion. Consequently, we work using an intersectional approach that recognizes that SGM individuals exist within racial, ethnocultural, faith-based, and other diverse groups within Edmonton.

The C.H.E.W. Project has implemented the C3 model to achieve the following objectives focused on recognition and accommodation of Edmonton's vulnerable SGM youth and young adults. These objectives emphasize community intervention and outreach services; comprehensive health education coupled with intervention, outreach, and counseling supports to improve the health of clients; compassionate policing; and human services and social health linked to comprehensive – physical, sexual, mental, social, and spiritual – health.

1. To inform the C.H.E.W. Project's C3 model we will continue to use the resilience model that Dr. Grace developed to show that growing into resilience is a dynamic and intricate biological, psychological, and social process and outcome enabling SGM youth and young adults to deal with adversity and trauma (Grace, 2015). This model focuses on individuals' experiences of stressors, risk taking, and asset building as it assists individuals to demonstrate indicators of thriving. It views building resilience in SGM youth and young adults as a protective factor helping individuals to stay healthy by making better life choices. This perspective informs sessions we run for SGM and allied youth and young adults in community youth groups and schools.
2. To support and sustain the wellbeing of C.H.E.W. Project participants through the continued development and addition of website materials, as resources permit, that focus on social and comprehensive health, compassionate policing, and accessing human services. Project staff members, with youth involved as collaborators, complete diverse projects including
 - a. zines (online magazines) for peers where topics include safety, peer mentoring, body image, sexual health, mental-health first aid, realities of online cruising, anxiety, depression, and communicating urgent issues and needs;
 - b. video projects where participants, with particular attention to SGM Aboriginal and immigrant / newcomer youth and young adults, have opportunities to share their

- stories and be involved in creative arts-based approaches to inclusion, safety, and institutional and community access and accommodation to meet their needs;
- c. online SexEd 101, which incorporates research-informed, arts-based social learning activities in modules on sexual health topics including harm reduction, sexual victimization, and testing/sex positivity; and
 - d. art jams where arts-based activities are used to involve participants in learning about sexual and gender identities, coming out and safety concerns, holistic health, community supports, and addressing crime and victimization, with creative products posted on the website.
3. Partnering with nurses from the STI Clinic on Jasper Avenue, to continue to provide testing for HIV and other STIs since the majority of vulnerable SGM youth and young adults are not accessing, or are not consistently accessing, testing due to stigma, fear, and lack of knowledge. This intervention and outreach is a community service offered weekly at the project office on the University of Alberta campus and the downtown outreach office on Jasper Avenue. The partnership functions as follows:
 - a. Working with the nurses who do the testing and medical follow up in keeping with Alberta Health Services protocols, the C.H.E.W. Project's lead worker provides pre-test and post-test counselling information, resources, and social supports and attends community events for youth to share information about testing.
 - b. Following an HIV+ diagnosis, the C.H.E.W. Project's lead worker follows up with and assists SGM youth and young adults living with HIV, many of whom have a history of not accessing proper healthcare or human services due to stigma and discomfort. This outreach fills a gap in mainstream institutional service provision for the most vulnerable YMSM and trans-identified youth, especially those who are street-involved and/or homeless.
 4. To strengthen the C.H.E.W. Project's existing partnerships with units in the Edmonton Police Service including the Hate Crimes Unit, Vice Unit, Edmonton Drug and Gangs Unit, Beats, SRO Program, and Victim Services in our efforts to solve social problems and support SGM youth and young adults. This includes:
 - a. Assisting in building positive relationships between police and marginalized SGM youth and young adults;
 - b. Functioning as a resource for police officers, including school resource officers (SROs) in schools, especially in the inner city, to be able to refer students when these officers are not able to provide the support or resources necessary;
 - c. Addressing violence perpetuated against marginalized SGM youth and young adults in Edmonton, which is often 40 to 60 percent under-reported, by working with project participants to establish trust with police officers so increased reporting of experienced crime and victimization can be achieved;
 - d. Providing homeless SGM youth and young adults with the supports and resources needed to help them make positive choices and decrease their involvement in petty crimes; and
 - e. Enhancing outreach through mentorship and assisting SGM youth and young adults to navigate the social welfare system and the criminal justice system.
 5. To provide information on SGM youth and young adults and their issues and needs in presentations for the caring professionals, agencies, and community groups who need to recognize and support them. Regarding the collective of caring professionals in

education, human services, policing, and healthcare, the C.H.E.W. Project recognizes the need to educate and connect caring professionals so the collective can work collaboratively to help SGM youth and young adults. Thus (1) we address the lack of knowledge that caring professionals including educators, social-service providers, police officers, and clinicians have about SGM youth and young adults and their health, social, and educational issues, and (2) we address the unequal health status of SGM youth and young adults associated with social factors (like family, school, and street violence) and medical factors (like lack of youth knowledge of STIs and clinician misunderstanding, bias, and even homophobia and transphobia) (Grace, 2015; Grace & Wells, 2016). In this work, the C.H.E.W. Project's intervention and outreach worker engages in agency visits and conducts presentations at staff meetings. Our network includes Edmonton Police Service, Alberta Health Services' STI Clinic, Office of the Child and Youth Advocate, and an array of social agencies serving youth and young adults.

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