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Trans Youth in Translation: Arts-based Knowledge Translation for Health Professions Education

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ABSTRACT

Transgender (trans) youth experience health disparities and challenges accessing healthcare. While there is a growing body of literature addressing the needs of this population, trans youth voices are often absent from discourses upon which health care systems intended to support them are built. The Trans Youth in Translation project sought to increase representation of trans youth through an arts-based knowledge translation project translating research findings about healthcare experiences into creative works for use in health professions education. This approach is grounded in established theoretical approaches to gender affirming care, knowledge translation, and health promotion. Thirty trans youth engaged with researchers and adult trans artist mentors in a series of knowledge translation workshops. Drawing on their own lived/living experiences, the youth artists interpreted trans youth research participant quotes through visual art, creative writing, dramatic scene-writing, songwriting, and board game design. The creative works produced were shared at knowledge exchange events with healthcare professionals, including clinicians, policy makers, and researchers. These were later digitized for use in health care provider trainings. The aim of this paper is to describe the process undertaken, highlight creative works produced, and document program evaluation feedback from health professionals who engaged with the project.

Keywords: Transgender, youth, arts-based methods, knowledge translation, education.

JEL Codes: Health (I1), Health & Inequality (I14), Education & Inequality (I24), Education, Other (I29).

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1. Introduction

Transgender (trans) youth have received increasing attention in the healthcare literature, which largely focuses on health disparities and interventions to support gender health. However, as with many marginalized and underserved groups, trans youth voices are often absent from discourses upon which health care systems intended to support them are built. The Trans Youth in Translation project sought to address this lack of representation through an arts-based knowledge translation project aimed at translating research findings about health care experiences of trans youth into creative works through a variety of artistic media for use in healthcare professions education.

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1.1 Literature review

In this paper, ‘trans youth’ refers to young people who have an experience of gender that is different from what is socioculturally expected based on the sex or gender assigned to them at birth (e.g., trans, nonbinary, Two-Spirit, agender) (Frohard-Dourlent et al., 2017). Like cisgender youth, trans youth may engage in social gender affirmation, for example, expressing gender through names, pronouns, clothing, and/or hairstyle. Trans youth may also access gender-affirming medical interventions (e.g., pubertal suppression, hormone therapy) to better align their bodies with their genders (Olson et al., 2011). While many youth are well-supported and live comfortably in their affirmed genders, trans youth may experience distress from being treated poorly by family, peers, healthcare providers, and society, and/or bodily discomfort (e.g., gender dysphoria). On a population level, trans youth experience high rates of mental distress, self-harm, suicidality, and other negative health outcomes, which are well-explained through gender minority stress theory (Connolly et al., 2016; J. Veale et al., 2017). This theory attributes anti-trans stigma as an explanatory factor related to elevated mental health concerns among trans populations (Hendricks & Testa, 2012; Testa et al., 2017).

Healthcare professionals who work with trans youth often have a strong understanding of salient medical information and statistics regarding health outcomes of trans youth. However, documented negative healthcare experiences of trans youth indicate that further work needs to be done to improve the overall quality of care; for example, when seeking medical care, trans youth report encountering unacceptably long waits, physicians without training in gender-affirming care, lack of respectful care (e.g., acknowledging gender, using correct name and pronouns) (Clark, Veale, Greyson, et al., 2018; Gridley et al., 2016). The trans youth healthcare literature contains scant representation of perspectives from trans youth themselves.

1.2 Rationale for the study

Most healthcare providers are cisgender, and therefore do not understand the experiences of trans youth from a lived/living perspective. Their connections with trans communities vary, but by virtue of gender, age, professional positionality, and social norms they are inevitably disconnected in some ways from the lived/living experiences of trans youth. This disconnection, combined with institutionalized anti-trans bias, leaves professionals susceptible to causing harm through enacting bias in their work with trans youth. Anti-trans bias (also called “transphobia”) has also been identified as barrier to healthcare providers benefiting from education on gender-affirming care, highlighting the need to address bias as part of trans health education initiatives (Stroumsa et al., 2019). Therefore, it is important that knowledge of both clinical information and lived/living experiences be incorporated into trainings for healthcare providers serving trans youth populations. Examples of bringing lived/living experiences of marginalized groups to healthcare provider education include panel presentations, narrative writing, and documentary videos. Experiential perspective-taking interventions comprise another approach that has been shown to reduce anti-trans bias (Broockmann & Kalla, 2016; Moss-Racusin & Rabasco, 2018).

Knowledge translation is a term used to describe processes that “move beyond simple dissemination of knowledge and into actual use of knowledge” (Straus et al., 2013, p. 4). Emphasis on knowledge translation in health care reflects the identified need to address gaps between research and clinical practice that have negative impacts on systems of care and individual health outcomes (Straus et al., 2013). Arts-based knowledge translation can support social change through conveying research findings through various artistic media, such as visual art, drama, music, and creative writing (Kukkonen & Cooper, 2019). It is also recognized that this approach can communicate research findings through experiential opportunities that engage learners both affectively and cognitively (Parsons & Boydell, 2012).

1.3 Data and theoretical support

The research evidence to be translated through artistic media was drawn from a research project on healthcare decision-making related to hormone therapy for trans youth (Clark, 2018). In addition to understanding how negative interactions with healthcare providers can contribute to mental health challenges of trans people through a gender minority stress lens, this project was designed based on the gender-affirmative model of care, evidence that support from adult mentors can enhance youth

wellbeing, and principles from the PRECEDE-PROCEED model for health promotion (Ehrensaft, 2016; Hendricks & Testa, 2012; Hidalgo et al., 2013; Testa et al., 2017; J. F. Veale et al., 2015).

The gender-affirmative approach views all genders as valid and a natural part of human diversity (Ehrensaft, 2016; Hidalgo et al., 2013). Foundational to this work are understandings that trans youth should have access to healthcare providers who affirm their genders and facilitate timely access to gender-affirming medical care, as needed. Previous research has demonstrated that access to gender-affirming care is correlated with multiple aspects of trans youth wellbeing (Clark, Veale, Greyson, et al., 2018; Clark, Veale, Townsend, et al., 2018; Connolly et al., 2016; de Vries et al., 2014). The approach to engagement with youth was grounded in findings that trans youth wellbeing can be enhanced through positive connections with supportive adults (J. F. Veale et al., 2015). Connections developed with adult mentors in this program provided opportunities for youth to: connect with trans adults and peers; envision possible futures for themselves as artists, researchers and thriving trans adults; have their lived/living experiences and creativity valued; and contribute to improving the healthcare systems through which they access care. Finally, the project was designed to engage professionals in a manner consistent with factors integral to the well-established PRECEDE-PROCEED model for health promotion: predisposing, enabling, and reinforcing (Green & Kreuter, 2005; Straus et al., 2013). Interventions first predispose learners to materials that set the stage for change, change is then enabled through direct and experiential engagement with educational materials, and lastly, change is reinforced through feedback (Straus et al., 2013).

1.4 Purpose

In order to address population-level health disparities of trans youth, documented barriers to care, and insufficient healthcare provider knowledge of trans youth lived/living experiences, education is needed that addresses both clinical approaches and the contextualized, lived/living realities of trans youth. Clinically-focused trainings are increasingly available; however, resources to center trans youth voices within healthcare provider education are limited. Therefore, the Trans Youth in Translation project was designed to address gaps in healthcare provider understanding of lived/living experiences of trans youth by creating evidence-informed creative works for integration into trainings on gender-affirming healthcare practices (e.g., protocols for evidence-based medical interventions), through a participatory, arts-based knowledge translation project conducted in collaboration with trans youth. No prior projects combining these goals and methods were identified. The specific goals were to: (1) give youth direct voice in interpreting findings and communicating them to the target audiences; (2) provide trans youth with opportunities for skill development and mentorship from adult trans artists and researchers; and (3) provide trans youth and adults with opportunities for paid work in the arts and research; and (4) create a collection of creative works to support future health professions education initiatives.

The aim of this paper is to document the knowledge translation process undertaken, highlight the creative works produced, document responses of health professionals to the project, and articulate policy implications. The source of research data and method of producing the creative knowledge translation works are described first. This is followed by examples of visual art, creative writing, song lyrics, and board game elements produced through the project. Program evaluation feedback from health professionals who engaged with these creative works is presented, confirming the appropriateness of the method which was developed based on the gender-affirmative model, adult mentorship, and the PRECEDE-PROCEED model. Policy implications center around inclusion of research participants in validating and communicating research results and inclusion of anti-bias initiatives within health professions education related to transgender health. This project demonstrates how arts-based knowledge translation can engage members of marginalized populations in advancing health equity through creation of resources to support improved healthcare provider education, healthcare access, clinical care, and health policy.

2. Data and methodology

2.1 Design

Youth research participants in the Trans Youth Hormone Therapy Decision-making Study were invited be part of an advisory board to guide the Trans Youth in Translation (Clark, 2018). A youth advisory

board comprising trans youth made decisions about the project design, generated promotional materials, and assisted with both recruitment and facilitation of sessions. The researcher leading the project secured grant funding, incorporated youth decisions into the project plan, and organized workshops in youth- and trans-friendly spaces in two cities. Adult trans artists with specialities in creative writing, slam poetry, film, visual art, music, and game design were recruited and trained by the researcher to facilitate knowledge translation workshops. Youth participants were recruited through community organizations and social media. All youth participants and adult mentors were paid for their time and reimbursed for travel expenses. Funding for this project was received from The University of British Columbia Public Scholars Program and a Canadian Institutes of Health Research Planning and Dissemination Grant. As this project involved knowledge translation of existing research data and program evaluation, research ethics review was not required.

2.2 Materials

The research results to be translated were from the Trans Youth Hormone Therapy Decision-making Study (Clark, 2018). Data for this study were collected via semi-structured interviews and lifeline drawings, then analyzed via grounded theory, qualitative content analysis, and ethical analysis for publication in scholarly journals (Clark, 2021; Clark, Marshall, et al., 2020; Clark, Virani, Marshall, et al., 2020; Clark, Virani, & Saewyc, 2020; Clark & Virani, 2021). While this study covered a range of topics, the findings at the center of this knowledge translation project were those relevant to youth experiences of making health care decisions and attempting to access gender-affirming care.

Direct quotes were selected by the researcher from de-identified interview transcripts to serve as the foundational material for artistic creation in visual art, creative writing, dramatic scene writing, songwriting, and game design workshops. The quotes chosen for visual art workshops comprised visually evocative material. Quotes describing health care experiences served as the foundation for both dramatic scene writing and songwriting sessions. Creative writing workshops were informed by youth descriptions of experiences with family members. The quotes selected for game design illustrated facilitators of, and barriers to, gender-affirming care and affirmation. For examples of quoted material, see Table 1 and Figures 1-6.

Table 1.

Sample quotes.

Creative writing quotes

“I was trying to explain to them...how am I supposed to wait? I’ve been waiting all these years, you know? Even before I knew what I was waiting for.”

“And my sister’s just a great person to go to. She’s so smart and has the best advice for me.”

Dramatic scene quotes

“I had a [health care provider] when I was in [another city], but he was very negative towards [my being trans], and he said it was a phase. So, I stopped seeing him because I was like, ‘that’s not really helpful.’”

“She knew that I knew things, but I feel like she didn’t realize the extent of which I knew the stuff... I know that you don’t have to take hormones to be non-binary... My [health care provider] didn’t really understand me... She just didn’t seem to get it. Because she kept describing me in these specifically gendered ways and ways that I thought were really strange and incongruous.”

Songwriting quotes

“Tell them yourself that you’re not there to judge them, you’re there to help them.”

“At least give the patient the benefit of the doubt, instead of treating them like you’re interrogating them. At some points, I felt like somehow I had to prove I was trans.”

Game design quotes

“[My GP] does have a bunch of information. That was really helpful. And lots of things I just was sure about after I met with [my GP].”

“My grandmother has been just incredible with everything... probably the most accepting person I’ve come out to other than my immediate friend group.”

“I was really nervous about it because I was just told wrong information about it, and it kind of worried me.”

“Will someone see I’m trans, clock me, and beat me up? I don’t know.”

Paper and writing utensils were provided for all sessions. Painting supplies (e.g., canvas, paint, brushes) were provided for visual art workshops and musical instruments (e.g., guitar, keyboard, ukulele, drums) were available for songwriting sessions. Following the workshops, songs were recorded using Garage Band software at a free, public library recording studio. The game board, cards, and instructions were designed using Adobe Illustrator software.

2.3 Participants

A total of 30 trans youth, ages 14-20, and six trans artists mentors participated in the program. Trans staff members from a partner organization also provided assistance with organizational tasks. Artist mentors and parents of youth who needed to travel significant distances were reimbursed for travel expenses. Snacks and lunch were provided, and youth received an honorarium of \$50 per half-day session.

2.4 Facilitation

A full day of workshops was held in two different cities. Fifteen youth attended each day, and were welcome to attend the morning, afternoon, or both workshop sessions. Youth were assigned to 90-minute workshops based on their interests. At the end of each day of workshops, youth shared their creations with peers and facilitators. All creative works were later digitized (e.g., paintings were professionally photographed), and original works returned to the youth artists, upon request. The creative works produced through these workshops included 21 paintings, six creative writing pieces, three dramatic scene scripts, two songs, and one board game.

2.5 Knowledge exchange

Two knowledge exchange events were held to share the creative works directly with approximately 40 health care providers, policy makers, and researchers. The first event, for health care providers, administrators, and policy makers, was held at a trans and youth-friendly location during a convenient time for youth and health professionals to attend. Youth hosted the event, welcomed guests, distributed programs, introduced them to a self-guided gallery tour, and facilitated beta-testing of the board game. Youth and workshop participants were invited to engage in readings of the dramatic scenes and recordings of the songs were premiered. The second event was hosted by the researchers at a university for an audience of health professions graduate students, postdoctoral fellows, and faculty. The art and writing were on display and the songs were played. The primary focus of this event was on beta testing the board game, to be refined prior to use as a teaching tool with health care providers.

3. Results and discussion

3.1 Visual art

In the visual art workshops, youth were invited to read through a number of quotes and to select one that spoke to them as an artist. In figures 1-6, a sample of paintings created by youth are captioned with the quote from which each artist drew inspiration.



Figure 1. “[Hormone therapy] is a cool thing. Like, it’s so sciencey and cool and I love it so much. And I feel like it’s awesome. I want to shout from the rooftops about how accessible it is and how you can really make it happen. And I think we’re so lucky and I’m so lucky to live in a time where I can do it, you know what I mean? A long time ago it didn’t exist.”

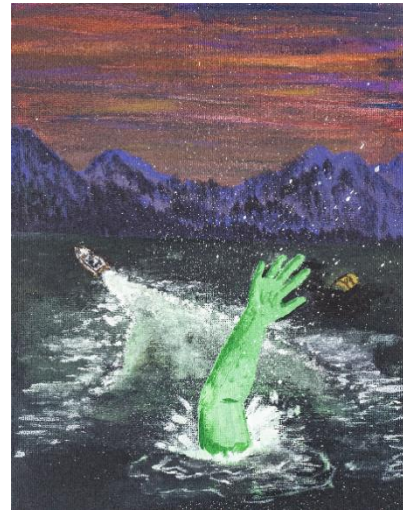


Figure 2. “Once I got here, I was like, ‘Ah, ah, I don’t know what to do’, because my mom was still not on board, so I was just kind of like, this is just like swimming through poisonous water.”



Figure 3. “It felt like I had to fit into a cisgender woman’s box as to what categorized me as transgender to apply to actually receive hormones. And I fit into that box fairly well on my own, but feeling like I had to fit into that box was really hard.”



Figure 4. “I need acceptance right now because I’m living in hell.”



Figure 5. “The youth worker] was always there when I needed to talk, when I felt very dysphoric, when I felt down, when I felt like giving up and just conforming to what society wants me to be. And she drove me to appointments and she supported me the whole way through.”



Figure 6. “I’d just want to be treated like a normal person. I don’t feel much different from anybody else.”

3.2 Creative writing

In the creative writing workshops, youth were invited to read quotes from research participants focused on family relationships for inspiration (see Table 1), and to write in a form of their choosing (e.g., poetry, prose). Youth were not required to focus their writing on a particular quote, and while some chose to work broadly with the theme of family relationships, others drew on quotes from other workshops or directly on personal experiences.

One youth wrote a piece entitled, *The Road I Walked*, reflecting on the complexities of gender transition and the challenges that arise in responding to someone who asks, “How is your transition going?” The piece concluded with these words:

*The road I walked to get where I am is complex,
It's intersectional
Sometimes I walked in the middle of paths
The road I took was unique, and it was mine
There are hundred, thousands, millions
Of people walking roads that take them somewhere*

Another youth wrote this untitled letter to a doctor from the perspective of a patient.

Dear Doctor,

I want you to know that I am a human being that cannot be put into a one-size-fits-all system. I am weird and queer and entirely unique and instead of ignoring what I am saying and assuming my needs, we need to work together to figure out what health care will look like for me. I am traumatized by the health care system in many ways and that is going to affect how I interact with you. I am hurting and complicated and I don't know what I want and neither do you. By working as equals, as well as respecting our own strengths, we can get things done.

What is the reason you are doing the work you are doing?

What has brought you to this position as a doctor that specializes in trans care?

What are you doing to be constantly learning about your job?

What are you doing to ensure this is your best work?

What are you doing to combat cissexism in your life?

Are you listening to your clients?

I don't know if this sounds overwhelming for you, but this is the work that I have to do every day in order to exist.

Love,

Your Patient

3.3 Dramatic scenes

Youth worked in small groups to develop dramatic scenes. They were asked to read quotes describing health care interactions that, from the perspective of the youth research participants, were problematic (see Table 1). The goal was to use the quote as the starting point for a scene that would exemplify how to provide youth-centered, gender-affirming care. Youth were asked to create scenes that would teach health care providers how care should be provided, rather than only emphasizing how it should not be done.

This scene, entitled *The Psychologist's Office*, portrays how clinicians who make mistakes in their interactions with patients can learn in the moment, assume a more gender-affirming stance, and commit to educating themselves further in order to competently provide gender-affirming care. There are two characters. The first is described as a psychologist who is client-centered and thoughtful, but has limited experience working with gender diverse clients. The second character is Maren, who is 17 years old, has a trans-feminine and non-binary gender identity, uses she/her/hers pronouns, was assigned male at birth, is moderately assertive, and musters the courage to correct core provider misunderstandings, as needed. The scene is set as Maren arrives at the psychologist's office for an appointment.

Psychologist: Hi! Come on in and sit down. What can I do for you?

Maren: I made an appointment today, because I wanted to discuss trans health care.

Psychologist: Sure. What specifically?

Maren: (pause) Exploring options around transitioning and what that could look like.

Psychologist: Okay. (assuring) I've worked with someone before who is male-to-female.

Maren: (hesitant pause) There's a lot more to how I'd like to transition.

Psychologist: What do you mean? Can you clarify?

Maren: I do want to transition to a more feminine-self, but I'm also non-binary and that needs to be taken into consideration.

Psychologist: (earnestly) Do you think this non-binary aspect is just a phase of your dysphoria?

Maren: Non-binary is another way to identify your gender identity. It's not a phase. There are many cultures that have non-binary identities. I simply don't feel entirely male or female.

Psychologist: Oh, that makes sense. (pause) I'll look into it and do more research.

Maren: Thank you. I'd like to meet again when you do. I'm non-binary, but I'm still interested in hormone options.

Psychologist: We'll make an appointment, and we can discuss your medical options further. (affirming) And I will work to understand more as I support you through your journey.

3.4 Songs

Youth also worked in small groups on songwriting, drawing on quotes about problematic health care interactions, as well as descriptions of how youth research participants thought care could be provided more effectively (see Table 1). The workshop facilitators guided youth through a structured lyric-writing approach. The starting point was the second verse, which portrayed a health care interaction described in research participant quotes. The first verse was then written to describe what expectations that person might have held prior to the health care interaction. The bridge highlighted what needed to change to improve the wellbeing of the youth, followed by the third verse, envisioning an ideal future. The chorus was written last, to capture the emerging main themes of the song. Time was limited in these workshops; however, the youth were able to complete the lyrics and begin to develop musical elements including style, tempo, rhythm for the lyrics, arc of the melody, chord progressions, and instrumentation. The researcher and a music therapist experienced in working with trans communities completed the songwriting and recorded the songs using the lyrics and the musical elements developed in the youth workshops.

The lyrics for one song, *Waiting for my Life to Start*, are:

Now's the time to make my own decisions
 Coming out, I'm in the clear
 Going after what I've always wanted
 The good part is finally here

My fate's in someone else's hands
 But they don't listen to what's in my heart
 Waiting to be in control
 Waiting for my life to start

It's been two years
 And I don't know what I'm waiting for
 Out of control, when will it end?
 Everything's behind a closed door

My fate's in someone else's hands
 But they don't listen to what's in my heart
 Waiting to be in control
 Waiting for my life to start

Tell me you won't judge me
 Tell me what I need to do
 Tell me you won't judge me

Please find me a way through

*Now's the time to make decisions
I've been trying to do this on my own
Finally found what I've always wanted
But I didn't have to do it alone*

*Now my fate's in my own hands
I can listen to what's in my heart
Now I am in control
I'm not just waiting for my life to start*

Lyrics for a second song, Prove Myself, are:

*My mind is screaming inside my skin
It feels too tight, I don't fit in
Expectation too high for me to reach
Fitting in is not something you can teach*

*Born again, I rise anew
Sometimes I like myself, too
I shouldn't have to prove myself to you
I shouldn't have to prove myself to you*

*Physically pacing and my mind is racing
I shouldn't have to prove myself to you
One single slight, I have to fight
I'm just trying to be true*

*Born again, I rise anew
Sometimes I like myself, too
I shouldn't have to prove myself to you
I shouldn't have to prove myself to you*

*Give us what we sought
This is not a battle that should be fought*

*We fought before the congregation
We will protect the new generation
In a world where no one should fear
We stand proud, strong and Queer*

*Born again, I rise anew
Sometimes I like myself, too
I shouldn't have to prove myself to you
I shouldn't have to prove myself to you*

3.5 Board game

The concept for the board game emerged through analysis of data related to youth descriptions of barriers and facilitators that affected decision-making and access to needed care and supports. The premise of the game was that each player was a trans youth who needed to access hormone therapy to align their body with their gender. This experience was chosen as the focus for a game of chance due to the numerous and unpredictable challenges and support that trans youth encounter in attempting to access this particular form of healthcare. The game was designed in three phases, which centered

translation of a theoretical model on youth hormone therapy decision-making practices from the original research study (Clark, Marshall, et al., 2020). In the first phase (discovery), players were moving toward coming out; in the second (interaction) they were actively seeking access to hormone therapy; and in the last (reflection) they had been able to access hormone therapy and were and reflecting on past experiences.

In the board game workshops, youth developed and refined the design of a game board, game cards, elements of chance, and rules of play. First, they were asked to summarize quotes from youth research participants about facilitators and barriers, forming concise statements for game cards that would direct forward and backward movement on the game board (see Table 1). Based on their personal experiences and knowledge of other youth's experiences, the participants generated additional game card statements. Statements were ranked by participants terms of how significantly each experience would move someone forward or backward in the game (Table 2). Youth brainstormed other intersectional elements that would affect game play (e.g., race, immigration status, binary/nonbinary gender, family support, urban/rural, proximity to services, depression, anxiety), including factors that were fixed (e.g., race) and those that could change during the course of the game (e.g., family support, proximity to services). No individual player could win the game. The game ended once every player had reached their individual goal of starting hormone therapy.

Table 2.

Sample board game cards.

Facilitators	Barriers
<i>You are exposed to diverse experiences about trans lives [Move ahead 2]</i>	<i>You receive wrong information about hormone therapy and it worries you [Move back 1]</i>
<i>Your doctor has a lot of information and is super helpful [Move ahead 4]</i>	<i>You are physically attacked for your gender presentation [Move back 4]</i>
<i>You have queer friends and know about an LGBTQ2+ youth group they attend [Move ahead 3]</i>	<i>You are really afraid of needles and not sure you could get blood tests or take hormones even if you got a prescription [Move back 2]</i>
<i>Your grandmother writes you a letter of acceptance [Move ahead 2]</i>	<i>You go to the doctor and your previous name is called in the waiting room [Move back 1]</i>

The mentor for the board game sessions continued to work with the researcher following the workshops to complete the game design. It was tested with the youth advisory board and with health care providers, policy makers, researchers, and health professions students at the knowledge exchange events. Revisions were made in response to player feedback. Copies were subsequently produced for use in health care provider and student education sessions.

3.6 Event feedback

Health care providers, policy makers, and researchers in attendance at the knowledge exchange events were invited to complete an evaluation form. The following section highlights responses from participants, organized around the questions asked on the feedback form.

Participants were asked to share their impressions of the paintings and creative writing. They expressed appreciation of the beauty and power evident in these works, describing them as accurate representations of trans youth experiences of adversity and resilience. "Beautiful and powerful – some of the quotes gave me chills. I enjoyed the diversity of experiences that were expressed through the quotes and writing." This participant described a wide range of emotions the paintings and writing: "Poignant pain, rejection, fear, judgment, beside fierce hope, triumph, solidarity, pride. A testament to the challenges and resiliencies." Another highlighted a new awareness of the realities trans youth face in encounters with the health care system. "Offered young person's perspectives which I haven't heard much before this. It was sad to see how trans youth are treated by the healthcare system and doctors who make healthcare decisions for young people based on their own values. Undoubtedly, they do their best, but this makes me think education and training could be improved." The presentation of the paintings alongside the quote that inspired them was cited as a powerful way to present these works. "I really appreciate the arts and writing and felt it was more impactful having those translations alongside the quotes."

Participants identified song as a particularly compelling medium for accurate portrayal of trans youth experiences. “The songs were beautiful and powerful.” Appreciation was also expressed for the dramatic scenes; however, some participants shared that they were too positive in their portrayal of care. “They were fantastic, but some of the scenes ended all well. It might be good if one ended badly, as that can happen.” Overall, the use of scenes and songs to portray experiences was seen as an effective way to convey youth experiences. “They brought the youth voices out, made their words and experiences clearer.” The strategy of having youth artists interpret the experiences of other youth, from the research data, was seen as particularly effective. “Very well done. I enjoyed that youth were asked to express someone else’s experience. It added to the power and interest.”

The experience of playing the board game was characterised largely as frustrating, but also enjoyable and “true to life”. For example, “Quite frustrating...but I imagine that is the point.” The game was described by one participant in a single word: “Infuriating.” Playing the board game elicited insights into the realities of trans youth experience as they attempt to access gender-affirming hormone therapy. “It was good at capturing oppression. I felt truly frustrated.” Other participants commented on their experiences from a particular perspective. This person benefited from playing the game with others who were more knowledgeable. “Brilliant learning experience, especially sitting with diverse individuals who were very generous with their answers to my questions.” A trans person who played the game described the experience this way. “I enjoyed it. As a trans person playing with medical providers, it offered a unique experience to watch the ‘light bulb’ go off when they started to ‘get’ the difficulties trans people experience.”

Health care providers in attendance were asked to identify ways in which their experiences at the event could be applied in practice. Some described development of greater insights into the experiences of trans youth, including the diversity of individual experiences. “Learned more about the resistance and artistry of trans youth.” Another commented on the importance of trans people’s lived/living experiences in informing their practice. “Yes, definitely, stories from peoples lived experiences will always be the most important influence on the way I practice.” Interacting with the artistic media led this participant to set an intention of eliciting and listening to the experiences of the youth with whom they worked as a trans youth peer support group facilitator. “Yes, to listen to their experiences more often, and ask them to describe their experiences more if they are comfortable doing so.”

Participants identified two key areas for health care system improvement. The first was funding and the second was education. This was captured through responses such as, “More money, more peer-centricity, more education!” and “More funding for trans programming, especially education of doctors.” One participant also commented on systemic changes that are needed to make gender-affirming health care more accessible to trans youth. “I would like to see youth gender health care be seen as a matter of care, like other health care in the sense of timeliness, being unbiased. Not letting personal views interfere.”

3.7 Discussion

Health disparities and gender minority stress experienced by trans youth were clearly depicted in the creative works produced, for example, in the painting captioned, “I need acceptance right now because I’m living in hell” with the words “get me out” contained in the painting (figure 4) (Connolly et al., 2016; Hendricks & Testa, 2012; Testa et al., 2017; J. Veale et al., 2017). The board game provided an experience that captured the joy of gaining access to needed healthcare (e.g., “your doctor has a lot of information and is super helpful”) and stress associated with denial of care, discrimination, rejection, and violence (e.g., “you are physically attacked for your gender presentation”) (Table 2). Healthcare experiences representative of those documented in the literature, both positive and negative, were illustrated via paintings (e.g., figure 3, figure 5), creative writing, and songs (Clark, Veale, Greyson, et al., 2018; Gridley et al., 2016).

Dramatic scenes and songs illustrated what healthcare providers should and should not do in the delivery of care. Connections can be found between the words written by the youth artists and the gender affirmative model (Ehrensaft, 2016; Hidalgo et al., 2013). For example, in the scene titled “The Psychologist’s Office”, the youth named Maren explains to the psychologist that, “there are many cultures that have non-binary identities”. This is consistent with two premises of the gender affirmative model, which state, “gender presentations are diverse and varied across cultures, therefore requiring

our cultural sensitivity” and “gender...is not binary” (Hidalgo et al., 2013, p. 285). The creative works contain several calls to action which are consistent with patient-centered care, asking healthcare providers to treat trans youth like normal people (figure 6), provide nonjudgmental support, work collaboratively with trans youth to develop care plans, and engage in continuing education.

The documented importance of mentorship from supportive adults was integrated into the design of the project workshops (Veale et al., 2017). The workshops were offered in spaces that were youth-friendly and staffed exclusively with trans adults. This created safer spaces that could reduce stress and support artistic expression. Mentorship by trans artists fostered education, inspiration, and motivation. While the relationships formed among youth and adult mentors were short term, they offered connection, possibility, and validation for youth who may not regularly have had contact with other trans people. Lastly, in a world where trans youth feel that they are fighting to exist, seeing adult mentors provided an opportunity for youth to see that others have travelled this road before them and found their places in society as valued trans people.

Within each workshop, a balance of structure and artistic freedom facilitated rapid engagement in creative activities and efficient production of powerful creative works. Selection of quotes on specific themes for each artistic media and training artist mentors in advance on the purpose of the project and goals for each session were key in providing necessary structure. Supplying quality materials (e.g., paints, canvas, musical instruments) and hosting the workshops youth- and trans-friendly spaces supported freedom of expression. Youth who enrolled in the workshops were interested in improving gender-affirming care and eager to share their talents. They were compensated for their time, expertise, and artistic skills. The project was fully grant funded, to cover honoraria for youth and adult artists, art materials, food, and travel. Space was donated for some workshops and knowledge exchange events, and songs were recorded at a free public library recording studio. Despite the project being conducted with a relatively small budget, it generated a lasting collection of creative works to support healthcare provider education.

The knowledge exchange events were designed to promote change using the tenants of the PRECEDE-PROCEED model (Green & Kreuter, 2005; Straus et al., 2013). First, participants were predisposed to change through emotional engagement with artistic media reflecting healthcare experiences of trans youth (Straus et al., 2013). Experiences of research participants were represented in direct quotes, and their messages amplified by trans youth artists who drew on their own lived/living experiences in reimagining these quotes as emotionally evocative painting, creative writing, and songs. Perspective-taking through playing the board game also elicited emotional responses as each player experienced barriers and facilitators to achieving their character’s gender health goals (Broockmann & Kalla, 2016). Second, change was enabled through modeling how to provide quality care via acting out dramatic scenes, playing song recordings, and reflecting on board game play. In response to scholarly literature which often focuses on negative healthcare experiences, or “what not to do”, the project reframed negative experiences through creative depictions of youth recommendations for “what to do”, or how care could be delivered in more trans culturally competent ways. Third, positive practices were reinforced by professionals seeing their own past or imagined future actions reflected in the portrayals of positive gender-affirming clinical interactions. Health professions education on the care of trans youth is typically highly mediated by cisgender professionals and vulnerable to cisgender bias. Centering youth voices in this project created space for professionals to engage with trans youth and with creative works that were not subject to this type of mediation.

Arts-based knowledge translation can support powerful means of sharing research findings, beyond traditional manuscripts and conference presentations, capitalizing on affective engagement to help address gaps in healthcare provider knowledge (Kukkonen & Cooper, 2019; Parsons & Boydell, 2012). For example, board game play provides not only an experiential opportunity to understand barriers to needed healthcare, but also spurs conversation among players throughout the course of play. Pairing of quotes with creative works when presented at the events emphasized the close connection of the art with empirical research data on healthcare practices. However, the understanding of challenges, resilience and the diversity of individual experiences with healthcare provided a contrast to other forms of research dissemination (e.g., statistical data). Knowledge exchange event participants described the creative works as powerful and beautiful, highlighting the visceral emotions that can be conveyed through visual art, writing, drama, music, and even board game play. Ultimately, the goal of this type of

arts-based knowledge translation is promoting social change and health equity for trans youth (Kukkonen & Cooper, 2019). The immediate responses of knowledge exchange event participants were positive; however, further research needs to be conducted on how to utilize these creative works through education (e.g., online modules, in-person workshops) to generate lasting change in the form of expanded access to high-quality gender-affirming care.

4. Conclusion and policy implications

Inclusion of trans youth voices can support stronger health professions education and healthcare systems. This project carries policy implications for both health professions education and program administration. Health professions education can be enhanced by following the ‘nothing about us without us’ approach, mandating that trans youth voices and experiences be accurately represented in training materials for preservice and practicing professionals. This can be achieved through engaging trans youth in the validation and communication of research results and capturing their lived/living experiences and wisdom through artistic media. With respect to healthcare program administration, policies can support improved health services and health equity by requiring training inclusive of youth gender-affirming care in preservice and continuing health professions education. As highlighted by knowledge exchange event participants, another policy issue is provision of adequate funding must to support both health professions education and clinical programs. Finally, through this project arts-based knowledge translation was employed in bringing youth and policy makers together in a format that highlighted youth strengths and wisdom and created opportunities for learning and dialogue.

The objectives of the Trans Youth in Translation project were met, through development of a repository of creative works for healthcare providers education which center youth voice and by offering paid work with opportunities for artistic and research skills development for a population with documented barriers to education and employment. Through the knowledge exchange events, participants were engaged in learning activities that integrated understanding of gender minority stress and the gender-affirmative model of care. The mentorship integrated into the program supported positive connections with trans adult role models working in the arts, healthcare, and health research. Building on previous applications of the PRECEDE-PROCEED model of health promotion within knowledge translation, the principles of predisposing, enabling, and reinforcing served as a foundation for structuring educational opportunities during the knowledge exchange events. Program evaluation feedback indicated the project was successful in bridging some gaps in understanding and moving participants to set intentions to change practice. The next step will be to evaluate the effectiveness of integrating these evidence-based creative materials into health professions education. Arts-based knowledge translation, as demonstrated through this project, holds potential for engaging individuals from marginalized populations in advancing health equity through initiatives aimed at improving education, healthcare access, clinical care, and health policy.

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