

EXHIBIT 4

2. I have actual knowledge of the matters stated herein. If called to testify in this matter, I would testify truthfully and based on my expert opinion.

I. BACKGROUND AND QUALIFICATIONS

A. Qualifications

3. I am an epidemiologist and received my Ph.D. in Epidemiology and Biostatistics from The University of Western Ontario (Western University) in 2017. I completed postdoctoral training at the University of California, San Diego School of Medicine from 2017 to 2019. Since September 2019, I have been an Assistant Professor of Epidemiology and Biostatistics in the Dornsife School of Public Health at Drexel University in Philadelphia, Pennsylvania. I hold affiliate faculty positions at the Li Ka Shing Knowledge Institute at St. Michael's Hospital in Toronto, Canada and in the Department of Epidemiology and Biostatistics in the Schulich School of Medicine and Dentistry at Western University in London, Canada. My professional experience and publications are detailed in my curriculum vitae, which is attached as Exhibit A to this declaration.
4. My opinion expressed herein is based on my experience conducting original research on transgender health and well-being since 2005, reviewing research in the field, and additional original analyses conducted at the request of Plaintiffs' counsel. I have held multiple federal research grants on transgender health from the National Institutes of Health and the Canadian Institutes of Health Research and currently serve as Principal Investigator of transgender health studies funded by both agencies. My research draws on observational epidemiologic data (i.e., surveys) to identify social determinants of mental health, physical health, and access to healthcare among transgender persons.
5. As a professor of epidemiology, I also teach graduate-level courses in quantitative research methodology and survey design.

6. I have published 54 peer-reviewed research articles specifically on transgender health, in addition to more than two dozen commentaries, reports, or research briefs. In recognition of my expertise in this field, I was invited to lead a review article in transgender health in the prestigious *Annual Review of Public Health* in 2022.
7. Specific to the issues in this case, I was commissioned by the World Health Organization to conduct a systematic review on legal gender recognition (name and gender marker changes on legal documentation) for their forthcoming guidelines on transgender health.
8. I have been invited to deliver scientific presentations on transgender health at local, national, and international meetings in the United States, Canada, Europe, Asia, Australia, South America, and Africa. I have served on clinical and research guideline committees for the World Professional Association for Transgender Health (Standards of Care), the National Institutes of Health, the Canadian Institutes of Health Research, and the Williams Institute at the University of California, Los Angeles School of Law.

B. Compensation

9. I am being compensated at an hourly rate of \$400 per hour plus expenses for my time spent communicating with plaintiffs' counsel, drafting written testimony and reports, being deposed, or testifying, and traveling in connection with this matter. My compensation does not depend on the outcome of this litigation, the opinions I express, or the testimony I may provide.

C. Previous Testimony

10. I have given expert testimony at trial or by deposition in the following cases:
 - I testified as an expert witness on name changes for transgender people in cases before the Court of Common Pleas of Butler County, PA (Case No. 640 WDA 2022),

the Court of Common Pleas of Allegheny County (GD No. 21-11804; GD No. 21-11805), and the Court of Common Pleas of Philadelphia County (Case No. 210901990) in Pennsylvania.

- I also testified as an expert witness on anti-transgender stigma in a trial before the Ontario Superior Court of Justice, Canada (*Her Majesty the Queen. v. Cardle*, 2020 ONSC 7878).

11. I also provided an expert report on gender marker changes for transgender people in the Thirteenth Judicial District Court, County of Yellowstone (*Marquez v. Montana*, Case No. DV 21-00873)

II. BASIS FOR OPINIONS

My opinions contained in this declaration are based on all of the following:

1. Transgender persons experience discrimination and poor treatment due specifically to identity documents and records that do not accurately reflect their gender presentation. In the 2015 United States Transgender Survey (“U.S. Trans Survey”), the largest-ever survey of transgender adults in the United States (n=27,715),¹ 32% of respondents who had presented an identity document that did not match their gender presentation had at least one negative experience, including verbal harassment (25%), denial of service (16%), being asked to leave a venue (9%), and assault (2%). Further, racial and ethnic minority respondents including Middle Eastern, American Indian, and Black individuals were more likely to report harassment or violence when presenting mis-matched identity documents.
2. In addition to directly experiencing the abovementioned discrimination, transgender individuals often anticipate stigma and discrimination in interpersonal and institutional

¹ James SE, Herman JL, Rankin S, Keisling M, Mottet L, Anafi M. The Report of the 2015 U.S. Transgender Survey. Washington, DC: National Center for Transgender Equality; 2016:1-302.

interactions and may avoid such situations as a means of self-protection.² The vast majority – 84% – of respondents to a 2019 national transgender health survey that I conducted in Canada (n=2,873) reported that, in the past five years, they had avoided public spaces or situations (e.g., restrooms, schools, travel) due to fears of being harassed or “outed” (having their transgender status non-consensually disclosed).³

3. Conversely, two recent studies indicate that being able to change the gender designation on birth certificates or other identity documents is associated with increased employment and reduced exposure to discrimination among transgender people in the United States.
4. An econometric study found that employment of transgender men increased by 9 to 20 percentage points after removal of state policies requiring surgery to change the gender marker on a birth certificate.⁴ The removal of such policies increases access to gender marker changes on both birth certificates and other legal documents for which birth certificates are foundational. The study compared employment of transgender and cisgender people prior to and following removal of state-level surgical requirements, using data from the Centers for Disease Control’s Behavioral Risk Factor Surveillance System (BRFSS) that represent the populations of 39 states that collected information on gender identity in the study’s 2014-2019 timeframe. The study’s findings held after a range of additional checks including sensitivity analyses accounting for differences in timing of policy changes, alternative policy definitions (including states with unclear policies), and a placebo test examining whether the policies impacted cisgender lesbian, gay, and bisexual people (which they would not be expected to).

² White Hughto JM, Reisner SL, Pachankis JE. Transgender stigma and health: A critical review of stigma determinants, mechanisms, and interventions. *Soc Sci Med.* 2015;147:222-231. Doi:10.1016/j.socscimed.2015.11.010.

³ The Trans PULSE Canada Team. Health and health care access for trans and non-binary people in Canada. 2020-03-10. Available from: <https://transpulsecanada.ca/research-type/reports>

⁴ Mann S. Transgender employment and gender marker laws. *Labour Economics.* 2021; 73:102072. Doi:10.1016/j.labeco.2021.102072.

5. An analysis of 1,301 Texas residents who completed the U.S. Trans Survey found that those with their preferred name and gender marker on all identity documents (which would include the birth certificate and driver's license) were less likely to experience eviction, homelessness, or harassment in places of business, government agencies, or public spaces.⁵ They were more likely to be comfortable asking police for help, and if they had police contact, were less likely to be perceived as transgender or called the wrong pronoun by the officers. Further, those with fully gender-congruent identity documents were more likely to travel by air, and less likely to report negative airport experiences (questioning by airport staff, incorrect pronoun use, being patted down by an officer of the wrong gender) when they did travel.
6. Among approximately 4,000 U.S. Trans Survey participants who were living in a gender different from their sex assigned at birth and who had passed through airport security in the previous year, those who had updated the gender on their driver's license were less likely to report questioning of their identity documents by airport security (8.9% versus 26.0% of those who had not updated their driver's license).⁶
7. Transgender people in the United States face a disproportionate burden of poor mental health. For example, in BRFSS data from 2014-2016, 24.2% of transgender women, 31.1% of transgender men, and 38.2% of gender non-conforming transgender persons had ever been diagnosed with depression, as compared to 12.5% of cisgender men and 21.1% of cisgender women.⁷ It is estimated that 40% of transgender adults have ever

⁵ Loza O, Beltran O, Perez A, Green J. Impact of name change and gender marker correction on identity documents to structural factors and harassment among transgender and gender diverse people in Texas. *Sexuality, Gender, & Policy*. 2021;4:76–105. Doi: 10.1002/sgp2.12035.

⁶ Herman J, O'Neill K. Gender Marker Changes on State ID Documents: State-Level Policy Impacts. The Williams Institute, UCLA School of Law, June 2021. Available from: <https://williamsinstitute.law.ucla.edu/publications/gender-marker-policies/>

⁷ Downing JM, Przedworski JM. Health of transgender adults in the U.S., 2014-2016. *American Journal of Preventive Medicine*. 2018;55(3):336-344. Doi:10.1016/j.amepre.2018.04.045.

attempted suicide, approximately nine times the rate of the general population in the U.S.⁸ A growing body of research seeks to identify modifiable factors that contribute to these mental health disparities.

8. To the best of my knowledge, five published studies have specifically examined the relationship between the sex/gender designation on one's legal identity documents and mental health outcomes among transgender people in the United States and Canada. All found that having identity documents consistent with one's gender identity or presentation – and particularly having all identity documents (including birth certificates and driver's licenses) changed – was associated with improved mental health.
9. A study from Ontario, Canada, which I co-authored, found that transgender persons possessing at least one legal identity document (including but not limited to birth certificates and driver's licenses) with a gender marker congruent with their lived gender were at reduced risk of past-year suicide ideation and attempts.⁹ Specifically, adjusting for a wide range of potentially confounding variables, having at least one piece of identification with a gender marker congruent with lived gender was associated with a 44% reduction in the relative risk of seriously considering suicide and, among those who had considered suicide, with an estimated 74% reduction in the risk of attempts. These data were collected using respondent-driven sampling, a data collection and analysis method that uses structured sampling within social networks to generate population-level estimates for populations that cannot be conventionally enumerated.
10. A study of 503 transgender adults in Massachusetts and Rhode Island who wanted to change the gender on their driver's license or passport found that individuals who had

⁸ James SE, Herman JL, Rankin S, Keisling M, Mottet L, Anafi M. The Report of the 2015 U.S. Transgender Survey. Washington, DC: National Center for Transgender Equality; 2016:1-302.

⁹ Bauer GR, Scheim AI, Pyne J, Travers R, Hammond R. Intervenable factors associated with suicide risk in transgender persons: a respondent driven sampling study in Ontario, Canada. *BMC Public Health*. 2015;15(1):525. Doi:10.1186/s12889-015-1867-2.

changed the gender marker on both documents had lower odds of clinically significant anxiety, psychological distress, somatization (bodily symptoms resulting from psychological distress, e.g., pain), and emotional upset due to gender-based mistreatment.¹⁰ Underscoring the importance of being able to change all of one's identity documents, the mental health of participants who had only changed one document was largely similar to that of participants who changed no documents. The only significant difference was that those who changed one of the documents had lower odds of emotional upset due to gender-based mistreatment.

11. A 2018 survey of 818 transgender and non-binary people in New Zealand found that participants who reported barriers to changing the gender marker on their identity documents (e.g., lack of suitable gender marker options, cost, fear of discrimination) had higher psychological distress and twice the odds of suicidal ideation as compared to participants who faced no such barriers, adjusting for demographic differences.¹¹
12. In a sample of 6,581 transgender youth aged 13-24 who participated in a 2020 online survey, those who wanted to update the gender marker on their identity documents but believed they were unable to do so in their jurisdiction were at increased risk of attempting suicide in the past year.¹² Youth who believed they were legally able to change their gender marker but who had not yet done so were also at increased risk of attempting suicide. This analysis adjusted for potential confounders including demographic characteristics, hormone therapy, and parental support.

¹⁰ Restar A, Jin H, Breslow A, et al. Legal gender marker and name change is associated with lower negative emotional response to gender-based mistreatment and improve mental health outcomes among trans populations. *SSM - Population Health*. 2020;11:100595. Doi:10.1016/j.ssmph.2020.100595.

¹¹ Tan KKH, Watson RJ, Byrne JL, Veale JF. Barriers to possessing gender-concordant identity documents are associated with transgender and nonbinary people's mental health in Aotearoa/New Zealand. *LGBT Health*. 2022;9(6):401-410. Doi:10.1089/lgbt.2021.0240.

¹² DeChants JP, Price MN, Green AE, Davis CK, Pick CJ. Association of updating identification documents with suicidal ideation and attempts among transgender and nonbinary youth. *International Journal of Environmental Research and Public Health*. 2022; 19:5016. Doi:10.3390/ijerph19095016.

13. Drawing on data from the U.S. Trans Survey, in November 2019, I conducted an analysis of data from 22,286 respondents to assess the relationship between gender-concordant identity documents or records and mental health.¹³ Specifically, I examined whether current psychological distress and past-year suicidal ideation, planning, and attempts varied based on whether all, some, or none of a respondent's documents reflected the name or gender marker they preferred to have listed on their documents. I found that as compared to transgender individuals who had no identity documents with the correct gender marker, those who had the correct gender marker on some or all documents were less likely to report psychological distress and suicidality. Indicating the importance of consistently gender-concordant documents, the protective associations with mental health were notably larger for having the correct gender on all documents, including birth certificates. As compared to respondents with the correct gender marker on none of their documents, those with the correct gender marker on all documents were 29% less likely to meet criteria for serious psychological distress (a validated proxy for clinically significant mental illness¹⁴), 20% less likely to have seriously considered suicide in the past year, and 19% less likely to have made a plan to die by suicide in the past year. These analyses adjusted for a range of potential confounders including demographic characteristics, region, medical gender transition status, length of time since transition, and family support.

14. At the request of counsel for the Plaintiffs, I conducted a new analysis of the data underlying the abovementioned publication in May 2022, focusing specifically on the relationship between changing the gender marker on one's birth certificate and mental health outcomes. I used the same analytic sample of 22,286 respondents and the same

¹³ Scheim AI, Perez-Brumer AG, Bauer GR. Gender-concordant identity documents and mental health among transgender adults in the USA: a cross-sectional study. *The Lancet Public Health*. 2020;5(4):e196-e203. Doi:10.1016/S2468-2667(20)30032-3.

¹⁴ Kessler RC, Barker PR, Colpe LJ, et al. Screening for serious mental illness in the general population. *Archives of General Psychiatry* 2003; 60: 184–89.

coding and statistical analysis subjected to peer review by The Lancet Public Health, except the focal independent variable of gender-concordant identity documents. In this new unpublished analysis, I compared the 1,903 participants who had changed the gender marker on their birth certificate, and the 6,001 participants who had the correct gender marker on some identity documents but had not changed their birth certificate, to the 14,382 participants who did not have the correct gender marker on any of their documents. Results of this analysis were consistent with the published findings, which we would expect because most participants who indicated having the correct gender marker on all identity documents would have changed their birth certificates. Specifically, I found that those who had changed the gender marker on their birth certificate were 26% less likely to meet criteria for serious psychological distress, 15% less likely to have seriously considered suicide in the past year, and 15% less likely to have made a plan to die by suicide in the past year, relative to those who had not changed the gender marker on any documents. Possessing gender-concordant identity documents other than a birth certificate – most often including a driver’s license or state ID (in 91% of cases) – was associated with smaller but significant reductions in the risk of psychological distress (17%) and suicidal ideation (8%). This is again consistent with the published findings, as those with only “some” gender-concordant ID experienced smaller but meaningful reductions in psychological distress and suicidal ideation.

15. In April 2024, I conducted further analysis at the request of counsel for the Plaintiffs. I examined whether participants who had changed the gender marker on all or some of their identity documents were at lower risk of having experienced mistreatment due to presenting identity documents that do not match their gender presentation. Mistreatment included having been verbally harassed, assaulted, denied services, or asked to leave a venue. Participants who had changed the gender marker on all of their documents were 35% less likely to have ever experienced identity document-related mistreatment than those had not changed the gender marker on any documents; they were also 34% less

likely to have experienced such mistreatment than individuals who had the correct gender marker on only some of their documents. As implied by that finding, there was not a statistically or practically significant difference in the experience of mistreatment between participants with some gender-concordant documents and those with no gender-concordant documents (with a prevalence ratio of 0.99, where 1.0 equals no difference). In other words, gender marker changes on identity documents were negatively associated with document-related mistreatment *only* if participants had changed the gender marker on all of their documents. This analysis adjusted for potential confounders including age, race/ethnicity, gender identity, disability, poverty, education, nativity, census region, medical gender transition status, and years since the beginning of gender transition.

16. In addition to the aforementioned research on gender designations on identity documents, additional research indicates positive health impacts of social and legal gender affirmation.
17. Among 2,940 transgender Oregon Medicaid beneficiaries, having changed the gender of record with Medicaid (which may or may not coincide with a legal gender marker change) was associated with reduced burden of diagnosed depression, anxiety, or substance use disorder.¹⁵
18. In my U.S. Transgender Survey analysis, having one's chosen name on identity documents was also associated with better mental health (18% reduction in the risk of serious psychological distress, 11% reduction in the risk of suicide ideation, 18% reduction in the risk of suicide planning).¹⁶

¹⁵ Yee K, Lind BK, Downing, J. Change in gender on record and transgender adults' mental or behavioral health. *American Journal of Preventive Medicine*. 2022; 62(5):696-704. Doi:10.1016/j.amepre.2021.10.016.

¹⁶ Scheim AI, Perez-Brumer AG, Bauer GR. Gender-concordant identity documents and mental health among transgender adults in the USA: a cross-sectional study. *The Lancet Public Health*. 2020;5(4):e196-e203. Doi:10.1016/S2468-2667(20)30032-3.

19. Among 157 transgender people surveyed in Quebec, Canada, having made at least one change to legal or administrative name and/or gender was associated with greater life satisfaction and fewer symptoms of psychological distress.¹⁷
20. A survey of 65 primarily low-income transgender women of color compared those who had completed a legal name change at least nine months earlier to those who were preparing to initiate the process.¹⁸ Those who had completed legal name changes were more likely to be employed, to report incomes above \$1,000 per month, and to rent or own their own housing. In addition, they were less likely to report postponing needed medical care in the previous six months.
21. Another study, among transgender youth aged 15-21 in the U.S., found that use of one's chosen name by others was associated with reduced depression, suicidal ideation, and suicidal behavior, with the lowest levels of depression and suicidality when one's chosen name was used across home, school, work, and social contexts.¹⁹

III. SUMMARY OF OPINIONS

22. Gender affirmation, comprising social, legal, medical, and psychological dimensions, is a critical determinant of health and well-being for transgender persons. Being consistently referred to and perceived in a manner consistent with one's self-identification promotes positive mental health.
23. Conversely, identity documents that display a transgender individual's birth-assigned sex may cause the individual to experience gender non-affirmation (e.g., being addressed as

¹⁷ Cotton JC, Martin-Storey A, Le Corff Y, Beaudesne Lévesque SG, Sansfaçon AP. En Réponse Au Projet De Loi 2 : Associations Entre Les Démarches Légales D'affirmation Du Genre et Deux Indicateurs De Bien-être Chez Des Personnes Trans et Non-Binaires Du Québec. *The Canadian Journal of Psychiatry / La Revue Canadienne de Psychiatrie* 2022; 67(7): 578-580.

¹⁸ Hill BJ, Crosby R, Bouris A, et al. Exploring transgender legal name change as a potential structural intervention for mitigating social determinants of health among transgender women of color. *Sexuality Research & Social Policy*. 2018;15(1):25-33. Doi:10.1007/s13178-017-0289-6.

¹⁹ Russell ST, Pollitt AM, Li G, Grossman AH. Chosen name use is linked to reduced depressive symptoms, suicidal ideation, and suicidal behavior among transgender youth. *Journal of Adolescent Health*. 2018;63(4):503-505.

the wrong gender), harassment or ridicule, accusations of fraud, denial of service, or even violence. These experiences, in turn, can contribute to worsened mental health and avoidance of settings in which official documents or records must be displayed.

24. Although birth certificates are not frequently presented in daily life, they are foundational documents required to establish citizenship when obtaining other official documents and records (such as driver's licenses) which, in turn, are required for myriad aspects of daily life. These include but are not limited to access to healthcare, employment, education, social services, and financial services; entry to age-restricted or secured spaces (e.g., bars, government buildings, schools, airplanes); making purchases (i.e., by credit card or check); and voting. Therefore, not being able to change the sex designation on one's birth certificate or on one's driver's license may not only lead to emotional distress, but also may curtail access to services, employment, and social participation. The research analyses presented in this report indicate that having the ability to update all of one's identity documents, including birth certificates and driver's licenses, is necessary to prevent the negative consequences of gender-discordant documents.
25. Policies that prevent trans people from updating the gender marker on their driver's licenses or other identity documents also may limit the utility of identity documents for security screening and identity verification, as evidenced by the increased airport security questioning experienced by trans people traveling with valid identity documents without an updated gender marker.


IV. CONCLUSION

26. In summary, legal gender recognition is a critical part of gender affirming treatment for transgender persons and is associated with substantial reductions in the mental health challenges they too often face. Being able to change the gender marker on one's birth certificate or driver's license may also improve the social, health, and economic conditions of transgender individuals by reducing their exposure to discrimination,

harassment, and violence related to gender-incongruent identity documents. Further, policies prohibiting or restricting access to gender marker changes on birth certificates or driver's licenses may be at odds with the primary purpose of identity documents – identity verification.

I declare under penalty of perjury under the laws of the state of Montana that the foregoing is true and correct.

DATED this 30 day of April, 2024, in Philadelphia, Pennsylvania



Ayden Scheim, PhD

Ayden I. Scheim

CONTACT

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EDUCATION

2017 **Ph.D., Epidemiology and Biostatistics**
Western University (The University of Western Ontario), London, Canada

2011 **B.A. (Honors), Sociology**
University of Toronto, Toronto, Canada

ACADEMIC APPOINTMENTS

2023 – **Faculty Affiliate**, Urban Health Collaborative, Dornsife School of Public Health, Drexel University.

2023 – **Visiting Assistant Professor**, Center for AIDS Prevention Studies, University of California, San Francisco, USA.

2019 – **Assistant Professor**, Department of Epidemiology and Biostatistics, Dornsife School of Public Health, Drexel University, Philadelphia, USA.

2020 – **Adjunct Assistant Professor**, Department of Epidemiology and Biostatistics, Schulich School of Medicine and Dentistry, Western University, London, Canada.

2019 – **Affiliate Scientist**, Li Ka Shing Knowledge Institute, St. Michael's Hospital, Toronto, Canada.

2018-2019 **Associate Scientist**, Li Ka Shing Knowledge Institute, St. Michael's Hospital, Toronto, Canada.

2017-2019 **Postdoctoral Fellow**, Division of Infectious Diseases and Global Public Health, Department of Medicine, University of California San Diego.

CONSULTING

2023 – Systematic reviews on legal gender recognition and trans-inclusive health policies. *World Health Organization*.

2022-2023 Gender and sexuality-based equity in supervised injection sites. *Health Canada*.

2018-2019 Development of a Global Fund-supported needle and syringe exchange program in Sierra Leone. *National HIV/AIDS Secretariat, Government of Sierra Leone*.

- 2018 Preparation of application for an exemption to operate mobile supervised injection services. *Middlesex London Health Unit, Canada.*
- 2017-2019 Monitoring and evaluation. Capacity-building intervention for transgender organizations in low- and middle-income countries. *IRGT: A Global Network of Trans Women and HIV, Global Forum on MSM and HIV.*
- 2015-2017 Health care provider transgender education. *Rainbow Health Ontario.*
- 2015-2016 Research and writing of technical brief on transgender HIV data collection. *IRGT: A Global Network of Trans Women and HIV, Global Forum on MSM and HIV.*
- 2013 Trans-inclusive policy and practice. *Public Service Alliance of Canada Local 610.*

EMPLOYMENT HISTORY

- 2017-2018 **Research Manager**, Centre on Drug Policy Evaluation, Centre for Urban Health Solutions, Li Ka Shing Knowledge Institute, *St. Michael's Hospital*, Toronto, Canada.
- 2013-2014 **Research Assistant**, Linking Molecular and Social Cluster Analyses in HIV Transmission, *University of Windsor* (PI: Barry Adam).
- 2012-2013 **Research Assistant**, Trans PULSE Project, *Western University* (PI: Greta Bauer).
- 2011 **Counselor**, AIDS & Sexual Health Info Line. *Toronto Public Health.*
- 2011 **Research Assistant**, Health Systems and Health Equity Research Group, *Centre for Addiction and Mental Health* (PI: Lori Ross), Toronto, Canada.
- 2009-2010 **Project Manager**, Trans Men's Pap Testing Campaign. *Sherbourne Health Centre*, Toronto, Canada.
- 2008-2011 **Shelter and Housing Worker**, *Fred Victor Centre*, Toronto, Canada.
- 2006-2009 **Research Assistant**, Bisexual Mental Health Study, *Sherbourne Health Centre* and *Centre for Addiction and Mental Health* (PI: Lori Ross), Toronto, Canada.
- 2005-2007 **Trans Youth Program Coordinator**, Supporting Our Youth. *Sherbourne Health Centre*, Toronto, Canada.
- 2005-2006 **Research Assistant**, Queer Youth Speak Project, *Shout Clinic* and *Centre for Addiction and Mental Health*, Toronto, Canada.
- 2003-2006 **HIV/AIDS Educator**, *Griffin Centre*, Toronto, Canada.

ADDITIONAL TRAINING

Competitive Workshops

- 2017 Health Disparities, Health Inequities, and Vulnerable Populations Workshop
Inter-University Consortium for Social and Political Research Summer Program,

University of Michigan – Ann Arbor, USA

2015 Summer Institute in LGBT Population Health
Fenway Institute, Boston, USA

HONORS & AWARDS

2023 Dornsife School of Public Health Junior Faculty Research Award
2021 Alumni of Distinction Award – Basic Sciences, Schulich School of Medicine and Dentistry,
Western University
2018 Canadian Association for HIV Research New Investigator Award, Key Populations (\$1,000)
2017-2020 Canadian Institutes of Health Research Postdoctoral Fellowship (\$150,000)
2017 World Professional Association for Transgender Health Outstanding Contribution (\$500)
2017 Best Oral Presentation, Canadian Society for Epidemiology and Biostatistics (\$250)
2014-2017 Pierre Elliott Trudeau Foundation Scholarship (\$233,000; partially declined)
2014-2017 Canadian Institutes of Health Research (CIHR) Vanier Scholarship (\$150,000)
2014 Western University Vice President of Research Support Grant (\$10,000)
2014-2015 Ontario Graduate Scholarship (\$15,000; declined)
2014 CIHR Institute of Gender and Health Travel Award (\$2,500)
2013-2017 Schulich Dean's MSc-PhD Transfer Award (\$20,000; partially declined)
2012 Dr. Carol Buck Graduate Scholarship in Epidemiology (\$1,000)
2011-2013 CIHR HIV/AIDS Community-Based Research Master's Award (\$35,000)
2011-2012 Ontario Graduate Scholarship (\$15,000; declined)
2011-2012 Universities Without Walls, CIHR National HIV Training Fellowship (\$17,000)
2011-2016 Western Graduate Research Scholarship (\$40,000)

PUBLICATIONS

Peer-reviewed Articles

91. Mitra S, Bouck Z, Larney S, Zolopa C, Hoj S, Minoyan N, Upham K, Rammohan I, Mok WY, Hayashi K, Milloy MJ, DeBeck K, [Scheim AI](#), Werb D. The impact of the COVID-19 pandemic on people who use drugs in three Canadian cities: A cross-sectional analysis. Accepted at Harm Reduction Journal, April 1, 2024.
90. Adams N, Jacobsen K, Li L, Francino M, Rutherford L, Tei C, [Scheim AI](#), Bauer G. Health and health care access of autistic transgender and nonbinary people in Canada: a cross-sectional study. Autism in Adulthood. Online ahead of print April 1, 2024.
89. Greenwald ZR, Werb D, Feld JJ, Austin PC, Fridman D, Bayoumi AM, Gomes T, Kendall CE, Lapointe-Shaw L, [Scheim AI](#), Bartlett SR, Benchimol EI, Bouck Z, Boucher LM, Greenaway C, Janjua NZ, Leece P, Wong WWL, Sander B, Kwong JC. Validation of case-ascertainment algorithms using health administrative data to identify people who inject drugs in Ontario, Canada. Journal of Clinical Epidemiology. Online ahead of print March 24, 2024.
88. Wiegand AA, Zubizarreta D, Kennedy R, Baral S, [Scheim AI](#), Appenroth MN, Radix AE, Cole SW, Reisner SL. Global Human Immunodeficiency Virus prevalence and risk behaviors in transmasculine individuals: a scoping review. Transgender Health. Online ahead of print February 26, 2024.
87. [Scheim AI](#), Rich AJ, Zubizarreta D, Malik M, Baker KE, Restar AJ, van der Merwe LA, Wang J, Beebe B, Ridgeway K, Baral SD, Poteat T, Reisner SL. Health status of transgender people globally: a systematic review of research on disease burden and correlates. PLOS ONE 2024; 19(3): e0299373.

86. Rammohan I, Gaines T, [Scheim AI](#), Bayoumi A, Werb D. Overdose mortality incidence and supervised consumption services in Toronto, Canada: an ecological study and spatial analysis. *The Lancet Public Health* 2024; 9:e79-e87.
85. Nafeh F, Mbichila T, Bouck Z, [Scheim A](#), Mitra S, Bonn M, Morris F, Atkinson K, Mason K, Eeuwes J, Strike C. A preliminary assessment of short-term social and substance use-related outcomes among clients of integrated safer opioid supply pilot programs in Toronto, Canada. *International Journal of Mental Health and Addiction*. Online ahead of print December 22, 2023.
84. Jacobsen K, Davis CE, Burchell D, Rutherford L, Lachowsky N, Bauer GR, [Scheim AI](#). Misgendering and the health and wellbeing of nonbinary people in Canada. *International Journal of Transgender Health*. Online ahead of print November 10, 2023.
83. Jones J, Butler G, Woody M, Sheets M, Castel AD, Kulie P, [Scheim AI](#), Reisner SL, Valencia R, Wang M, Stephenson R, Stekler JD, Sullivan PS. Adaptation of a HIV prevention mobile app for transmasculine people: A pilot acceptability and feasibility study. *Transgender Health*. Online ahead of print August 11, 2023.
82. Ghabrial MA, [Scheim AI](#), Chih C, Santos H, Adams NJ, Bauer GR. Change in finances, peer access, and mental health among trans and nonbinary people during the COVID-19 pandemic. *LGBT Health* 2023; 10(8):595-607.
81. Jones J, Butler G, Woody M, Castel AD, Kulie P, Sheets M, [Scheim AI](#), Reisner SL, Valencia R, Wang M, Stekler JD, Sullivan PS, Stephenson R. Preferences for a HIV prevention mobile app designed for transmasculine people: A qualitative investigation. *JMIR Formative Research* 2023;7:e51055.
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10. Bauer GR, Scheim AI, for the Trans PULSE Team. *Transgender people in Ontario, Canada: Statistics from the Trans PULSE Project to inform human rights policy*. London, Ontario; 2015. <http://tinyurl.com/zzb266w>
9. Bauer G, Bowleg L, Rouhani S, Scheim A, Blot S. *Harnessing the power of intersectionality: Guidelines for quantitative intersectionality health inequities research*. London, Canada; 2014. <https://tinyurl.com/yymhrghc>
8. Scheim A, Bauer G, Pyne J. *Avoidance of public spaces by trans Ontarians*. Trans PULSE Project; 2013. <http://tinyurl.com/hb3dqsp>
7. Scheim A, Bauer G. *Cervical and breast cancer screening among trans people in Ontario: A report prepared for the Canadian Cancer Society*. Trans PULSE Project; 2013. <http://tinyurl.com/zu8yhp0>
6. Scheim A, Cherian M, Bauer G, Zong X. *Joint effort: Prison experiences of Trans PULSE participants and recommendations for change*. Trans PULSE Project; 2013. <http://tinyurl.com/hbmso7e>
5. Marcellin RL, Scheim A, Bauer G, Redman N. *Experiences of racism and ethnicity-related discrimination among trans people in Ontario*. Trans PULSE Project; 2013. <http://tinyurl.com/zchjp9n>
4. Marcellin RL, Scheim A, Bauer G, Redman N. *Experiences of transphobia among trans Ontarians*. Trans PULSE Project; 2013. <http://tinyurl.com/gmazvm4>
3. Marshall Z, Ware S, Scheim A. *The development, challenges and successes of the Gay/Bi/Queer Trans Men's Working Group*. In K. Baker (Ed.), *Global Case Study Project: Rights-Based Approaches to Health and*

Health Care for Transgender People. NY: Open Society Foundations; 2013.

<http://tinyurl.com/zegy45y>

2. Scheim A, Robinson M, Anderson S. *Reproductive options for trans people*: Rainbow Health Ontario; 2012.

<http://tinyurl.com/oyvyj49>

1. Sevelius J, Scheim A, Giambrone B. *What are transgender men's HIV prevention needs?* Center for AIDS

Prevention Studies, University of California San Francisco; 2010. <https://tinyurl.com/yxdr3p49>

Popular Press

1. Peirce J, Stoicescu C, Thumath M, Scheim A, Forrest J. How to heal the scars of Canada's war on

drugs (Opinion). *Ottawa Citizen*, 1 September 2017. <http://bit.ly/2gmx5EB>

RESEARCH FUNDING

Active Grants

*Note: Direct costs only. Canadian grants do not include investigator salaries.

Examining associations between structural stigmatization and discrimination and HIV-related outcomes among Latines (Subaward PI: Scheim AI). NIH/NIAID R25 AI154589-03: \$18,514 USD, 2023-2024.

The Toronto Disparities, Overdose, and Treatment (T-DOT) Study: Investigating clinical outcomes among people who inject drugs during a period of rapid programmatic and policy change (PI: Werb D). Canadian Institutes of Health Research: \$1,560,600 CDN, 2022-2027. Role: Co-investigator.

Advancing intersectional discrimination measures for HIV-related health disparities research (PI: Scheim AI). NIH/NIMHD R21 MD016177-01S1: \$250,648 USD, 2021-2023.

Advancing intersectional discrimination measures for health disparities research (PI: Scheim AI). NIH/NIMHD R21 MD016177-01: \$275,000 USD, 2021-2023.

Gendered situated vulnerabilities and mental health among transgender men in India (PI: Scheim AI). NIH/NIMH R21 MH125263-01: \$275,000 USD, 2021-2023.

Effectiveness of relationship education for reducing HIV incidence in men who have sex with men (PI: Newcomb M). NIH/NIAID U01AI156874-01: 2021-2026. Role: Consultant.

Preventing Injecting and Overdose by Disrupting Injection Drug Use Transitions: The PRIMER II Study (PI: Werb D). Canadian Institutes of Health Research: \$761,175 CDN, 2021-2026. Role: Co-Investigator.

Trans PULSE Canada: A national study of transgender health (MPIs: Bauer G, Scheim AI). Canadian Institutes of Health Research: \$1,298,801 CDN, 2018-2025.

Completed Grants

Queer Inclusion, Equality, Health, & Rights Working Group (PIs: Scheim AI, Sell R, Voyles C). Urban Health Collaborative, Drexel Dornsife School of Public Health: \$15,000 USD, 2022-2023.

Daily oral ART use, barriers, and preferences for long-acting ART (PI: Wells S). Merck & Co.: 2021-2023. Role: Co-Investigator.

Gender-based differences in non-HIV STI testing among sexually active transgender and nonbinary persons: Bridging gaps in STI research (PI: Lacombe-Duncan A). NIH/NIAID R03AI159298-01: \$100,000 USD, 2021-2022. Role: Consultant.

Canadian Research Initiative in Substance Misuse Implementation Science Program on Opioid Interventions and Services – Prairies (PI: Wild C). Canadian Institutes of Health Research: \$1,875,000 CDN, 2018-2022. Role: Co-Investigator.

CIHR HIV/AIDS Community-Based Research Collaborative (PI: Rourke S). Canadian Institutes of Health Research: \$1,500,000 CDN, 2017-2022. Role: Co-Investigator.

A cross-sectional survey of PrEP awareness, barriers and facilitators for PrEP uptake, and the impact of dosing mechanisms on willingness to take PrEP among MSM indicated for PrEP use in Philadelphia (PI: Wells S). Merck & Co.: 2020-2022. Role: Co-Investigator.

Rapidly assessing the impact of the COVID-19 pandemic and response on clinical and social outcomes, service utilization, and the unregulated drug supply experienced by people who use drugs in Toronto (PI: Werb D). Canadian Institutes of Health Research: \$206,760 CDN, 2020-2021. Role: Co-Investigator.

Comparing treatment outcomes opioid use disorder before and after the COVID-19 outbreak in Philadelphia: A natural experiment (PI: Roth A). Fordham University HIV and Drug Abuse Prevention Research Ethics Training Institute: \$30,000 USD, 2020-2021. Role: Co-Investigator.

Securing safe supply during COVID-19 and beyond: Scoping review and knowledge mobilization (PI: Herder M). Canadian Institutes of Health Research: \$49,952 CDN, 2020. Role: Co-Investigator.

The Ontario Integrated Supervised Injection Services Research Program: Examining uptake and impacts in different community settings and models of care (MPIs: Rourke S, [Scheim AI](#), Leonard L, Baral S, Garber G). Canadian Institutes of Health Research: \$646,424 CDN, 2017-2021.

A community-based cohort study of HIV pre-exposure prophylaxis in Ontario (PI: Tan D). Canadian Institutes of Health Research: \$450,000 CDN, 2017-2020. Role: Co-Investigator.

Developing a community-based study of transgender men's health and human rights in India (PI: [Scheim AI](#)). Canadian Institutes of Health Research Planning and Dissemination Grant: \$19,130 CDN, 2018-2019.

Adaptation of a theoretically based mobile app to increase PrEP uptake among MSM (PI: Sullivan P). NIH R01DA045612-02S1: 2018-2019. Role: Consultant.

Leveraging psychometric strategies and biovalidation to characterize optimal metrics of stigma for transgender women (PI: Baral S). NIH R01MH110358-02S1: 2018-2019. Role: Consultant.

Transgender women removing healthcare barriers to engagement in the HIV prevention and care cascades (PI: Logie C). Canadian Institutes of Health Research: \$40,000 CDN, 2018-2019. Role: Co-Investigator.

HIV prevention for gay and bisexual men: A multisite study and development of new HIV prevention interventions (PI: Hart T). Canadian Institutes of Health Research: \$1,500,000 CDN, 2014-2019. Role: Co-Investigator.

Health and social experiences of transgender men in India (PI: [Scheim AI](#)). UC San Diego Global Health Institute Faculty/Postdoc Research Grant: \$1,500 USD, 2017.

Ontario Integrated Supervised Injection Site Feasibility Study (MPIs: Kerr T, [Scheim AI](#), Marshall Z, Rourke S). Canadian Institutes of Health Research Centre for REACH in HIV/AIDS: \$89,150 CDN, 2015-2017.

Trans Priorities: Cross-country trans women and HIV research priority setting (PI: Marshall Z). Canadian Institutes of Health Research Centre for REACH in HIV/AIDS: \$69,821 CDN, 2015-2017. Role: Co-Investigator.

Planning Trans PULSE Canada: A national survey of transgender health (MPIs: Bauer G, [Scheim AI](#), Hammond R, Travers R). Canadian Institutes of Health Research Planning and Dissemination Grant: \$9,972 CDN, 2015-2016.

Improving quantitative research methods in gender, sex and population health: Theory, evidence and applications for multi-dimensionality and intersectionality (PI: Bauer G). Canadian Institutes of Health Research: \$296,749 CDN, 2013-2018. Role: Co-Investigator.

Community-based research and research ethics: Creating community products to promote ethical research practices with people who use drugs (PI: Milson P). Canadian Institutes of Health Research Social Research Centre in HIV Prevention: \$24,000 CDN, 2013-2015. Role: Co-Investigator.

Trans Men Who Have Sex with Men Sexual Health Study (MPIs: Adam B, [Scheim AI](#), Marshall Z, Travers R, Ware S). Canadian Institutes of Health Research: \$99,552 CDN, 2012-2015.

PRESENTATIONS

Presentations at Scientific Meetings

[Scheim AI](#), Battala M, Logie C, Batavia A, Vee V. Suicide risk among transmasculine people in India: Results of a community-based survey. *National Institute of Mental Health 12th Global Mental Health Research without Borders Conference*. Bethesda, MD. October 31, 2023.

[Scheim AI](#), Chakrapani V, Santos H, Siddiqui SJ, Aryal A, Battala M. Access to gender-affirming care among trans men and transmasculine people: Findings from the “Our Health Matters” study. *Association for Transgender Health in India – IPATHCON 2022* [Oral]. New Delhi, India. October 29, 2022.

[Scheim AI](#), Allen B, Arredondo Sanchez Lira J, Kral A, Roth A. Evaluating supervised consumption sites across diverse North American contexts: Challenges, opportunities, and strategies. *National Harm Reduction Conference*. San Juan, Puerto Rico. October 15, 2022.

[Scheim AI](#), Chakrapani V, Santos H, Siddiqui SJ, Aryal A, Battala M. Access to gender-affirming health care among trans men and transmasculine people in India. *World Professional Association for Transgender Health Symposium* [Oral], Montreal, Canada. September 19, 2022.

[Scheim AI](#), Ciavarella C, Vermilion J, Arps FSE, Santos H, Adams N, Nation K, Bauer GR. Access to Justice for Trans and Non-Binary Sex Workers in Canada: An Intersectional Analysis of Trans PULSE Canada. *World Professional Association for Transgender Health Symposium* [Oral], Montreal, Canada. September 18, 2022.

Scheim AI, Ciavarella C, Vermilion J, Arps FSE, Santos H, Adams N, Nation K, Bauer GR. Intersecting inequities in access to justice for trans and non-binary sex workers in Canada [Poster]. *International AIDS Conference*. Montreal, Canada and online. July 29-August 2, 2022.

Scheim AI, Bouck Z, Tookey P, Hopkins S, Sniderman R, Garber G, Baral S, Kerr T, Rourke S, Werb D. Supervised consumption service use and non-fatal overdose among people who inject drugs in Toronto, Canada [Poster]. *Society for Epidemiologic Research Annual Meeting*. Online. December 16-18, 2020.

Scheim AI, Kamara HT, Mansary K, Thumath M. Sierra Leone's first needle and syringe program: Lessons learned [Poster]. *International AIDS Conference: Virtual*. July 6-10, 2020.

Scheim AI, Perez-Brumer A, Bauer G. Legal gender recognition, psychological distress, and suicide risk among trans adults in the United States [Oral]. *U.S. Professional Association for Transgender Health Conference*, Washington, D.C. September 6, 2019.

Scheim AI, Twahirwa Rwema JO, Liestman B, Nyombayire J, Ketende S, Mazzei A, Mbayiha A, Malamba S, Lyons CE, Olawore O, Mugwaneza P, Kagaba A, Sullivan P, Allen S, Karita E, Baral S. Characterizing the HIV treatment cascade among transgender women in Kigali, Rwanda [Poster]. *International AIDS Society Meeting*, Mexico City. July 22, 2019.

Scheim AI, Maghsoudi N, Churchill S, Ghaderi G, Marshall Z, Werb D. What matters and what has been measured? A systematic review of research on the impacts of implementing drug decriminalization or regulation [Oral]. *International Society for the Study of Drug Policy Conference*, Paris, France. May 22, 2019.

Scheim AI, Maghsoudi N, Churchill C, Marshall Z, Werb D. Health and social impacts of implementing drug decriminalization or regulation: A systematic review [Poster]. *Harm Reduction International Conference*, Porto, Portugal. April 29, 2019.

Scheim AI, Bauer GR. Gender-affirming genital surgery associated with reduced HIV sexual risk among transgender women: A respondent driven-sampling survey [Poster]. *International AIDS Conference*, Amsterdam, NL. July 24, 2018.

Scheim AI, Knight R, Shulha H, Nosova E, Hayashi K, Milloy M-J, Kerr T, DeBeck K. Men who have sex with men and inject drugs in a Canadian setting [Poster]. *The College on Problems of Drug Dependence Annual Meeting*, San Diego, CA. June 10, 2018.

Scheim AI, Nosova E, Knight R, Hayashi K, Kerr T. HIV incidence among men who have sex with men and inject drugs in Vancouver, Canada [Oral]. *Canadian Association for HIV/AIDS Research Conference*. Vancouver, Canada. April 28, 2018.

Scheim AI, Bauer GR. The intersectional discrimination index: Validity and reliability of a new measure for population health research [Oral]. *Canadian Society for Epidemiology and Biostatistics Conference*. Banff, Canada. May 31, 2017.

Scheim AI, Bardwell G, Mitra S, Rachlis B, Kerr T. Public injecting in London, Canada: A role for supervised injection services? [Poster] *International Harm Reduction Conference*, Montreal, Canada. May 16, 2017.

Scheim AI, Bardwell G, Rachlis B, Mitra S, Kerr T. Syringe sharing among people who inject drugs in London, Ontario [Poster]. *Canadian Association for HIV/AIDS Research Conference*, Montreal, Canada. April 6-9, 2017.

Scheim AI, Bauer GR, Shokoohi M. Impacts of social exclusion on problematic substance use among transgender people: A respondent-driven sampling survey in Canada's most populous province [Oral]. *Annual Meeting of the American Public Health Association*. Denver, USA. October 31, 2016.

Scheim AI, Adam B, Marshall Z, Murray J. Accounting for high vulnerability and low risk for HIV among transgender men: a sexual fields analysis [Poster]. *International AIDS Conference*. Durban, South Africa. July 20, 2016.

Scheim AI, Santos G-M, Arreola S, Makofane K, Do TD, Hebert P, Thomann M, Ayala G. Transgender men who have sex with men report lower access to basic HIV prevention services than their non-transgender counterparts [Oral]. *Action + Access: The Rights and Demands of Gay and Bisexual Men in the Global Response to HIV*. Durban, South Africa. July 16, 2016.

Scheim AI, Bauer GR, Hammond R, Shokoohi M. Substance use among transgender people in Canada's most populous province: A respondent-driven sampling survey [Oral]. *World Professional Association for Transgender Health Symposium*, Amsterdam, Netherlands. June 20, 2016.

Scheim AI, Bauer GR, Travers R. HIV/STI sexual risk among transgender men who are gay, bisexual, or have sex with men: Trans PULSE Project [Oral]. *Canadian Association for HIV/AIDS Research Conference*, Winnipeg, Canada. May 13, 2016.

Scheim AI, Souleymanov R, Kuzmanovic D, Marshall Z, Worthington C, Mikiki, Millson P. Ethics in community-based research with people who use drugs [Poster]. *International Harm Reduction Conference*, Kuala Lumpur, Malaysia. October 21, 2015.

Scheim AI, Adam BD, Marshall Z. Gay, bi, and queer trans men navigating sexual fields [Oral]. *Annual Meeting of the American Sociological Association*, Chicago, USA. August 25, 2015.

Scheim AI, Bauer GR, Travers R, Redman N. Factors associated with HIV risk in Ontario's broad transfeminine population [Poster]. *Canadian Association for HIV/AIDS Research Conference*, Toronto, Canada. May 1-4, 2015.

Scheim AI, Souleymanov R, Kuzmanovic D, Marshall Z, Worthington C, Mikiki, Millson P. Ethics in community-based research with people who use drugs: A scoping review and community resource [Poster]. *Canadian Association for HIV/AIDS Research Conference*, Toronto, Canada. May 1-4, 2015.

Scheim AI, Bauer GR, Zong X, Hammond R. Discomfort discussing trans issues with family physicians: Correlates and implications for clinical practice [Poster]. *European Professional Association for Transgender Health*, Ghent, Belgium. March 12-14, 2015.

Scheim AI, Adam BD, Nault C, Marshall Z. "I didn't get the feeling that they knew what they were doing": HIV/STI testing experiences of trans men who have sex with men in Ontario [Poster]. *Canadian Association for HIV/AIDS Research Conference*, St. John's, Canada. May 1, 2014.

Scheim AI, Bauer GR. Practice and policy implications of sex and gender diversity within trans communities [Oral]. *World Professional Association for Transgender Health Symposium*, Bangkok, Thailand. February 17, 2014.

Scheim AI, Jackson R, James E, Dopler TS, Pyne J, Bauer GR. Well-being of Aboriginal gender-diverse people in Ontario, Canada [Oral]. *World Professional Association for Transgender Health Symposium*, Bangkok, Thailand. February 17, 2014.

Scheim AI, Adam BD, Marshall Z, Travers R, Ware SM. Safer sex decision-making and negotiation among trans men who have sex with men: Results from a qualitative study in Ontario, Canada [Oral]. *World Professional Association for Transgender Health Symposium*, Bangkok, Thailand. February 16, 2014.

Scheim AI, Cherian M, Bauer GR, Zong X. Characteristics and experiences of trans people in Ontario, Canada who have been in prison [Oral]. *World Professional Association for Transgender Health Symposium*, Bangkok, Thailand. February 14, 2014.

Scheim AI. A third checkbox is not enough: Implications of sex and gender diversity among trans Ontarians [Oral]. *London Health Research Day*, London, Canada. March 19, 2013.

Scheim A. Promoting and providing Pap tests for trans men [Oral]. *National Transgender Health Summit*, University of California San Francisco, USA. April 9, 2011.

Invited Conference or Academic Presentations

Undoing erasure to promote trans, non-binary, and intersex people's health. *Anatomy Connected 2024 (Annual meeting of the American Anatomy Association)*. Toronto, Canada. March 24, 2024.

Upstream and up close: Community-engaged social epidemiology to advance LGBTQ+ health equity. *Stanford University School of Medicine LGBTQ+ Health Seminar Series*. March 11, 2024.

Structural and intersectional approaches to trans population health. *Epidemiology and Biostatistics Seminar Series, Western University*. March 1, 2024.

Intersectionality in substance use research. *Center for Drug Use and HIV Research, New York University*. April 24, 2023.

Intersectional approaches to measuring stigma and discrimination for trans and nonbinary health research. *SHINE Strong R25 Seminar, University of California Irvine*. April 21, 2023.

Development and evaluation of intersectional discrimination measures for people living with HIV. *Culturally focused HIV Advancements through the Next Generation for Equity (CHANGE) T32 Training Program Seminar, University of Miami*. April 8, 2023.

Intersectionality and survey measures. *Intersectionality Training Institute*. March 8, 2023.

Global insights on transgender health. *Taylor and Francis Group*. October 4, 2022.

Plenary presentation: Social determinants of mental health among transmasculine people in India. *8th National LGBTQ Health Conference*. Chicago, IL. July 29, 2022.

Transmasculine people's health and human rights in India. *Centre for Gender and Sexual Health Equity (University of British Columbia) Speaker Series*. June 16, 2022.

Our Health Matters: A community-based mixed-methods study of transmasculine mental health in India. *Social and Behavioural Health Sciences Seminar Series, University of Toronto*. June 14, 2022.

Putting community and intersectionality at the center: Social epidemiology to advance global LGBTQ+ health equity. *Department of Health, Behavior, and Society, Johns Hopkins University*. June 7, 2022.

Keynote: Strategies for measuring intersecting forms of stigma and discrimination in population health research. *U.S. Department of Health and Human Services Stigma Working Group*. April 14, 2022.

Research on transmasculine health globally and in India: Gaps and opportunities. *2nd National LGBTQI+ Health Symposium*. New Delhi, India. December 10, 2021.

Health disparities and health equity for transgender populations. *Drexel – Tower Health LGBTQ+ Health Symposium*. June 30, 2021.

Keynote: Epidemiology of HIV among transgender populations globally. *International Workshop on HIV and Transgender People*. Mexico City. July 20, 2019.

How transgender people experience Canada's health care system. Canadian Health Coalition Research Roundtable, *Talking Across Silos in Canada's Health Movements*. Ottawa, Canada. December 1, 2018.

Approaches to measuring intersectional stigma. Johns Hopkins University and Population Council Satellite Session on Intersectional Stigma, *International AIDS Conference*. Amsterdam, Netherlands. July 25, 2018.

Barriers to care and strategies to overcome for trans men. TRANS action: Building Bridges to Safety, Pre-Conference to the *International AIDS Conference*. Amsterdam, Netherlands. July 21, 2018.

Keynote: Transgender health and HIV. *Israeli LGBT Centre and Israel AIDS Task Force*. Tel Aviv, Israel. May 10, 2018.

HIV vulnerabilities among transgender women in sex work. *Johns Hopkins University Center for Public Health and Human Rights Symposium*. April 13, 2018.

Stigma, discrimination, and transgender health disparities. *Department of Social Medicine, University of North Carolina – Chapel Hill*. November 13, 2017.

Keynote: Transgender health and HIV: The view from Canada. *Australasian HIV & AIDS Conference*. Canberra, Australia. November 6, 2017.

Keynote: From washrooms to classrooms and beyond: Transgender rights and social inclusion. *University of Waterloo*. Waterloo, Canada. October 20, 2016.

Trans health and workplace inclusion. *Bluewater Health [hospital]*. Sarnia, Canada. September-December, 2016.

Understanding health care and transition for Ontario's transgender population. *London Health Sciences Centre Endocrinology Grand Rounds*. April 6, 2016.

Improving LGTB health data: assessing survey measures of sex, gender and sexual orientation. *Rainbow Health Ontario Conference*. London, Canada. March 10, 2016.

Plenary presentation: Trans men and stigma: A research snapshot. *British Columbia Gay Men's Health Summit*. Vancouver, Canada. November 6, 2015.

Plenary presentation: Access to health care for transgender men. *8th International AIDS Society Conference on HIV Pathogenesis, Treatment, & Prevention*. Vancouver, Canada. July 20, 2015.

Plenary presentation: Improving access to HIV/STI testing for trans communities: Learning from the experiences of trans MSM in Ontario. *Ontario AIDS Bureau HIV Testing Conference*. Toronto, Canada. March 25, 2015.

Community-led participatory research with trans communities: Case studies from Ontario, Canada. *Global Forum on MSM and HIV Pre-Conference to the International AIDS Conference*. Melbourne, Australia. July 20, 2014.

Is it time for HIV home testing? Presentation at the *Ontario HIV Treatment Network Research Conference*, Toronto, Canada. November 12, 2012.

The flipside of democratization in global Taiwan: Global civil society, the Taiwanese state, and challenges to gay rights and sexual freedom. Invited oral presentation: *Ministry of Foreign Affairs, Republic of China (Taiwan)*, Taipei, Taiwan. December 9, 2010.

Check It Out: Women who have sex with women, trans men, and Pap tests. *Guelph Sexuality Conference*, University of Guelph. June 23, 2010.

Getting Primed: Informing HIV prevention with gay, bi, queer trans men. *Europride Pride House*, Stockholm, Sweden. July 30, 2008.

Sexual health and trans communities. *Toronto Public Health Sexual Health Unit*. September 18, 2007.

Trans generation: Developments in transgender youth activism, services, and culture. Invited faculty, *National Gay and Lesbian Taskforce Creating Change Conference*, Kansas City, MS. November 8, 2006.

TEACHING

Instructor

Fall 2023	Epidemiology EPI749: Research and Practice in Epidemiology, Drexel University
Winter 2023	Epidemiology EPI550: Applied Survey Research in Epidemiology, Drexel University
Fall 2021	Epidemiology EPI750: Integrative Learning Experience in Epidemiology, Drexel University
Winter 2021	Epidemiology EPI550: Applied Survey Research in Epidemiology, Drexel University
Fall 2018	Health, Aging, and Society 3R03: Health Inequalities (undergraduate), McMaster University

Guest Lectures

2023	<i>Transmasculine Health and Human Rights. Reproductive Justice & the Law</i> . Jindal Global University (India).
2021	<i>Developing a community-based participatory research program</i> . Community Health and Prevention Doctoral Seminar, Drexel University.
2019	<i>Epidemiology of Transgender Health</i> , Bloomberg School of Public Health, Johns Hopkins University.
2019	<i>Sex and Gender</i> . Social Epidemiology, Drexel University.
2017	<i>Discrimination & Transgender Health Disparities</i> . HIV and Substance Use Seminar, UC San Diego.
2017	<i>Transgender Mental Health</i> . Transgender Studies, Smith College School of Social Work.
2016, 2018, 2019, 2020, 2021	<i>Drug Use and Policy</i> . Public Health, Western University.
2016	<i>Transgender Health</i> . Endocrinology, Medicine Year 2, Western University.
2015-2017	<i>Epidemiology of HIV</i> . Epidemiology of Major Diseases, Western University.

2015, 2016 *Sex and Gender in Survey Research*. Survey Research Methods, Western University.

2015 *Gender and Health*. Social Determinants of Health, University of Waterloo.

MENTORSHIP

Faculty mentor

2022 – Jennifer Jain, PhD, Assistant Professor, Department of Community Health Systems, University of California, San Francisco. Advisor on NIDA K01 DA056306.

Doctoral advisor

Dates	Name	Program or School	Thesis	Role	Current Position
2022-now	Victoria Ryan	PhD, Epidemiology, Drexel University	Longitudinal Population Size Estimation and Drug Use Patterns Associated with Overdose Prevalence Among People Who Inject Drugs in Philadelphia	Advisor	PhD Student
2022-now	Heather Santos	PhD, Epidemiology, Drexel University	Suicide risk among transgender and non-binary people in Canada	Advisor	PhD Student
2020-2022	Tanner Nassau	PhD, Epidemiology, Drexel University	Supervised injection sites and infectious disease risk among people who inject drugs	Co-advisor	Epidemiologist, Philadelphia Department of Public Health

Thesis committee member

Dates	Name	Program or School	Thesis	Current Position
2022-now	Mannat Malik	PhD Candidate, Health Behavior, University of North Carolina – Chapel Hill	Resistance to intersectional stigma among transgender women	PhD Candidate
2022-now	Jason Hallarn	PhD, Epidemiology and Biostatistics, Western University	Sexual health among transgender and non-binary persons living in Canada	PhD Candidate
2022-now	Lux Li, PhD	MSc, Epidemiology and Biostatistics, Western University	Gender positivity and gender distress in transgender and non-binary communities: Predictive factors and impact on health	MSc Candidate
2022-2023	Bisola Hamzat	MSc, Epidemiology and Biostatistics, Western University	Intersectional analysis of intimate partner violence among transgender and non-binary people in Canada	Epidemiologist/Research Coordinator, Ontario Drug Policy Research Network
2021-2022	Emily Sanders	MSc, Epidemiology and Biostatistics, Western University	Fertility preservation discussions among transgender youth and adults beginning gender-affirming care in Canada	MD candidate, University of Limerick
2020-2021	Sara Todorovic	MSc, Epidemiology and Biostatistics, Western University	Impact of delays to gender-affirming medical care during COVID-19 on anxiety and depression among trans and non-binary people	Epidemiologist, IPRO

Dates	Name	Program or School	Thesis	Current Position
2020-now	Gioi Tran Minh	PhD Candidate, Social Dimensions of Health, University of Victoria	Substance use among transgender people in Canada	PhD Candidate
2019-now	Leo Rutherford	PhD Candidate, Social Dimensions of Health, University of Victoria	A Community-based survey of trans men's sexual health and wellness after metoidioplasty or phalloplasty	PhD Candidate
2017-2019	Emily Nunez	MSc, Epidemiology and Biostatistics, Western University	Impacts of identity versus targetability on the relationship between discrimination and health	Epidemiologist/ Biostatistician, Public Health Agency of Canada

SERVICE

Academic Service

- 2023 – Chair, Department of Epidemiology and Biostatistics Social Committee
- 2022 – Queer Inclusion, Equality, Health, & Rights Working Group (Co-Chair, 2022-2023)
- 2022 – Guiding Team, Robert Wood Johnson Foundation Transforming Academia for Equity
- 2022 – Department of Epidemiology and Biostatistics Chair's Advisory Committee
- 2022 – Dornsife School of Public Health Executive Committee of the Faculty
- 2021 - 2023 Department of Epidemiology and Biostatistics Seminar Committee
- 2021 - 2023 Drexel University Senate Committee on Student Life
- 2021 Epidemiology PhD Admissions Committee
- 2020 Epidemiology PhD Comprehensive Exam Committee

Editorial and Peer Review Activities

Editorial Roles

- 2023 – Associate Editor, *LGBT Health*
- 2020 - 2021 Guest Editor, *PLOS ONE: Health and Health Care in Gender Diverse Communities*
- 2019 – Editorial Board Member, *International Journal of Transgender Health*
- 2018 - 2022 Associate Editor, *BMC Infectious Diseases*
- 2017 – Editorial Board Member, *Psychology & Sexuality*

Ad Hoc Reviewer

Addictive Behaviors, AIDS & Behavior, American Journal of Epidemiology, American Journal of Public Health, BMC Infectious Diseases, BMC International Health and Human Rights, BMJ Open, Canadian Journal of Public Health, Canadian Medical Association Journal, Culture, Health, and Sexuality, Epidemiology, Harm Reduction Journal, Health & Human Rights Journal, HIV Medicine, International Journal of Drug Policy, International Journal of STDs and AIDS, JAMA Network Open, Journal of Acquired Immune Deficiency Syndromes, Journal of Homosexuality, Journal of the International AIDS Society, Journal of Sex Research, The Lancet HIV, The Lancet Public Health, LGBT Health, PLOS ONE, Sexually Transmitted Infections, Social Psychology and Psychiatric Epidemiology, Social Science & Medicine, Transgender Health

Leadership in Scientific Meetings

- 2023 Symposium co-organizer, Measuring sex, gender, and sexual orientation in epidemiologic research. *Society for Epidemiologic Research 2023 Annual Meeting*
- 2021 Track C (Prevention Science) Scientific Committee, *IAS Conference on HIV Science*
- 2019 - 2021 Organizing Committee, *International Workshop on HIV and Transgender People*
- 2019 - 2020 Track C (Epidemiology and Prevention) Scientific Committee, *AIDS 2020*

- 2019 Scientific Committee, U.S. Professional Association for Transgender Health Conference
- 2019 Organizing Committee, *Community-Based Research Centre Gay Men's Health Summit* (Vancouver)
- 2018 Invited Rapporteur (Epidemiology and Prevention), *AIDS 2018* (Amsterdam)
- 2017 Organizing Committee, *Canada's Drug Futures Forum* (Ottawa)
- 2016 Invited moderator, Briefing on HIV indicator for transgender persons, *White House Office of National AIDS Policy*
- 2016 Organizing Committee, *Transgender Pre-Conference to AIDS 2016* (Durban)
- 2016 Organizer, Improving methods for transgender population health and epidemiologic research, *World Professional Association for Transgender Health Symposium* (Amsterdam)

Abstract Review for Scientific Meetings

- 2019 National LGBTQ Health Conference (Emory University)
- 2018 Annual Meeting of the Society for Epidemiologic Research
- 2015-2018 Canadian Conference on HIV/AIDS Research

Funding Peer Review

- 2021 *National Institutes of Health* - Transformative Research to Address Health Disparities and Advance Health Equity (U01)
- 2020 *Canada Research Coordinating Committee* - New Frontiers in Research Fund
- 2020 *Canadian Institutes of Health Research* - COVID-19 Mental Health & Substance Use
- 2019 *UC San Diego Center for AIDS Research* - International Pilot Grants
- 2017 *Canadian Institutes of Health Research* - Global Health Planning and Dissemination Grants

Professional Service

- 2024 – Institute Advisory Board, *Institute of Gender and Health, Canadian Institutes of Health Research*
- 2023 Invited panelist, Expanding the Evidence Base in Gender-Affirming Care for Transgender and Gender Diverse Populations, *NIH Sexual & Gender Minority Research Office*.
- 2020 Invited participant, HIV-Related Intersectional Stigma Research Advances and Opportunities Workshop. *NIH Office of AIDS Research and NIMH*.
- 2019 Expert participant [nominated by the Government of Canada], 2nd Expert Working Group on improving drug statistics and strengthening the Annual Report Questionnaire (ARQ). *United Nations Office on Drugs and Crime*. Vienna.
- 2018 - 2022 Leadership Group, Supervised Consumption Services, *Canadian Research Initiative in Substance Misuse*.
- 2018 - 2022 Revision Committee, *World Professional Association for Transgender Health Standards of Care Version 8* (Chapter 8: Sexual Health Across the Lifespan).
- 2018 Invited participant, Methods and Measurement in Sexual and Gender Minority (SGM) Health Research workshop, *National Institutes of Health*.
- 2018, 2016 Invited meeting participant, Exploring International Priorities and Best Practices for the Collection of Data About Gender Minorities, *The Williams Institute*. (Buenos Aires, Argentina and Amsterdam, Netherlands)
- 2014 Writing Group member, Implementation Tool on Men who have Sex with Men and Transgender People in Low- and Middle-Income Countries, *United Nations Population Fund*.

Community Service

- 2020 – ViiV Positive Action Technical Review Committee
- 2019 – International Working Group on Trans Men and HIV, *Global Action for Trans Equality*
- 2016-2019 Co-chair, Trans Working Group, *Canadian HIV Trials Network*
- 2015-2019 Advisory Committee, *Ontario HIV Epidemiology and Surveillance Initiative*

2013-2016 Research Group, *Global Forum on MSM and HIV*
2007-2015 Provincial Advisory Body, *Ontario Gay Men's Sexual Health Alliance*
2007-2011 Co-Chair, Board of Directors, *LGBT Youth Line* (Ontario)
2006-2016 Chair, Trans Men's Working Group, *Ontario Gay Men's Sexual Health Alliance*
2006-2009 Trans Men's HIV Prevention Needs Assessment Steering Committee, *AIDS Bureau, Ontario Ministry of Health and Long-Term Care*

Expert Reports and Testimony

2023 Transgender health research methodology, Discipline Committee of the British Columbia College of Nurses and Midwives
2023 Name changes for transgender people, Court of Common Pleas of Butler County, PA (Case No. 640 WDA 2022)
2022 Gender marker changes for transgender people, Thirteenth Judicial District Court, County of Yellowstone, MO (Marquez v. Montana, Case No. DV 21-00873)
2021 Name changes for transgender people, Courts of Common Pleas of Allegheny County, PA (GD No. 21-11804; GD No. 21-11805)
2021 Name changes for transgender people, Courts of Common Pleas of Philadelphia, PA (Case No. 210901990)
2020 Anti-transgender stigma (Cardle v. Her Majesty the Queen, 2020 ONSC 7878)

Memberships

International AIDS Society
Society for Epidemiologic Research
World Professional Association for Transgender Health
US Professional Association for Transgender Health