

## Shaping Community-Based Comprehensive Health Education for Sexual and Gender Minority Youth and Young Adults as Lifelong Learning as Critical Action

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**Abstract:** This paper examines the Comprehensive Health Education Workers (CHEW) Project as an example of lifelong learning as critical action for sexual and gender minority (SGM) or LGBTQ youth and young adults. It discusses the project as pedagogical and cultural work designed to meet their needs as subjects who have the potential to be agents and advocates. It considers constructing this work so it has meaning and effect for SGM young persons becoming adults in a world where age as a power relationship influences ways they are recognized and accommodated. It concludes with a challenge to all educators to consider ways they can frame their pedagogical and cultural work within a politics of resistance and possibility.

In Canada, vulnerable youth and young adults (aged 12 to 29 years), including those historically disenfranchised due to their sexual and gender differences, continue to be peripheral citizens in Canadian communities and in our institutions including education and healthcare (CPHO, 2011; Grace, 2013). Since the mid-1990s, the Organization for Economic Cooperation and Development (OECD) has emphasized *lifelong learning for all*. We are still working to achieve this goal in an array of educational and community contexts. What is needed now is pedagogical and cultural work so lifelong learning finds expression as critically progressive education that keeps research, policy, and practice in synchronicity (Grace, 2013). This work can be transgressive and hopefully transformative, confronting ways that neoliberalism as an omnipresent force has altered our view of education and what it ought to encompass (Grace, 2013).

Certainly, there are spaces where lifelong learning for social and cultural purposes is thriving. In this paper, I examine one such space, the Comprehensive Health Education Workers (CHEW) Project (<http://chewproject.ca>), which I frame as lifelong learning as critical action for sexual and gender minority (SGM) or LGBTQ youth and young adults. I discuss the CHEW Project as pedagogical and cultural work designed to meet their needs as subjects across sexual and gender differences who have the potential to be agents and advocates in their own lives and, when they feel ready, the lives of their peers. Next, I consider aspects of constructing this pedagogical and cultural work so it has meaning and effect for SGM individuals becoming adults in a world where age as a power relationship influences ways they are recognized and accommodated. I conclude with a challenge to all educators to consider ways they can frame their pedagogical and cultural work within a politics of resistance and possibility.

The CHEW Project, which began in fall 2014, is a community-based educational and cultural initiative that focuses on intervention and outreach for SGM young people, with special emphases on MSM (males who have sex with males) and trans-spectrum (transgender and gender nonconforming) populations. The project is about enhancing sexual, mental, physical, and social health, emphasizing HIV and other STI awareness, harm reduction, and prevention; addressing risk behaviours; gender and sexual identity development; coming out, cultural

stereotyping, suicide ideation, body image, and depression; and testing and sex positivity. I position this project as community intervention and outreach that addresses SGM comprehensive health issues and concerns in ways that position SGM youth and young adults as advocates for themselves and their peers. In doing so, I also position the CHEW Project as a form of lifelong learning as critical action that builds knowledge and understanding in order to abet cultural transformation. I consider how the CHEW project uses research as fuel for advocacy in work where the driving goal is achieving health and wellness for all SGM young people. I position this work as critically progressive education that deliberately focuses on the public realm, social inclusion, cohesion, and justice, and the cultural politics of comprehensive health. Recognizing the need for a team of caring professionals including educators, counselors, and social workers to be involved in this pedagogical and cultural work, I emphasize the importance of (1) training and professional development using a holistic and inclusive approach to comprehensive health education and (2) building a network involving diverse caring professionals as well as community partners and agencies that also serve SGM populations. I conclude by asserting that educators, taking on roles as advocates for SGM young people, can nest ethical approaches to comprehensive health education within lifelong learning as critical action aimed at recognition, access, and accommodation of SGM young people.

### **The Comprehensive Health Education Workers (CHEW) Project**

The CHEW Project is an intervention and outreach venture that includes social and health education. We work with the spectrum of SGM youth and young adults who compose a demographically complex and multivariate population, as indicated by the LGBTTIQQ2SA acronym used by WorldPride 2014 organizers in Toronto (Armstrong, 2014). The acronym, which stands for “lesbian, gay, bisexual, transgender, transsexual, intersex, questioning, queer, two-spirited and allies,” is the current iteration of an ever elongating list of descriptors naming SGM persons (Armstrong, 2014, p. A1). Acronym constituents have minority status due to differences in sexual orientation and/or variations in gender identity and expression that fall outside heteronormative categorizations of sex, sexuality, and gender as well as outside the dichotomies of the male/female and heterosexual/homosexual binaries (Grace, 2015). In the CHEW Project we work with the SGM population as at-promise subjects with the potential to be vital and active citizens with characteristics, qualities, abilities, and capacities to survive and thrive. In our everyday work with them, we engage SGM youth and young adults in social and comprehensive health education where we focus on their individual development, socialization, comprehensive—physical, mental, sexual, and social—health, safety, and wellbeing in family, in-care, street, school, community, and institutional contexts. We emphasize the process of growing into resilience, which is helping young people to (1) build assets (significant adult, institutional, and community supports and resources) and (2) show signs of thriving (positive outcomes built around recognition, respect, and accommodation) (Grace, 2015). Working to link research to advocating for SGM youth and young adults, our goal is to meet the multiple needs of these individuals through groundbreaking research, policy development, educational and community outreach, healthcare provision, human-service provision, and adequate resource allocation.

The CHEW Project is helping to fill a gap in mainstream institutional service provision since these individuals often experience schooling and healthcare services, as well as government and legal services, as disconnected and deficient when it comes to addressing the stressors and risks

associated with living with adversity and trauma induced by homophobia and transphobia (Bowleg, Huang, Brooks, Black, & Burkholder, 2003; Grace, 2015). Both my research and other Canadian research indicate that SGM youth and young adults are still involved in a paradoxical struggle to be cared about in education, social services, and healthcare as purportedly caring institutions. This point is emphasized in the Chief Public Health Officer's 2011 annual report on the state of public health in Canada. The report entitled *Youth and Young Adults – Life in Transition* focused on youth and young adults (aged 12 to 29 years) and drew this overall conclusion: Many researchers, policymakers, and caring professionals in education, healthcare, and other domains are concerned about limited and even declining efforts to intervene in the lives of SGM young people, especially those living with adversity and trauma. The report emphasized that comprehensive health education programming is needed in order to (1) address the complexity of SGM identities, behaviours, and attractions and (2) show the diversity of sexual orientations and gender identities and their expressions. The report also indicated that SGM youth and young adults have encountered problems accessing mental-health and sexual-health services. Importantly, the report concludes that working toward meeting the comprehensive health-education needs of SGM young people can help minimize the stereotyping and stigmatization of these individuals.

In its efforts to counter this sorry state of affairs, the CHEW Project utilizes a holistic model as it provides SGM youth and young adults with an integrated array of supports and services. Regarding the collective of caring professionals in education, human services, and healthcare, the CHEW Project recognizes the need to educate and connect caring professionals so the collective can work collaboratively to help SGM young people. We help this collective to (1) address the lack of knowledge that caring professionals, including health educators, social-service providers, and clinicians, have about SGM youth and young adults and their social, educational, and health issues, and (2) address the unequal health status of SGM young people associated with social factors (like family, school, postsecondary, and street violence) and medical factors (like their lack of knowledge of STIs and clinician misunderstanding, bias, and even homophobia and transphobia) (Grace, 2015).

With its focus on the holistic health of SGM youth and young adults, the CHEW Project has been timely and much needed pedagogical and cultural work. As a school- and community-based comprehensive health-education initiative, the project also includes social education, mentoring, crisis intervention, and providing outreach resources and supports. With a particular emphasis on gay and other MSM (males who have sex with males) as well as trans-spectrum (gender nonconforming) young people, the CHEW Project is helping SGM youth and young adults to build both the comprehensive health and social knowledge and problem-solving skills needed to be able, capable, and productive citizens. Recognizing and accommodating SGM diversity, the CHEW Project is sensitive to the multivariate backgrounds, experiences, cultures, and sexual and gender identities of our participants. It assists young people to build capacity (a solutions approach), moving away from unconstructive strategies focused on stigmatizing or fixing these individuals as a source of social disorder (a problems approach) (Liebenberg & Ungar, 2009; Marshall, & Leadbeater, 2008). Crucially, I conduct research on resilience that informs the ongoing development and delivery of the CHEW Project (Grace, 2015). SGM youth and young adults can learn to develop self-confidence, social competence, and problem-solving abilities as workers help them to build assets that include a strong internal locus of control, access to healthy

mentors and social supports and resources, and a sense of recognition and accommodation in community settings (Goldstein & Brooks, 2005; Grace, 2015). The CHEW Project works with SGM youth and young adults as capable and invested subjects, which means we see them as individuals and social beings who can be supported to become agents of change in their own lives and in the lives of their peers. When they become ready and able, they can take on roles as advocates and activists who make a difference that starts with the self and extends to others (Grace, 2015).

Supporting trans-spectrum and MSM young people is a core driver of the CHEW Project. Our research and ongoing intervention and outreach indicate these individuals compose a significant and diverse population in Edmonton, with many being street-involved and homeless. These young people 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, and talk about harm reduction among other issues. They often turn to sex work to survive. It's a way to get a place to sleep and earn some money. Having had to navigate life in contexts marked by danger, fear, hunger, and homelessness, these young people often take risks. They deal with addictions and engage in unsafe sexual practices like bareback sex (anal sex without using a condom). Still these individuals have degrees of agency. They look out for one another in their street family, and 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. Since they are connected in cyberspace, CHEW staff use this medium as a community educational space for them (see <http://chewproject.ca>). Using research-informed, arts-based social learning activities, the goal is to have MSM, trans-spectrum, and other SGM youth and young adults share messages that help educate their peers about topics including HIV and other STIs (sexually transmitted infections like syphilis and gonorrhea) and harm reduction.

The CHEW Project provides resources and supports to SGM young people living with HIV, many of whom have a history of not accessing proper healthcare or human services. Alberta Health (2013a, 2013b) indicates that age-gender-specific rates of newly diagnosed HIV cases among 15 to 29 year olds in our province are alarmingly high. Moreover, consecutive 2010 to 2012 rates as well as the 2013-annualized rate of HIV for Edmonton are the highest among the five Alberta zones for which data have been generated. Statistics for these years indicate that MSM individuals are the predominant at-risk group vulnerable to HIV infection. This aligns with the Public Health Agency of Canada's listing of MSM as the at-risk population most affected by HIV (PHAC, 2012). These statistics point to the need for the CHEW Project to be sustained outreach so the young people we serve can build the knowledge, skills, capacities, understanding, personal insight, and motivation necessary to focus on their comprehensive health, which is crucial for staying healthy and growing into resilience. The CHEW Project is helping to fill a gap in mainstream institutional service provision for the most vulnerable SGM youth and young adults, especially those who are street-involved and/or homeless. To continue to support them, we use our resources and supports to bring every SGM young person into our 3H Club of happier, healthier, and more hopeful individuals (Grace, 2014).

### **Concluding Perspective: Challenging All Educators**

For educators and cultural workers whose core work is helping vulnerable populations navigate living and learning in institutional and community contexts, it is particularly problematic when

age is used to delimit involvement since it can exacerbate disenfranchisement (Grace, 2013). Thus development and delivery of comprehensive health education and other social programming should be framed within a politics of resistance and possibility that questions what constitutes inclusive forms of education, intervention, and outreach, which is integral to extending the parameters of personhood and citizenship (Grace 2013, 2015). This reality challenges educators as pedagogues and cultural workers to address three basic questions (Grace, 2013): (1) Are contemporary lifelong-learning practices, especially in community-based contexts, ethical and useful in addressing the real learning needs of vulnerable youth and young adults? (2) Do educators with the potential to be significant adults who encourage and guide young learner participation include adult educators? (3) At what age does adult learning begin? With regard to the latter question, as theories of development and learning indicate, it is still unclear when individuals become adults (Grace, 2013). Saying this happens at some legislated age of majority, or some other age, is arbitrary. Sometimes a young person's development in individual and social contexts has been impeded by culture and society's systems and structures that exacerbate adversity and trauma as life's everyday millstones (Grace, 2015). Sometimes a young person can be (or can appear to be) more mature and capable because of life-shaping contexts and personal experiences that can have steeling effects engendering proactivity (Grace, 2015). Certainly, vulnerable SGM young people whose lives are commonly marked by hardship and suffering might be considered among those who have to grow up too soon. Matters of context, disposition, and relationship shaping everyday living for this multivariate population might even accelerate the process of becoming an adult, as personal survival is associated with taking on new roles and responsibilities and growing into resilience as agents and advocates seeking better lives for themselves and their peers (Grace, 2013, 2015).

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