

Sexual Health Services and Programming for 2SGBQ+ Cis and Trans* Men in Winnipeg and Manitoba

Sexual Health Status & Trends, Resource Access, and Opportunities for SERC MB and HSHR Engagement

ENVIRONMENTAL SCAN 2022

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Executive Summary

In Manitoba, Two-Spirit, gay, bisexual, and queer (2SGBQ+) cis and trans* men continue to be one of the most underserved populations when it comes to sexual health, despite being overrepresented among negative sexual health outcome statistics. Substantial health disparities exist among 2SGBQ+ cis and trans* men, which reflects the existence of barriers to accessing essential and appropriate sexual health services and community-based programs. For example, 2SGBQ+ cis and trans* men (compared to the general population):

1. Are over-represented among new **HIV/STBBIs**
2. Are more likely to experience **mental health issues or concerns**
3. Have a higher rate of **substance use and substance use disorders**
4. Experience a heightened burden of **social isolation and loneliness**
5. Are more likely to experience **poverty and homelessness**

These health inequities are exacerbated by other identity factors and social determinants of health (i.e., age, education, income, race and ethnicity, colonialism, housing, immigration status, involvement in sex work, drug use, etc.), which overlap. These intersecting and compounding avenues of oppression, discrimination, and marginalization further contribute to the minoritization of 2SGBQ+ cis and trans* men in Manitoba.

2SGBQ+ men's health has been the focus of several local and national research projects over the last three years. Throughout that time, various community-based organizations have delivered sexuality/sexual health programming as one-time events, and several grassroots initiatives have grown to support this population. Despite these efforts, no single organization or coalition of organizations has committed to supporting ongoing work in this area outside of single service models or short-term programs. Sexuality Education Resource Centre MB (SERC) is interested in contributing to addressing this gap and has identified shared interests in these issues with the Healthy Sexuality and Harm Reduction (HSHR) unit at the Winnipeg Regional Health Authority (WRHA).

With this information in mind, this report accomplished the following goals:

1. Document the sexual health disparities experienced by 2SLGBTQ+ cis and trans* men in Manitoba
2. Identify opportunities for intervention that align with SERC MB and HSHR mandates
3. Provide a compilation of all known existing resources in Manitoba for 2SGBQ+ cis and trans* men's sexual health and associated needs (Appendix A)

Sexual Health Status and Available Services for 2SGBQ+ Men in Manitoba

Overall, SERC and HSHR are positioned to consider a number of opportunities as they relate to the various dimensions of health outlined in this report. Within each category (sexual health, mental health, income and housing, etc.), there are several options for singular or joint initiatives based on both SERCs 21-26 strategic plan and the key objectives of the HSHR unit at the WRHA. These can be found in the “Opportunities for engagement...” section at the end of this report.

In summary, both SERC and HSHR have a vested interest in the sexual health of 2SGBQ+ cis and trans men in Manitoba and both are poised and mandated to support the prevention and intervention needs of this population. The next steps now include examining what is feasible and how to begin doing this work, as well as determining which resources outlined in Appendix A can be utilized effectively to avoid duplication and promote engagement with community.

Introduction

In Manitoba, 2SGBQ+ cis and trans* men continue to be one of the most underserved populations when it comes to sexual health, despite being overrepresented among negative sexual health outcomes. This environmental scan seeks to establish a baseline of data and information from which to address the sexual health needs of this population.

Over the last three years, several local and national research projects, including one larger national data set extending as far back as 2007, have built data on 2SGBQ+ cis and trans* men in Manitoba. At the same time, various community-based organizations have delivered sexuality/sexual health programming as one-time events and several grass-roots initiatives have grown to support 2SGBQ+ cis and trans* men. Despite these efforts, no single organization or coalition of organizations has committed to supporting ongoing work in this area outside of single service models or short-term programs. SERC is interested in filling this gap and has identified shared interests in these issues with the HSHR unit at the WRHA. The overall goal of this partnership is to better understand the activities currently taking place in Manitoba related to this population focus, to identify the various stakeholders engaged in this work, and to document all relevant data and evidence that currently exists on this topic.

As such, the following methodologies guided this work:

1. Reviewed and documented existing data including peer-reviewed literature related to sexual health care access, prevention education initiatives, epidemiological health indicators, and other outcomes related to the social determinants of health for 2SGBQ cis and trans* men in Manitoba.
2. Scanned and compiled the current service landscape for 2SGBQ+ cis and trans* men in Manitoba, concerning sexual health including access, and associated needs (including mental health, substance use, social connection and income, housing, and employment;).
3. Identified opportunities for intervention that align with the individual mandates of both HSHR and SERC, in particular concerning the prevention of sexually transmitted and blood-borne infections (STBBIs) and associated outcomes, as well as improving access to sexual health care, sexual health information, and community-based harm reduction programming for this population.

As the primary goal of this report was to identify current gaps in 2SGBQ+ cis and trans* men's sexual health services and associated needs, what is not explicitly captured is the strength, resiliency, and non-traditional systems of community care that exist within this population. It is important we acknowledge how community cares for community. While there are higher levels of risk and disproportionate negative health outcomes, there are also protective factors including support, safety and love (Ceatha et al., 2021; Kertzner et al., 2009)).

Sexual Health Disparities Among 2SGBQ+ Cis and Trans* Men Living in Manitoba

1. HIV and other STBBIs

Impact

In 2019, Manitoba had the second-highest rate of new Human Immuno-deficiency Virus (HIV) cases in the country (8.8 per 100,000 population), which was above the national average in the same year (5.6 per 100,000 population) (Haddad, Weeks, Robert, & Totten, 2021). According to the Manitoba HIV Program, at the end of 2018, approximately 1,400 people were living with HIV in Manitoba and accessing care at one of their three clinic sites. 77.6% of new HIV cases occurred in Winnipeg (*Manitoba HIV Program Update*, 2019).

Due to the intersection of experiences of oppression and barriers to accessing appropriate healthcare services and education, in Canada, 2SGBQ+ cis and trans* men and men who have sex with men (MSM), are disproportionately at higher risk for contracting HIV and other STBBIs (Public Health Agency of Canada, 2018; Public Health Agency of Canada, 2020). This Injection drug use (33.9%) and condomless anal sex between men (24.4%) are the most commonly identified HIV risk exposures in Manitoba (Manitoba HIV Program, 2019). HIV rates among MSM in Manitoba have been rising in recent years (an increase of ~20% since 2012) (Manitoba HIV Program, 2019). Notably, from 2018 to 2019, there was a 13% increase in new HIV infections (Government of Manitoba, Manitoba Health, Seniors and Active Living, Epidemiology and Surveillance, 2020).

Other STBBIs, most notably syphilis, have also been shown to disproportionately affect communities of men who have sex with men (MSM) in Winnipeg, as recorded from 2012-2017 (Neufeld, 2019; Tuite et al., 2018). Additionally, the Manitoba 2SGBQ+ Men's Health Study, which was a community-based, participatory study that sought to address gaps in the literature on the health of 2SGBQ+ men in Manitoba, indicated that 7.5% of respondents had been diagnosed with hepatitis A or B, and 7.8% of respondents had been diagnosed with hepatitis C. Strikingly, 62.1% of those diagnosed with hepatitis C had not received treatment for it (McLeod et al., 2021).

2SGBQ+ cis and trans* men and other MSM, particularly those who are marginalized by intersecting identities and social locations related to age, ethnicity/race, Indigeneity, immigration, socioeconomic status, trans identity, as well as involvement in sex work or injection drug use, remain overrepresented among HIV and STBBIs in Manitoba. According to the Winnipeg Pride sample of CBRC's 2018 Sex Now Survey, a nationwide survey of 2SGBQ+ men, 52% of participants were non-white, 23% were born outside of Canada, and 9% were transgender (Community-Based Research Centre, 2021). Two-Spirit men and Indigenous GBQ+ men in Canada face compounding stigma, discrimination, and oppression such as racism, homophobia and transphobia within health and HIV care systems, as well as challenges with housing and employment, all of which increase their HIV/STBBI risks (HIV/AIDS Legal Network, 2017; Taylor, 2009; Teengs & Travers, 2006). Many issues facing these populations stem from the long history of colonization and abuse (i.e., residential schools, the Sixties Scoop, the Millennial Scoop), which can predispose people to HIV, trauma, depression, economic marginalization,

substance abuse, or suicide (Hill, 2003; Innes & Anderson, 2015; Newman et al., 2012; Ristock et al., 2010).

Despite the relatively well-documented burden of HIV and other STBBIs on 2SGBQ+ cis and trans* men in Manitoba, access to sexual healthcare, testing, and prevention education is fragmented. Intersecting social factors such as race and income further add to the barriers that 2SGBQ+ cis and trans* men experience when trying to access sexual health services.

Testing

The Manitoba 2SGBQ+ Men's Health Study (McLeod et al., 2021) found that:

- 21.5% of respondents were never tested for HIV
- 27.3% of respondents were never tested for STIs
- 32.1% of respondents had to leave their home community to receive an HIV test (rural, remote, northern)

According to the Winnipeg Pride sample of CBRC's 2018 Sex Now Survey (Community-Based Research Centre, 2021), 13% of participants had never been tested for STBBIs. Of those that had been tested:

- 47% had been tested within the last 6 months and 15% had been tested 6 months to 1 year ago. Of these:
 - o 91% had a blood test
 - o 85% had a urine test
 - o 47% did not have a throat swab compared to 44% nationally
 - o 58% did not have a rectal swab, compared to 57% nationally

*Of note, a recent Canadian study by Harvey-Lavoie et al. (2021) found that when only urine is tested 93.5% of Gonorrhea and 79.5% of Chlamydia infections are missed. Furthermore, only 70% and 56% of participants reported having had a throat and rectal swab respectively with their last STBBI test. Comprehensive STBBI testing must include extragenital (rectal and throat) testing to effectively address current rates of infection.

- 38% had been tested over a year ago, and the reasons cited for delaying/avoiding testing were:
 - o Too busy to get tested
 - o Limited testing hours
 - o Too stressed about results
 - o Long wait times at sexual health centres
 - o Live too far from testing services

Testing is the first step in the HIV continuum of care. It is thus important to improve testing rates to decrease the negative impacts of HIV and other STBBIs among 2SGBQ+ cis and trans* men in Manitoba.

PrEP (Pre-Exposure Prophylaxis)

PrEP is medication taken daily to prevent HIV. It is up to 99% effective as an HIV prevention method (Division of HIV Prevention, Centers for Disease Control and Prevention, 2019). In July 2021, Manitoba was the only Canadian province that did not publicly fund PrEP under the provincial Pharmacare plan,

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despite having the second-highest HIV infection rate in the country. Thanks to the efforts of many sexual and community health advocates, PrEP is now covered under Manitoba Pharmacare or Employment and Income Assistance for those who meet the eligibility criteria (Nine Circles Community Health Clinic, n.d.). Although covered for First Nations and Inuit people through the First Nations and Inuit Health Branch, members of the armed forces including veterans, and by some private health insurers, the extent to which Manitobans access PrEP through these programs is unknown. PrEP often requires out-of-pocket costs for the user, in addition to requiring a prescription from a doctor or nurse practitioner. The Manitoba 2SGBQ+ Men's Health Study (McLeod et al., 2021) showed that:

- 81.1% of respondents understood what PrEP is
- 33.2% of respondents were interested in using PrEP but had not begun due to excessive cost, stigma, and inability to get a prescription
- 46.4% said that they did not have enough information about PrEP to make an informed choice about taking it safely and effectively (including side effects, how to access it, how to take it, evidence of safety, interactions with other medications, support for people taking it)

When asked to describe the problems that they had obtaining PrEP, answers included:

- Cost (this was the most mentioned barrier)
- Issues with family doctor or GP not knowing enough about PrEP or not being approachable or knowledgeable
- Discomfort raising the question with their family doctor or GP
- Doctor unwilling to provide prescription
- Anxiety around taking prep
- Confusion around private and public coverage

According to the Winnipeg Pride sample of CBRC's 2018 Sex Now (Community-Based Research Centre, 2021):

- 67% of participants who were not living with HIV met the threshold for PrEP eligibility but were not taking PrEP
 - o Of these, 92% perceived their risk of getting HIV to be low
- Nationally, the reasons for not taking PrEP were:
 - o The high cost (as much as \$500 to \$1000 per month without coverage)
 - o Other barriers (side effects, taking pills, frequent testing, clinic visits)

Of note, compared with non-Indigenous men, Indigenous 2SGBQ+ cis and trans* men were less likely to report ever using PrEP.

Overall, these statistics indicated that although PrEP is highly effective, 2SGBQ+ cis and trans* men may face many barriers when trying to access it.

HIV Prevention Knowledge

According to the Winnipeg Pride sample of CBRC's 2018 Sex Now Survey (Community-Based Research Centre, 2021):

- 40% of participants who were not living with HIV were unaware of PEP (Post-Exposure Prophylaxis) as an HIV prevention method

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- 20% of participants who were not living with HIV were unaware of PrEP as an HIV prevention method
- 38% of participants who were not living with HIV were unaware that a person with an undetectable viral load cannot transmit HIV through sex compared to 0% of participants who were living with HIV

These statistics indicated that further HIV prevention education is required among the 2SGBQ+ population.

Publicly Funded Vaccines

The HPV vaccine can protect against up to 6 strains of HPV that cause:

- Anal, penile, genital, cervical, mouth, and throat cancers
- Genital warts
- Transmission of HPV to partners

This vaccine is offered for free to 2SGBQ+ cis and trans* men 26 years old and under in all provinces. According to the Winnipeg Pride sample of CBRC's 2018 Sex Now Survey (Community-Based Research Centre, 2021), 68% of participants under 26 and 69% of participants over 26 were unvaccinated. Winnipeg had the lowest percentage of participants under 26 who were vaccinated out of all cities surveyed and were just above the national average for participants over 26 who were vaccinated.

The Hepatitis B vaccine is free to all 2SGBQ+ cis and trans* men, regardless of age, in all provinces. Nationally, 70.4% of participants indicated having been vaccinated, compared to only 59.1% in Winnipeg. This was the lowest vaccination rate among all cities surveyed.

Overall, 2SGBQ+ cis and trans* men are at disproportionately high risk for contracting HIV and other STBBIs, but experiences of marginalization can make prevention methods and tools inaccessible.

2. Mental Health

Impact

Mental health evidence is scarce concerning 2SGBQ+ cis and trans* men's mental health status in Manitoba. However, it is well-documented that sexual and gender minorities are at a greater risk of anxiety, depression, suicidality, and substance use disorders than the general population (Ferlatte et al., 2020; Lick et al., 2013; Miranda-Mendizàbal et al., 2018; Plöderl & Tremblay, 2015; The Trans PULSE Canada Team, 2020). According to the national Trans PULSE survey, which examined the health of trans and non-binary individuals across Canada (The Trans PULSE Canada Team, 2020):

- 44% of respondents rated their mental health as good, very good, or excellent
- 31% had considered suicide
- 6% had attempted suicide in the last year

The Manitoba 2SGBQ+ Men's Health Study (McLeod et al. 2021) reported that:

- nearly 50% of respondents had been diagnosed with depression and/or anxiety
- over 50% had contemplated suicide

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- 27.5% had attempted suicide

The 2019 Canadian Trans and Non-binary Youth Health Survey (Taylor et al., 2020) found even more concerning levels of poor mental health, with only 16% of respondents reporting their mental health as good or excellent. Most youth (88%) reported having a chronic mental health condition, such as depression or anxiety. Within the past year alone, 64% of youth had considered suicide and 21% had attempted suicide (Taylor et al., 2020). In Canada, suicide has surpassed HIV as a leading cause of premature mortality for 2SGBQ+ cis and trans men (Hottes et al., 2015).

There is also a stark difference between the mental health of transgender or non-binary individuals compared to cisgender individuals. The Sex Now Survey, Canada's largest and longest-running survey of 2SGBTQ+ men's health, shows that trans and non-binary participants (compared to cisgender participants) (Rutherford et al., 2021):

- Have greater levels of anxiety and depression
- Are more likely to want help for anxiety and depression
- Are more likely to want help with gender dysphoria/transition and body image
- Are more likely to want help for eating disorders

According to the Winnipeg Pride sample of CBRC's 2018 Sex Now Survey (Community-Based Research Centre, 2021),

- 45% of participants experienced depressive symptoms in the last 2 weeks, and of these, 60% indicated wanting help to cope with these feelings
- 29% of participants experienced a generalized anxiety disorder in the last 2 weeks, and of these, 60% indicated wanting help to cope with these feelings

Overall, the 2018 Sex Now survey indicated that 45% of participants, nationally, wanted help with their mental health relating to issues such as depression, eating disorders, anxiety, body image, coming out, relationships, gender dysphoria/transition, and suicidal thoughts.

A Note on Two-Spirit Mental Health

Two-Spirit people can be part of the LBGTQ+ community, but some can relate more to their cultural identity within their Indigenous community. Sometimes, this results in the perception of Two-Spirit people not being fully accepted in either group (Monette et al., 2001). *Spiritual trauma* is a psychological and emotional injury that may cause loss of culturally specific coping mechanisms (i.e., smudging or speaking with Elders), which may instead contribute to harms associated with substance and/or alcohol use (Jolivet, 2016). Posttraumatic Invasion Syndrome is the unnatural and genocidal disruption of cultural knowledge, practices, and self-governance through exploitation and oppression (Jolivet, 2016). This is a lifelong experience affecting entire bands, communities, and nations. It is also important to note that the effects of intergenerational trauma are significant and lasting. For example, when raised by people who survived residential schools, Two-Spirit people reported higher incidences of anxiety, PTSD, and suicidal thoughts (Hunt, 2016). Despite centuries of oppression, Two-Spirit people have shown immense resilience and the body of evidence and knowledge is growing (despite this knowledge and evidence existing traditionally for centuries). Today, there is a movement to recognize Two-Spirit people as traditional knowledge keepers, healers, and role models for overcoming and coping with trauma (Jolivet, 2016). The reader should note that these data and

information are evolving and that research, information and resources related to Two-Spirit peoples continues to shift and change. As such, the reader is encouraged to consider the sources and take leadership from local Two-Spirit and Indigenous communities.

Effects of Systems of Oppression on Mental Health

Poor mental health is yet another manifestation of the experiences of the stigma, social exclusion, discrimination, marginalization, and oppression that 2SGBQ+ cis and trans* men face in Manitoba and in Canada. Minority stress, which Meyer (2003) defined as "...excess stress to which individuals from stigmatized social categories are exposed as a result of their social positions" (p. 675), can lead to negative health outcomes. Examples of sexual minority stress include stigma, prejudice, internalized homophobia, concealing one's identity, and expectations of rejection because of one's sexuality. Additionally, pressures on 2SGBQ+ cis and trans* men to present themselves as traditionally masculine, and the negative consequences of behaving in gender-atypical ways can result in increased distress, and subsequently lead to further development of mental health issues or concerns (Blashill & Powlishta, 2009; Blashill & Hughes, 2009).

Intersectionality also plays a large role in contributing to poor mental health outcomes in cis and trans* men who identify as 2SGBQ+. For example, social factors including (but not limited to) poverty, race/ethnicity, access to health services, colonialism, housing, and drug use – alongside homophobia or transphobia – compound, and result in increasingly poor mental health outcomes (Canadian Mental Health Association: Ontario, 2013). Additionally, this population may face added challenges in accessing mental health services that are appropriate and inclusive.

Manitoba's mental health systems must be better suited to accommodate the unique needs of sexual and gender minority people. For example, healthcare service providers must be well-informed about the unique mental health needs of 2SGBQ+ cis and trans* men in Manitoba and be able to identify coping strategies and resources to deal with negative mental health outcomes. They must also receive training to help address the discrimination, stigma, oppression, and social exclusion that contribute to the specific mental health and wellbeing needs of 2SGBQ+ cis and trans* men.

3. Substance Use

Impact

2SGBQ+ cis and trans* men have higher reported levels of substance use and higher prevalence of substance use disorders than the general population. A 2017 study that examined the prevalence of mental health disorders among gays and bisexuals in Vancouver, British Columbia, found that 17.4% of respondents reported a substance use disorder (Lachowsky et al., 2017). Additionally, a study conducted in 2016 showed that 33% of 2SGBQ+ cis and trans* men had taken drugs in the last year, compared to 8.1% of heterosexual men (LGBT Foundation, 2020). Crystal methamphetamine and other party drugs (GHB, crack/cocaine, MDMA) are a significant issue for 2SGBQ+ cis and trans men, because of their connection to the 2SGBQ+ sexual subculture of Party-n-Play (PNP; sex that occurs under the influence of drugs) (Souleymanov, 2017; Souleymanov et al., 2019; Souleymanov et al., 2020). Injecting crystal meth intravenously is a prevalent practice within PNP contexts. It is also

important to note that PNP practices and having sex while under the influence of drugs may contribute to a higher risk of contracting HIV as judgement may be impaired leading to decisions such as having condomless anal sex (The U.S. Department of Health and Human Services, 2018).

Disparities in substance use behaviour and substance use disorders may be explained by many factors. For example, 2SGBQ+ cis and trans* men may use drugs to cope with:

1. *Minority Stress*
 - Comes from facing oppression and prejudice related to not being part of the privileged/majority social group
2. *Shame*
 - Closely tied to the experience of minority stress
 - Can be toxic to mental health
 - Can range from feeling embarrassed or temporarily discouraged, to holding a deeply entrenched sense of being inferior
 - Many 2SGBQ+ cis and trans* men experience deep shame due to the perception that being straight, and cisgender is perceived as being “normal” and “better”
3. *Syndemics* (i.e., when two or more epidemics mutually reinforce one another to reduce the health profile of a group) (Adam et al., 2017; Feinstein et al., 2016)
 - A few health and social trends are affecting 2SGBQ+ cis and trans* men in Canada at higher rates than other groups, and they all fuel each other. For example:
 - i. substance use issues (crystal meth, cocaine, alcohol, tobacco)
 1. especially prevalent among Two-Spirit and Indigenous GBQ+ cis and trans* men to cope with the effects of intergenerational trauma (Walters, 2010)
 - ii. HIV-related concerns
 - iii. Sexual violence
 - iv. Discrimination
 - v. Homelessness and poverty
 - vi. Depression, anxiety, loneliness

The Manitoba 2SGBQ+ Men’s Health Study found that in the last six months, before or during sex (McLeod et al., 2021):

- 60.6% of respondents consumed alcohol
- 33.2% of respondents used marijuana/cannabis or hashish
- 12.9% of respondents used cocaine or crack
- 15.8% of respondents used crystal methamphetamine or other methamphetamines
- 9.1% of respondents used ecstasy or MDMA
- 7.8% of respondents used Viagra or other erectile medication
- 7.5% of respondents used poppers
- 3.5% of respondents used ketamine

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- 4.8% of respondents used opioids (heroin, fentanyl, methadone)

Additionally, out of the 371 participants:

- 22.6% reported they had injected drugs (12.9% cocaine, 8.1% crystal meth, 7.8% opioids)
- 19.3% reported that at some point, they experienced an overdose.

Respondents were also asked whether they had accessed any forms of support for substance use in the last six months.

- 13.3% accessed needle exchanges
- 10.6% accessed harm reduction services
- 9.2% accessed detox or drug treatment addictions services
- 7.3% attended Crystal Meth Anonymous
- 6.8% used Naloxone or Narcan
- 5.4% attended Narcotics Anonymous
- 4.9% attended a Sweat Lodge or other traditional service
- 4.3% attended Alcoholics Anonymous
- 3.5% attended Cocaine Anonymous
- 19.2% were not seeking support
- 38.5% said that this did not apply to them

Substance Use and Celebration

Substance use is sometimes associated with the celebration of positive sexuality and the loss of shame and inhibitions (Hawkins et al., 2019). Sexualized substance use may also be connected to experiences of pleasure including increased physical sensations or sexual longevity. Therefore, using drugs or drinking alcohol can be closely tied to sexual practices among 2SGBQ+ cis and trans* men. Additionally, research on alcohol and drug use among gay, bisexual, and other MSM shows that substance use is normalized and highly prevalent (Card et al., 2018). One study out of Vancouver, British Columbia, showed that drug and alcohol consumption can help to both facilitate and inhibit entrance into the community (Hawkins et al., 2019). The study showed that substance use can be a social activity and can help 2SGBQ+ men connect and cope with social anxieties. However, participants of this study also described how 2SGBQ+ social groups can contribute to alcohol and drug consumption, since those who do not use may be socially isolated.

Harm Reduction

According to the Winnipeg Pride of CBRC's 2018 Sex Now Survey, 14% of all participants reported accessing any kind of harm reduction or addiction treatment services (Community-Based Research Centre, 2021). Drug use is a complex phenomenon that encompasses a range of behaviours, and some activities and ways of using are safer than others (Manitoba Harm Reduction Network, n.d.). Harm reduction focuses on problematic drug use, which is defined as drug use that has a negative consequence for the individual, as well as their friends, family, and/or society (Carter & McPherson, 2013). Problematic use is often a response to physical, emotional, spiritual, and socially inflicted pain and/or trauma. Realities of colonization, poverty, class, racism, social isolation, past trauma, homophobia, and other social inequalities affect the ability of individuals to access services and

mitigate harm (Manitoba Harm Reduction Network, n.d.). Harm reduction services that are available for 2SGBQ+ cis and trans* men must recognize these realities and ensure that 2SGBQ+ cis and trans* men who use drugs are involved in the creation of programs and policies designed to serve them. Manitoba Harm Reduction Network (MHRN) and the Winnipeg Regional Health Authority (WRHA) are committed to acknowledging the unique experiences of people who use drugs and supporting the principles and practices of harm reduction (*Manitoba Harm Reduction Network, n.d.*; Winnipeg Regional Health Authority, 2016).

4. Social Supports

Social support can play a role in improving health outcomes, as well as providing support for mental health and general wellbeing (Berkman & Syme, 1979; McDonald, 2018). It acts as a protective factor for the minority stress experienced by 2SGBQ+ cis and trans* men. In addition to being associated with better mental health, social support has been associated with successful coping and resilience in the face of adversity or stressors (Cohen, 2004).

Due to stigma and discrimination, there is a heightened burden of loneliness among 2SGBQ+ cis and trans* men. One study out of Vancouver, British Columbia, exploring loneliness among gay, bisexual and other men who have sex with men, found that 61% of participants experienced loneliness. Loneliness was also associated with poor self-rated physical health, and depressive symptomatology was found to partially mediate this relationship (Marziali et al., 2020). This indicates a need for the integration of social, mental and physical health programming that is inclusive, and perhaps targeted toward 2SGBQ+ cis and trans* men to alleviate the loneliness felt by members of this community.

COVID-19 has exacerbated negative mental health impacts on 2SGBQ+ cis and trans* men as social distancing limits access to supports like friends or partners. 2SGBQ+ cis and trans* men may not have the same access to supportive networks, and instead may be sheltering in unsafe home environments that may cause more anxiety. Research conducted with LGBTQ+ people in the UK showed a 50% increase in COVID-related helpline calls about mental health (LGBT Foundation, 2020). Social distancing also limits access to mental health counselling and substance use support groups for 2SGBQ+ cis and trans* men run by community-based organizations. Since Manitoba began following social distancing protocols, calls to 911 for crystal meth and opioid overdoses have increased by 66% (Montgomery, 2020).

Before the onset of the COVID-19 pandemic, the Manitoba 2SGBQ+ Men's Health Study surveyed 2SGBQ+ cis and trans* men across Manitoba to better understand their sources of formal and informal support (McLeod et al., 2021). The results were the following:

Formal support location:

- Klinik Community Health (28.4%)
- Nine Circles Community Health Centre (21.4%)
- Sunshine House (16.4%)
- Rainbow Resources Centre (15.3%)
- SERC Brandon (15%)
- Rainbow Pride Mosaic at the University of Manitoba (10.6%)
- Mood disorders association of Manitoba (5.3%)

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- Men's Resource Centre (5.3%)
- Rainbow Lounge at the University of Winnipeg (4.7%)
- Mount Carmel Clinic (3.9%)

Formal support type:

- Therapy or counselling (24 comments)
- Social interaction or peer support (9 comments)
- Support groups (7 comments)

Informal support (number of people that they could count on):

- One person 12.3%
- 2-3 people 41.5%
- 4-5 people 15.6%
- 5+ people 27%
- No one 3.6%

Avenues of social support should be leveraged to mitigate negative health outcomes such as depression, anxiety, loneliness and substance use disorder among 2SGBQ+ cis and trans* men in Manitoba.

5. Income, Housing, Employment

Income, housing, and employment are social determinants of health, which can greatly affect physical, mental, sexual, emotional, and spiritual health. Historically, 2SLGBTQ+ Canadians have accounted for a disproportionately large percentage of Canadians who are homeless, at risk of becoming homeless, and in core housing need (Elver, 2019). This is especially apparent in individuals who have intersecting identities (e.g., youth, seniors, Indigenous peoples, newcomers, people with mental health or addiction issues, etc.). The Manitoba 2SGBQ+ Men's Health Study (McLeod et al., 2021) found that 15.3% of participants were currently experiencing homelessness, and 19.4% of respondents indicated that they had experienced difficulties getting access to affordable housing in the last 12 months. When asked about annual household income:

- 24.4% of respondents said that their household income was less than \$30,000 per year
- 19.6% reported between \$30,000 and \$60,000 per year
- 34.4% reported between \$60,000 and \$100,000
- 21.6% reported \$100,000 or more per year

Indigenous 2SGBQ+ men reported lower incomes than respondents from other ethno-racial groups, with 65% of First Nation and 23.3% of Métis 2SGBQ+ men reporting incomes under \$30,000. In comparison, Manitoba's average household income in 2015 was \$85,373 (Statistics Canada, 2017).

In terms of employment status, 72.4% of participants indicated that they were employed full-time, 13.3% were employed on a part-time basis, and 14.3% were unemployed. Among Indigenous respondents, 55.8% reported being currently unemployed, and 22.7% reported being currently homeless. In comparison, Manitoba's unemployment rate in 2021 was 6.4%, which shows a stark

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disparity between 2SGBQ+ cis and trans* men (notably Indigenous) and the general population average (Jeudy, 2022).

It is clear that social support is needed to address homelessness, unemployment, and low income among 2SGBQ+ cis and trans* men in Manitoba, especially among Indigenous individuals.

2SGBQ+ Access to Sexual Healthcare

2SGBQ+ cis and trans* men in Manitoba experience many barriers to accessing physical, mental, social, and sexual healthcare. These barriers may be further exacerbated depending on the social location of the individual (age, ethnicity/race, income, geographic location, etc.).

1. Interactions with Healthcare Providers

Having a family doctor is a good indicator of general access to healthcare and is one of the primary access points for consistent healthcare provision (i.e., ensuring that there is a primary point of contact for physical and mental health needs). According to the Manitoba 2SGBQ+ Men's Health Study (McLeod et al., 2021), which collected first-person data from 2SGBQ+ men in Manitoba by way of a survey and interviews (please see the link in the reference section to access the full report that explains the methodology), 71.3% of respondents indicated they had a family doctor, while 28.7% did not

79.2% indicated that they had seen a healthcare provider in the last 12 months. However, of those who had seen a doctor or healthcare provider in the last 12 months, only 48.5% had been offered an HIV test.

25.5% of participants did not talk openly to their healthcare providers about their sexual orientation, citing reasons such as:

- Discomfort with having the conversation
- Only seek sexual health care from known affirming providers
- Private issue
- Topic “never came up” or was not raised by doctor/provider

Family doctors represent the most consistently cited healthcare provider that 2SGBQ+ cis and trans* men talk to about various sexual and physical health issues such as HIV or STI testing/prevention, sexuality or sex, substance use, depression and anxiety, body image or eating disorders, suicide, hormone therapy or gender transition, or coming out. Psychologists/therapists and counsellors followed family doctors, specialists, and nurses or nurse practitioners.

When asked about their healthcare provider's competence and knowledge of issues affecting 2SGBQ+ cis and trans* men's health, only 18.2% of participants indicated their provider's competence and knowledge to be very good, 25% indicated it was good, 32% indicated it was fair, 7.5% reported it to be poor, and 3.3% indicated it was very poor.

Following up on this question, participants were asked how important it was to them to have a healthcare provider who openly identifies as a 2SGBQ+ cis- or trans* man.

- 12.8% said it was necessary
- 20.4% said it was extremely important but not necessary
- 18.8% said it was very important but not necessary
- 20.4% said that they would prefer it, but that they were fine either way.
- 27.6% said that it didn't matter to them

When asked why it was important to them,

- 44.8% of respondents indicated that they would feel like they could be more open

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- 39.6% said that they felt like they didn't have to explain themselves as much
- 31.7% said that they felt like they could relate to their experience
- 26% said that they are more likely to ask questions about their sexual health.

2. Difficulties/Barriers in Accessing Healthcare

When participants of the Manitoba 2SGBQ+ Men's Health Study (McLeod et al., 2021) were asked whether there were times they had difficulty getting the healthcare or advice they needed in Manitoba, only 38.5% said that they had never had any difficulties. 25.1% reported that they hadn't had difficulty in the last 12 months, but had had it in the past, 20.9% indicated that they had had difficulty once in the last 12 months and 13.4% reported that they had had difficulty several times.

The top 10 reasons for these difficulties were:

- Difficulty getting an appointment (24.9%)
- Waiting too long to get an appointment (19.3%)
- Not having a personal or family physician (17.3%)
- Specialists being unavailable (15.4%)
- Lack of professional or cultural sensitivity with 2SGBQ+ men's issues (11.7%)
- Not feeling comfortable with the provider (10.9%)
- Difficulty contacting a physician (10.6%)
- Cost issues (8.9%)
- Transportation problems (7.8%)
- Inconvenient hours (6.7%)

Participants also indicated which healthcare or support services they had difficulty accessing in Manitoba. The top 7 services indicated were:

- Social support services (22.3%)
- Traditional practices integrated within western healthcare (18.4%)
- Spiritual support services (16.2%)
- Traditional healing practices (14.4%)
- Traditional diet program (8.4%)
- Traditional medicines (8.1%)
- Substance use/addictions support services or treatment (6.77%)

Finally, participants were asked how often in the last 12 months they did not take their prescribed medication due to cost.

- 12.2% (2.2% very often, 10.0% often)
- 32.5% indicated "sometimes"

HIV Primary Care

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According to the Winnipeg Pride sample of CBRC's 2018 Sex Now Survey, participants living with HIV reported strong connections to the healthcare system (Community-Based Research Centre, 2021).

- 89% had a regular family doctor or nurse practitioner (compared to 30% of HIV-negative participants)
- 92% reported having received HIV care in the past 6 months
- 92% reported having an undetectable viral load

Additionally, participants living with HIV reported getting tested for STBBIs more frequently than participants not living with HIV. In the last 6 months:

- 92% of HIV-positive participants had gotten tested for STBBIs
- 51% of HIV-negative participants had gotten tested for STBBIs

Racialized 2SGBQ+ men, particularly Indigenous and Black, African, and Caribbean 2SGBQ+ men, may experience unique challenges in accessing healthcare and HIV prevention compared to other men in Manitoba (McLeod et al., 2021).

2SGBQ+ cis and trans* men living with HIV may face additional barriers when accessing healthcare. For example, 24.6% of the Manitoba 2SGBQ+ Men's Health Study respondents indicated that they were "very often" denied health services because of their HIV status, 24.6% said "quite often", and 27.9% said "occasionally/sometimes" (McLeod et al., 2021). This shows that there is persistent stigma and discrimination related to HIV.

It should also be noted that when asked where they went to access sexual health information, participants in the Manitoba 2SGBQ+ Men's Health Study reported the following (McLeod et al., 2021):

- 66.8% indicated that they consulted the internet
- 54.5% went to an LGBTQ+ organization
- 47.2% spoke with friends
- 38.3% went to a GP or doctor
- 24.6% went to a sexual health clinic
- 10.9% went to a First Nations health centre
- 6.4% went to a hospital

These statistics indicate the need for reliable evidence-based information to be readily available on the internet and through community-based organizations, and for healthcare providers to be adequately equipped with the sexual health knowledge necessary to meet the unique needs of 2SGBQ+ cis and trans* men.

3. Discrimination in the Healthcare Setting

Participants in the Manitoba 2SGBQ+ Men's Health Study were asked how often they had experienced discrimination (i.e., treated badly or unfairly, denied equal treatment or services, verbally harassed or disrespected, physically assaulted or attacked) in healthcare settings over the last two years (McLeod et al., 2021).

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- 2.3% said they always did
- 13.4% said they usually did
- 31.5% said they sometimes did
- 18.1% said they rarely did
- 34.7% had never experienced discrimination in the healthcare setting

Therefore, overall, 65.3% of respondents indicated that they had experienced discrimination in healthcare settings in the last 2 years. When asked why they thought they were discriminated against:

- 26.2% indicated gender identity or expression
- 32.4% indicated sexuality/sexual orientation
- 24.8% indicated their ethnic or racial identity or skin colour
- 16.8% indicated their language abilities or accent
- 8.5% indicated their immigration status
- 10.5% indicated their age
- 7.6% indicated their Indigenous identity or heritage
- 7.0% indicated their health status or disabilities
- 7.0% indicated their HIV-positive status
- 6.4% said drug use
- 9.6% said their perceived social status
- 4.7% said their involvement with sex work

Overall, the majority of 2SGBQ+ men have experienced discrimination within healthcare settings. This reflects an urgent need for service providers to introduce 2SGBQ+-specific programming, 2SGBQ+-affirming healthcare and community-based/social support services, and 2SGBQ+-friendly mental health services. It is also vital that healthcare providers receive professional development training that addresses the needs of 2SGBQ+ men in Manitoba.

Opportunities for Engagement

This section outlines opportunities for engagement as they relate to the mandates of both SERC and HSHR, with particular attention paid to SERC's recent strategic plan and the 5 key outcomes noted on the HSHR website. SERC's mandate is to promote sexual health through education, and the HSHR Team works at multiple levels to promote healthy sexuality and harm reduction; reduce the burden of STBBIs; to diminish other harms associated with sexuality, drug use, and society's response to these practices; and to redress social and health inequities. With these mandates in mind, the following may be considered opportunities for singular, or joint initiatives for these two organizations. Attention should be paid to the cultural and community nuances that are reflected within this report, more specifically that Two-Spirit and Indigenous, as well as newcomer community-based opportunities for engagement, must account for cultural safety and responsiveness in their implementation.

1. Sexual Health Gaps among 2SGBQ+ cis and trans men in Manitoba:
 - a. Promoting and increasing access to HIV and STBBI testing and treatment in Manitoba
 - b. Promoting and increasing access to HPV and Hepatitis Vaccines
 - c. Promoting information related to comprehensive HIV and STBBI testing
 - d. Provide comprehensive sexual health education direct to community members, including PreP and PEP
2. Mental Health:
 - a. Promote education related to the impacts of shame and related sexual health outcomes
 - b. Integrate mental health supports and trauma-informed considerations into sexual health programming and services provided by both organizations
3. Substance Use:
 - a. Design, build or adapt programming related to sexualized substance use / PNP
 - b. Promote harm reduction principles and strategies wherever possible for individuals and communities who use drugs.
4. Social Support:
 - a. Address isolation as a precursor and predictor of sexual health outcomes via community-building opportunities within both service mandates
 - b. Promote resources that prevent and address isolation alongside sexual health services
5. Housing, Incomes and Employment:
 - a. Ensure that financial resources and incentives are in place when engaging this community in prevention and health promotion work
 - b. Link community members to financial resources and support as needed when providing sexual health services
6. Access to Healthcare
 - a. Actively work towards supporting health care providers to welcome and adequately support the needs of 2SGBQ+ cis and trans men
 - b. Offer training to providers serving 2SGBQ+ cis and trans men related to all sexual and

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other related health aspects including sexualized drug use and pleasure. Training should consider addressing stigma and the impacts of structural violence, including colonization and state-sponsored policies that disenfranchise this community. Additional attention should be paid to the intersectional experiences of racialized 2SGBQ+ cis and trans men.

These opportunities are a starting point for adequately addressing the gaps in Winnipeg related to the sexual (and other forms of) health of 2SGBQ+ cis and trans men. Both SERC and HSHR should consider these as starting points and should also consider the organizations and stakeholders in Appendix A as potential partners for engaging in this work.

Based on the research contained herein, these opportunities for engagement have a strong potential to have a positive impact on this community.

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Appendix A: Service Landscape

This section aims to identify the services that exist in Winnipeg and Manitoba for 2SGBQ+ cis and trans* men to address their unique sexual health and associated needs. The resources are presented within the following sections:

- i. Primary Care
- ii. Harm Reduction
- iii. Two-Spirit Health
- iv. Mental Health
- v. Sexual Health
- vi. Trans Health
- vii. BIPOC Resources
- viii. Financial Support
- ix. Relationships
- x. Support Groups
- xi. Spirituality
- xii. Sports and Rec

i. Primary Care

Organization	Website & Phone Number	Location	Services Provided
Our Own Health Centre	https://www.ourownhealth.ca 204-691-1600	230 Osborne St Winnipeg, MB R3L 1Y9	<ul style="list-style-type: none"> - Sexual Health Care <ul style="list-style-type: none"> o STI screening and treatment o Immunization against Hepatitis A&B and HPV o HIV care o Education on safer sexuality o Consideration of PrEP and PEP o Erectile function o Pregnancy - Family Medicine - Mental Health Counselling <ul style="list-style-type: none"> o For patients who are referred by an Our Own Health Clinic doctor - Smoking Cessation <ul style="list-style-type: none"> o For patients who are referred by an Our Own Health Clinic doctor

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			<ul style="list-style-type: none"> ○ With a clinical pharmacist - Diabetes Care <ul style="list-style-type: none"> ○ For patients who are referred by an Our Own Health Clinic doctor ○ With a clinical pharmacist - Emotional Wellbeing <ul style="list-style-type: none"> ○ Occasional online discussions - Financial Counselling <ul style="list-style-type: none"> ○ Health care providers can refer patients for a few free sessions - A charitable arm can assist with payment - 15- or 30-minute appointments, depending on the reason - Evening hours for the convenience
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ii. Harm Reduction

Organization	Website & Phone Number	Location	Services Provided
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<p>Manitoba Harm Reduction Network</p>	<p>https://mhrn.ca</p> <p>Executive Director (Shohan Illsley): 204-783-6184</p> <p>shohan@mhrn.ca info@mhrn.ca</p> <p><u>Network Managers:</u></p> <p><u>Southern: anlina@mhrn.ca / 204-783-6184</u></p> <p><u>Northern: delores@mhrn.ca / 204-731-0283</u></p> <p><u>Network Coordinators:</u></p> <p><u>Thompson: TBD</u></p> <p><u>Flin Flon: tieryn@mhrn.ca</u></p> <p><u>The Pas: krista@mhrn.ca</u></p> <p><u>Swan River: brandy@mhrn.ca</u></p> <p><u>Dauphin: amanda@mhrn.ca / 204-621-7664</u></p> <p><u>Ashern/Eriksdale: mikayla@mhrn.ca / 204-739-4459</u></p> <p><u>Powerview-Pine Falls/Sagkeeng: heather@mhrn.ca / 204-340-6767</u></p> <p><u>Selkirk: rune@mhrn.ca / 204-785-7501</u></p> <p><u>Portage La Prairie: TBD</u></p>	<p>545 Broadway Winnipeg, MB R3C 0W1</p>	<p>The Manitoba Harm Reduction Network works toward equitable access, systemic change, and reducing the transmission of STBBI through advocacy, policy work, education, research, and relationships. They do this by administrating regional harm reduction networks that provide services, education, advocacy, and events that are relevant to their specific communities. They could be described as a network of networks.</p>
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	<p>Brandon: solange@mhrn.ca / 204-573-5792</p> <p>Winnipeg: johnny@mhrn.ca / 204-960-5448</p>		
<p>Street Connections (Winnipeg Region Health Authority)</p>	<p>https://www.streetconnections.ca</p> <p>204-981-0742</p>	<p>496 Hargrave St Winnipeg, MB R3A 0X7</p>	<p>Street Connections is a mobile public health service in Winnipeg. Its' goal is to reduce the spread of sexually transmitted and blood-borne infections (STTBIs), including Hepatitis C and HIV and to reduce other drug-related harms.</p>
<p>Harm Reduction Services (Nine Circles)</p>	<p>https://ninecircles.ca</p> <p>204-940-6000 Toll-free: 1-888-305-8647</p> <p>After-hours health questions: call Health Links at 204-788-8200 or toll-free at 1-888-315-9257</p>	<p>705 Broadway Winnipeg, MB R3G 0X2</p>	<p>Safer drug use supplies are available at Nine Circles: Monday to Friday, 9:00 a.m. to 5:00 p.m. Harm reduction services include:</p> <ul style="list-style-type: none"> • Distribution of safer drug use supplies (including safer injection and safer crack use kits) • Access to free safer sex supplies • Access to take-home naloxone for anyone at risk of an opioid overdose • Practical supports to reduce harm and transmission of STTBIs

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<p>Social Inclusion and Harm Reduction (Sunshine House)</p>	<p>https://www.sunshinehousewpg.org 204-783-8565</p>	<p>646 Logan Avenue Winnipeg, MB R3A 0S7</p>	<p>Sunshine House is a community drop-in and resource centre focusing on harm reduction and social inclusion. Sunshine House works to provide programming that fulfills people’s social, community and recreational needs. Participants can come as they are and are not expected to be “clean” or sober.</p>
<p>MyBuzz.ca</p>	<p>MyBuzz.ca</p>	<p>N/A</p>	<p>MyBuzz.ca is a non-judgemental online self-assessment alcohol and substance use questionnaire for guys who have sex with other guys. This questionnaire helps assess drug and alcohol use and consider the effects it might be having on someone’s sex life and sexual health. If someone needs support while completing the MyBuzz.ca questionnaire, they can chat online with RÉZO or EMHC support worker. The site also connects directly to local Winnipeg resources.</p>
<p>Sexuality Education Resource</p>	<p>https://serc.mb.ca/npn</p>	<p>Winnipeg Office: 167 Sherbrook Street</p>	<p>SERC offers harm reduction supplies from both their Winnipeg and</p>

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Centre Manitoba	<p>Winnipeg: PH: 204-982-7800 FAX: 204-982-7819</p> <p>Brandon Office: PH: 204-727-0417 FAX: 204-729-8364</p>	<p>Winnipeg, MB R3C 2B7</p> <p>Brandon Office:</p> <p>Unit B-345 10th Street Brandon, MB R7A 4E9</p>	<p>Brandon sites. Programming in Winnipeg targets 2STGBQ+ cis and trans* men with sexualized drug use. It offers an expanded selection of harm reduction gear for sexualized drug use and offers confidential mail delivery of supplies.</p>
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iii. Two-Spirit Health

Organization	Website & Phone Number	Location	Services Provided
Two-Spirited People of Manitoba	<p>https://twospiritmanitoba.ca @ 204-330-8671</p>	<p>PO Box 29064 333 St. Mary Ave. Winnipeg, MB R3C 4L1</p>	<p>Two-Spirited People of Manitoba is a community-based organization focused on helping Indigenous LGBTQ/Two-Spirit people improve their lives. With the help of their tireless volunteers, they provide awareness workshops, advocate to prevent homophobia and transphobia and organize community events.</p>
Aboriginal Health and Wellness Centre (Winnipeg Regional Health Authority)	<p>http://ahwc.ca 204-925-3700</p>	<p>215-181 Higgins Ave. Winnipeg, MB R3B 3G1</p>	<p>The primary care clinic at Aboriginal Health and Wellness Centre offers screening, diagnosis, medical management, and education to help patients manage diabetes (Type 1, Type 2 and gestational) and other health conditions. Foot Care Nursing Services are also available for patients of the clinic. The health care team includes physicians, nurses, counsellors, a dietitian, and a</p>

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			cultural advisor who is available to provide holistic, traditional care. In addition, social support services staff can help with crisis intervention, advocacy, and other social support.
Manitoba First Nations AIDS Working Group	https://www.mfnawg.ca 204-612-7104	First Nations & Inuit Health 300-391 York Ave. Winnipeg, MB R3C 4W1	The Manitoba First Nations AIDS Working Group is committed to ensuring that Manitoba's First Nations are actively involved in provincial strategies and opportunities regarding HIV/AIDS. They meet quarterly to network and advocate with other HIV/AIDS organizations and First Nations health systems.
2-Spirits	http://www.2spirits.com 416-944-9300 ext. 201 for Executive Director	145 Front Street East, Suite 105 Toronto, ON M5A 1E3	2-Spirits provides prevention education and support for Two-Spirit, including First Nations, Métis and Inuit people living with, or at risk for, HIV and related co-infections in the Greater Toronto Area. They base their work on Indigenous philosophies of holistic health and wellness.
Edmonton 2 Spirit Society	https://e2s.ca Executive Director: 587-385-9673	10618 105 Avenue NW Edmonton, AB T5H 0L2	Edmonton 2 - Spirit states the following as their mission: To re-establish and enhance our traditional roles and responsibilities as Two-Spirit people in Indigenous communities while creating supportive environments within all societies for contemporary Two-Spirit peoples.

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<p>Wabnaki Two-Spirit Alliance</p>	<p>http://w2sa.ca</p> <p>Facebook</p> <p>Twitter</p>		<p>The Wabanaki Two-Spirit Alliance (W2SA) is a group of volunteers, researchers, academics, knowledge holders, youth and Elder Wabanaki Two-Spirits and allies. Members of the Alliance self-identify in various ways, which include: Two-Spirits, Two-Spirited, Lesbian, Gay, Bisexual, Trans, Queer, Indigiqueer and the “+” may represent non-conforming and non-binary expressions. People may use English terms or terms which may be from their Indigenous languages. The W2SA’s mission is to represent the emotional, spiritual, mental, and physical well-being and interests of Two-Spirits and Indigenous LGBTQ+ individuals and groups in Wabanaki Territory (Nova Scotia, New Brunswick, Prince Edward Island, Newfoundland/Labrador, Gaspé region of Quebec and Maine) based on the beliefs and values in the framework within the Peace and Friendship Treaty. The W2SA’s vision is to strive to provide equitable and safe environments for Two-Spirits and Indigenous LGBTQ+ to live and thrive spiritually, mentally, physically, and emotionally within the Wabanaki territory.</p>
<p>2-Spirit in Motion Society</p>	<p>https://2spiritsinmotion.com</p>	<p>PO Box 95066 Kingsgate Vancouver, BC</p>	<p>2-Spirit in Motion creates, maintains and strengthens a safe and supportive social environment for Two-Spirit peoples to feel and be</p>

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	Facebook Instagram	V5T 4T8	loved, to succeed, to become empowered to make their own decisions and to find and express their purpose in life.
Native Youth Sexual Health Network Canada	https://www.nativeyouthsexualhealth.com Facebook Twitter	PO Box 26069 Broadway 2345 Yonge Street Toronto, ON M4P 0A8	The Native Youth Sexual Health Network (NYSHN) is an organization by and for Indigenous youth that works across issues of sexual and reproductive health, rights and justice throughout the United States and Canada.

iv. **Mental Health**

Organization	Website & Phone Number	Location	Services Provided
Counselling Program (Rainbow Resource Centre)	https://rainbowresourcecentre.org 204-474-0212 Toll-Free: 1-855-437-8523	170 Scott Street Winnipeg, MB R3L 0L7	The Rainbow Resource Centre provides single-session and short-term counselling to 2SLGBTQ+ people and their partners, parents, or families. Everyone's experience of being 2SLGBTQ+ is unique and so the supports required are not the same for everyone.

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<p>Klinic Crisis Line (24/7)</p>	<p>204-786-8686 Toll-free: 1-888-322-3019</p>		<p>Lines are open to people of all ages, genders, and backgrounds. You do not have to be in crisis or suicidal to call. Calling the Crisis Lines can be a good place to start when trying to sort out a problem. Can also refer you to other services or programs.</p>
<p>Manitoba Suicide Prevention & Support Line (24/7)</p>	<p>Toll-free: 1-877-435-7170</p>		<p>Call if you are:</p> <ul style="list-style-type: none"> - Struggling with suicidal thoughts or feelings - Concerned about a friend, family, or co-worker - Impacted by a <u>suicide loss or</u>

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			<u>suicide attempt</u>
Private Therapy/Counseling		Sarah Dack, MMFT 34 Carlton Street Winnipeg, MB R3C 1N9 sarah.m.dack@gmail.com	Sarah specializes in working with 2SLGBTQ+ individuals, couples, and families. Their goal is to create a therapeutic space that is affirming and celebratory of queer identities and resilience.

v. Sexual Health

Organization	Website & Phone Number	Location	Services Provided
Sexuality Education Resource Centre Manitoba	https://serc.mb.ca Winnipeg: PH: 204-982-7800 FAX: 204-982-7819 Brandon Office: PH: 204-727-0417 FAX: 204-729-8364	Winnipeg Office: 167 Sherbrook Street Winnipeg, MB R3C 2B7 Brandon Office: Unit B-345 10th Street Brandon, MB	SERC provides inclusive, non-judgemental education about sexuality and resources for Manitobans out of two offices: Winnipeg and Brandon. They believe that people have the right to accurate information on all their choices. SERC Manitoba is a community-based, non-profit, pro-choice organization. They are dedicated to promoting sexual health through education.

		R7A 4E9	<p>They also provide free safer sex supplies out of both offices.</p> <ul style="list-style-type: none"> - Community Education <ul style="list-style-type: none"> o Variety of sexual and reproductive health topics - Youth Education (most workshops for grade 7+) <ul style="list-style-type: none"> o 2SLGBTQ+ and You! o Body Image o Communication in Relationships o Dating Relationships o Diversity and Anti-Oppression o Mental Health o STIs and HIV o Substance Use Awareness
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			<ul style="list-style-type: none"> ○ + more - Service Provider Training - Free Lending Library - 2SLGBTQ+ Program (Brandon only) <ul style="list-style-type: none"> ○ Provide @SLGBTQ+ awareness & support education, training, consultation, and outreach ○ Monthly all-ages social and peer support groups for those in the 2SLGBTQ+ community ○ 2SLGBTQ+ resource library ○ Referrals for further learning or connections - 2SLGBTQ+ counselling and support - The SERC Brandon office also has a program that works
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			<p>closely with people who use drugs, providing education, referrals and resources (including harm reduction supplies)</p>
<p>Rainbow Resource Centre</p>	<p>https://rainbowresourcecentre.org 204-474-0212 Toll-Free: 1-855-437-8523</p>	<p>170 Scott Street Winnipeg, MB R3L 0L7</p>	<p>Education</p> <ul style="list-style-type: none"> - Aims to build organizational, agency, and corporate business capacity to better serve 2SLGBTQ+ colleagues and clients; increase awareness about issues, related to the health and wellbeing of 2SLGBTQ+ individuals and their families; develop and provide resources that encourage individuals to further develop their capacity to serve the 2SLGBTQ+ community
<p>Nine Circles Community Health Centre</p>	<p>https://ninecircles.ca/contact 204-940-6000 Toll-Free: 1-888-305-8647</p> <p>After-hours health questions: 204-788-8200 Toll-Free: 1-888-315-9257</p>	<p>705 Broadway Winnipeg, MB R3G 0X2</p>	<p>Nine Circles Community Health Centre, with expertise in the care and treatment of HIV (including PrEP), Hepatitis C and other sexually transmitted infections, delivers comprehensive primary care, social support, education, and prevention services, creating healthier communities for Manitobans. STI Testing is</p>

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			available. For updated hours and other information visit their website.
Health Links – Info Santé	<p>https://misericordia.mb.ca/programs/phcc/health-links-info-sante/</p> <p>204-788-8200 Toll Free: 1-888-315-9257</p>	<p>Misericordia Health Centre Hours: 24/7/365</p>	<p>Health Links – Info Santé, is the flagship program of the Provincial Health Contact Centre, and the first bilingual phone-based nursing triage system in Canada. Health Links – Info Santé nurses also provide general health information and help callers find health resources in local communities across Manitoba.</p>
STI Klinik (drop-in, Klinik Community Health)	<p>204-784-4090</p>	<p>167 Sherbrook St Winnipeg, MB R3C 2B6</p>	
Sex Friendly Manitoba (Nine Circles)	<p>https://ninecircles.ca</p> <p>204-940-6000 Clinic: 204-940-6001 Toll-free: 1-888-305-8647</p>	<p>705 Broadway Winnipeg, MB R3G 0X2</p>	<p>Sex Friendly Manitoba is Nine Circles Community Health Centre’s Q&A website about sexually transmitted and blood-borne infections. If you want to speak with someone directly, call 204-940-6000 to connect with a Health Educator. If your question is time-sensitive, call Health Links at 204-788-8200 or toll-free at 1-888-315-9257. Health Links is a provincial health information phone line for all Manitobans that is staffed by</p>

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			bilingual registered nurses 24/7, 365 days of the year.
Man On Manitoba	https://www.manonmanitoba.ca		Compilation of sexual health resources for 2SGBQ+ cis- and transgender me
Community- Based Research Centre	https://www.cbrc.net	BC, AB, ON, NS	<ul style="list-style-type: none"> - Trans Wellness Initiative <ul style="list-style-type: none"> o The program aims to improve the health and wellness of trans and gender-diverse people in Alberta o Education/resources relating to sexual and mental health, navigating pathways to surgery, and social and legal transition - Two-Spirit Program <ul style="list-style-type: none"> o Two-Spirit-led programs and initiatives that enhance 2S, Indigenous queer and trans

			<p>health and wellbeing</p> <ul style="list-style-type: none"> ○ Research, knowledge exchange, resource development <p>- Totally Outright</p> <ul style="list-style-type: none"> ○ Community health leadership program for young 2SGBQ+ men ○ Topics range from body image to harm reduction to intimacy and relationships ○ Toronto, Edmonton, Vancouver <p>- Test Now: Community Edition</p> <ul style="list-style-type: none"> ○ Increase access to HIV testing ○ Provides free test kits to 2SGBQ+ men through a
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			<p>network of more than 20 community-based organizations across Canada</p> <ul style="list-style-type: none"> ○ Rainbow Resource Centre is participating community-based organization in Manitoba <p>- Resist Stigma</p> <ul style="list-style-type: none"> ○ A national initiative that engaged young 2SGBQ+ men and health professionals in combatting stigma <p>- Pivot</p> <ul style="list-style-type: none"> ○ Community health leadership program for 2SGBQ+ men and masculine folk interested in becoming community
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			<p>health advocates</p> <ul style="list-style-type: none"> ○ Participants gain health literacy, practical skills, and community networks needed to identify and collectively respond to the systemic and structural challenges impacting their health <p>- Investigators</p> <ul style="list-style-type: none"> ○ Participatory, community-based, capacity-building intervention for 2SGBQ+ men who are interested in health research ○ No academic or educational requirement for participating in the program ○ Currently in Vancouver and
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			<p>Toronto, but expanding to Edmonton and Winnipeg</p> <ul style="list-style-type: none"> - Do You Mind? <ul style="list-style-type: none"> o Community mental health leadership program for gender and sexual minority youth o Participants gain the health literacy, practical skills, and community networks needed to identify and collectively respond to systemic and structural challenges o Vancouver, Edmonton, Halifax - Advance <ul style="list-style-type: none"> o Pan-Canadian collaboration to improve the accessibility and
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			<p>uptake of health services among 2SGBQ+ men in Canada</p> <p>A partnership between community-based organizations: CBRC (Atlantic and Prairies), Health Initiative for Men (Vancouver), ACT (Toronto), MAX (Ottawa), RÉZO (Montreal/Quebec)</p>
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vi. Trans Health

Organization	Website	Location	Services Provided
Trans Health Clinic (Klinik Community Health)	https://klinik.mb.ca 204-784-4090	167 Sherbrook Street Winnipeg, MB R3C 2B8	Klinik offers primary health care, mental health care and community health services to enhance individual and community capacity. Klinik provides care for all Manitoba Trans individuals 16 years of age or older, seeking transitioning care (hormone start and surgery).

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<p>Trans Lifeline</p>	<p>https://www.translifeline.org/ 1-877-330-6366 (toll-free) Check their website for current hours</p>		<p>By Trans folks for Trans folks. Trans Lifeline volunteers are ready to support community.</p>
<p>GDAAY Clinic</p>	<p>https://rainbowresourcecentre.org/resources/health-resources For self-referral, contact Kristi Bell: 204-787-2490</p>	<p>Manitoba & Area</p>	<p>The GDAAY team offers coordinated and integrated care for youth along the spectrum of gender dysphoria, providing youth and their families with supportive services including assessment and treatment. GDAAY accepts referrals for youth aged 8 years old up until their 17th birthday.</p>
<p>Trans Manitoba</p>	<p>https://www.transmanitoba.org/</p>	<p>Manitoba</p>	<p>Trans Manitoba is a grassroots collective of folks who believe the radical idea that Two Spirits, nonbinary people, and transgender folks should speak for themselves and be seen as critical stakeholders in</p>

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			<p>decisions made for their lives. They believe the personal is political and advocate for systemic change to improve the lives of Manitobans of all genders through outreach, education, and political and legal action.</p>
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vii. BIPOC Resources

Organization	Website	Location	Services Provided
<p>BIPOC Youth Program (ages 13-21)</p>	<p>https://rainbowresourcecentre.org</p> <p>204-474-0212 Toll-Free: 1-855-437-8523</p>	<p>170 Scott Street Winnipeg, MB R3L 0L7</p>	<p>The BIPOC Youth Program meets on the second Saturday of the month, 2:30-4:30 p.m. BIPOC Youth Programming is only for youth, aged 13-21, who are Black, Indigenous and/or a person of colour.</p>
<p>QPOC Winnipeg</p>	<p>Facebook</p>	<p>N/A</p>	<p>Queer People of Colour Winnipeg creates events for Queer and Trans identified Black, Indigenous and</p>

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			People of Colour. The group meets at different locations, coordinated via social media.
BIPOC Mental Health Worker List	https://ninecircles.ca/news-events/welcome-the-bipoc-mental-health-worker-list-to-nine-circles-community-health-centre/	N/A	Maintained by Chance Dupuis, and currently housed through Nine Circle’s website, the BIPOC Mental Health Worker List is an open-source and free resource for Black, Indigenous, and People of Colour identifying individuals seeking low-barrier BIPOC therapists, counsellors, and mental health workers in Winnipeg, MB. This list is updated on the first of every month and features mental health workers of different races, ethnicities, spoken languages, and professions.

viii. Financial Support

Organization	Website & Phone Number	Location	Services Provided
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<p>Financial Support (Employment Income Assistance)</p>	<p>EIA Centralized Services: 204-948-4002</p>	<p>1-111 Rorie Street Winnipeg, MB R3B 3N1</p>	<p>The Employment and Income Assistance Program (EIA) provides financial aid to Manitobans who have no other way to support themselves or their families. It includes benefits from the Rent Assist Program which assists with housing costs. For people who can work, EIA will help them go back to work by providing employment support.</p>
<p>Manitoba Housing</p>	<p>204-945-4663</p>	<p>352 Donald Street Winnipeg, MB R3B 2H8</p>	<p>Manitoba Housing provides an array of subsidized housing throughout the province of Manitoba. They partner with other governments, community organizations and private groups to create safe and affordable housing.</p>

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Winnipeg Harvest Food Bank	Email: appointments@winnipegharvest.org 204-982-3660	1085 Winnipeg Avenue Winnipeg, MB R3E 0S2	Winnipeg Harvest strives to ensure all Manitobans who need it have access to emergency and temporary food support. Food hampers contain 10-14 days of food support to help stretch budgets over four weeks.
Financial Support (Employment Insurance Benefits)		Apply Online	Within EI benefits, there are an array of options for people to apply under. For example, there are regular benefits, one can apply for this if they have lost their income through no fault of their own.

ix. Relationships

Organization	Website & Phone Number	Location	Services Provided
Aurora Family Therapy	https://www.aurorafamilytherapy.com 204-786-9251	Mailing address: University of Winnipeg 515 Portage Avenue	Aurora Family Therapy works with you to find a satisfactory resolution to your problems.

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		<p>Winnipeg, MB R3B 2E9</p> <p>Therapy office: 491 Portage Avenue, 5th floor Winnipeg, MB R3B 2E9</p> <p>Newcomer Programs: 491 Portage Avenue, 8th floor Winnipeg, MB R3B 2E9 204-789-4259</p>	<p>Whether you have roots in the trauma of grief and loss, the paralysis of post-divorce feelings, past or present sexual, physical, or emotional abuse, or other issues that affect your relationships with your partner or children and stop you from being the best you can be. Your therapist will help you to name the problem that brought you to Aurora and will work with you to set goals and find solutions that work for you.</p>
<p>Assiniboine Family Therapy Individual, Couple, Relationships and Family Counselling</p>	<p>http://www.assiniboinefamily.ca For individual therapists and counsellors please visit their <u>website</u></p>	<p>201-1311 Portage Avenue Winnipeg, MB R3G 0V3</p>	<p>Assiniboine Family Therapy works with individuals, relationships, and families of all sorts to help build bonds and repair past experiences. They have individuals who specialize in addictions, anger, depression, eating disorders, gender/sexual identity, relationship break-down, communication</p>

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			problems, intimacy issues, grief and loss, parent/teen power struggles, childhood sexual abuse, attachment problems, parenting through separation/divorce, anxiety, trauma, depression, life change, healing past experiences and enhancing couple intimacy and communication.
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x. Support Groups

Organization	Website & Phone Number	Location	Services Provided
Social Support Programs (Rainbow Resource Centre)	https://rainbowresourcecentre.org 204-474-0212 Toll-Free: 1-855-437-8523	170 Scott Street Winnipeg, MB R3L 0L7	The Rainbow Resource Centre has a wide range of social support programs. The centre's groups are community initiated and community-run Variety of groups offered (i.e., adults, 55+, children and youth, families, Trans, Non-binary, Gay men's etc.)

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<p>Rainbow Alliance for Men (Rainbow Resource Centre)</p>	<p>https://rainbowresourcecentre.org 204-474-0212 Toll-Free: 1-855-437-8523</p>	<p>170 Scott Street Winnipeg, MB R3L 0L7</p>	<p>Rainbow Alliance for Men is a place for all gay, bisexual, trans, two-spirit, queer, and questioning men who are 18+ to come together in a safe, comfortable, and inclusive environment. The goal is to continue to foster a sense of community and belonging where we share our thoughts and opinions relating to the issues that are most important to us, in a fun and relaxed way</p>
<p>Rainbow Lounge at the University of Winnipeg</p>	<p>https://theuwsa.ca/rainbow-lounge/ 204-789-4244</p>	<p>University of Winnipeg Bulman Student Centre, Concourse Level, Room 0R13</p>	<p>The Rainbow Lounge is a safe, social space, open to all students with an open and inclusive view of sexuality and gender diversity. The centre holds weekly meetings on Wednesday at 12:30 p.m. (during free period) during the Fall/Winter Terms.</p>
<p>Rainbow Pride at the University of Manitoba</p>	<p>https://umsu.ca/student-clubs-associations/student-clubs/rainbow-pride-mosaic/</p>	<p>University of Manitoba 180 Helen Glass</p>	<p>Rainbow Pride Mosaic (RPM) is the University of Manitoba's Lesbian, Gay, Bisexual,</p>

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			Transgender, Two-Spirited, Queer (LGBTQQ*) and Straight Ally resource centre. RPM offers discussion groups, referrals, and programs and events throughout the year.
Social Support Group (Mood Disorder Association of Manitoba)	http://www.mooddisordersmanitoba.ca/services/support-groups/ 204-786-0987 Facebook	4 Fort Street Winnipeg, MB R3C 1C4	The Mood Disorders Association of Manitoba is a self-help organization dedicated to providing support, education, and advocacy for those living with a mood disorder, co-occurring disorders, or other mental health illnesses. They increase public awareness about mood disorders and empower people to develop hope and recovery.
'Like That' at Sunshine House	https://www.sunshinehousewpg.org 204-783-8565	646 Logan Ave Winnipeg, MB R3A 0S7	'Like That' is a program that provides a space where people exploring gender and/or sexual identity can gather at Sunshine House for fun, skills building and recreation.

xi. Spirituality

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Organization	Website & Phone Number	Location	Services Provided
Augustine United Church	http://www.augustineunitedchurch.org 204-284-2250	444 River Avenue Winnipeg, MB R3L 1X8	Augustine is a community that welcomes and supports Gay, Lesbian, Bisexual, Transgender and Two-Spirited people in all aspects of life, work, and worship of the church.
First Unitarian Universalist Church of Winnipeg	https://uuwinnipeg.mb.ca 204-474-1261	603 Wellington Crescent Winnipeg, MB R3M 0A7	First Unitarian Universalist Church of Winnipeg congregations covenant to affirm and promote several principles, among which are: the inherent worth and dignity of every person, justice, equity and compassion in human relations, acceptance of one another and encouragement of spiritual growth in their congregations. Following these principles, UU churches have led the way in promoting acceptance of GLBT people, including providing Services of Union long before same-sex marriage became legal (and

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			being part of the fight to legalize those marriages).
Temple Shalom	https://templeshalomwinnipeg.ca 204-453-1625 After-hours emergency line: 204-470-1435	1077 Grant Avenue Winnipeg, MB R3M 1Y6	If you are searching for a spirited, progressive Jewish community, a more powerful connection to God, fresh approaches to lifelong Jewish learning and opportunities to help change the world, come join the Temple Shalom family. The temple offers a weekly Shabbat Service, Friday Night Live, Torah Study, Adult Education and Adult Hebrew Classes as well as a Religious School for your children. Our welcoming, intimate congregation will be delighted to have you drop in for a visit. Temple Shalom is accessible for people with limited mobility and is a scent-free environment.
St. Matthews Anglican Church	https://stmatthewswinnipeg.ca 204-774-1846	641 St. Matthews Avenue Winnipeg, MB R3G 0G6	St. Matthew's is a diverse, inner-city faith community whose mission is to serve the neighbourhood and be a healing and transforming presence in the world.

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<p>Young United Church</p>	<p>http://www.youngunitedchurch.com 204-783-0128</p>	<p>100-222 Furby Street Winnipeg, MB R3C 2A7</p>	<p>The Young United congregation is made up of people from all parts of Winnipeg and beyond. The church is an affirming congregation that welcomes LGBT2S+ communities.</p>
<p>Congregation Shaarey Zedek</p>	<p>https://www.szwinnipeg.ca 204-452-3711</p>	<p>561 Wellington Crescent Winnipeg, MB R3M 0X6</p>	<p>A conservative, egalitarian, LGBTTQ+ affirming Jewish congregation, a welcoming organization, and a safe place for all people, the LGBTTQ+ community and their allies.</p>
<p>Minnedosa United Church</p>	<p>http://minnedosauc.ca 204-867-2674</p>	<p>PO Box 692 48 Main Street South Minnedosa, MB R0J 1E0</p>	<p>An affirming church that welcomes everyone no matter their sexual orientation or gender identification.</p>
<p>The Table</p>	<p>https://thetablewinnipeg.com/about/ Facebook</p>	<p>N/A</p>	<p>The Table Church is an affirming community because love isn't something that can be controlled by conforming to prevailing cultural norms, even if those norms have religious underpinnings. The</p>

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			Table does not have a permanent physical space. They rent spaces in and around the Exchange District and update those locations on their website and Facebook page.
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xii. Sports and Rec

Organization	Website	Location	Services Provided
Out There Winnipeg	https://www.outtherewinnipeg.ca	Fill out the contact form here: www.outtherewinnipeg.ca/contact-us	Out There Winnipeg (OTW) provides a healthy, inclusive, accessible, and safe space for adult folks of the LGBT2SQ+ community and allies to meet, socialize, be active and have fun. Their sport and recreation activities include both cooperative and competitive environments that cater to everyone regardless of experience or skill level.
Rainbow Alliance for Men (Rainbow	204-474-0212 Toll Free: 1-855-437-8523	170 Scott Street Winnipeg, MB	Rainbow Alliance for Men is a place for all Gay, Bisexual, Trans, Two-Spirit, Queer, and questioning men who

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Resource Centre)		R3L 0L7	are 18+ to come together in a safe, comfortable, and inclusive environment. Occasionally the Rainbow Alliance for Men organizes team sports (outdoor activities and indoor activities).
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