Queer Ontario Brief
LGBTQ2 Health in Canada

Submitted to:
The House of Commons Standing Committee on Health

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Background

In the wake of the election of the Ontario Conservatives under Premier Doug Ford and the announced health care and social services cuts (OHC 2019), Queer Ontario (QO) is especially concerned about the impact on the marginalized and particularly vulnerable in our diverse Lesbian, Gay, Bisexual, Trans, Queer, 2-Spirit (LGBTQ2) communities.

Canadian LGBTQ2 have unique health needs which have been the basis for diverse forms of health-care activism especially in the wake of the AIDS/HIV crisis of the 1980s and 1990s and beyond. These health movements forged links in our communities for engaged health care services, sought to educate medical doctors and other health care workers about our communities and needs, and sought new ways for queer communities and health care providers to meet complex health care needs.

This Brief continues our complex engagement and advocacy with the health care system and what we see as the need for improvement within an intersectional lens especially highlighting the needs of LGBTQ2 individuals who face social and economic marginalization and those who are particularly vulnerable.

LGBTQ2 and the Social Determinants of Health (SDoH)

Canadian health care researchers and activists have led the way in developing a model of inclusive and integrated health care that relies on the concept of the social determinants of health (Raphael 2004). Women's health-care groups (Armstrong & Pederson 2015), LGBTQ2 communities (CLGRO 1997; Mulé et al. 2009) and activists working in immigrant and racialized health care (McGibbon & Etowa 2009) and Indigenous contexts (Allan & Smylie 2015; APTN 2012) have all contributed to the development of a model of health care that centres the economic and social conditions as directly influencing health outcomes and as predictors of disease. The social determinants of health are the economic and social conditions that influence the health of individuals and communities as a whole. This model of health understands that individuals and communities are affected by the availability of a variety of resources and their ability to access them, and thus centres the working of inequalities as a significant factor. The social determination of health has become a widely used and respected model for policy makers, being mobilized, for instance, by the World Health Organization (WHO) in their health policies. The WHO defines the social determinants of health as the "conditions in which people are born, grow, live, work, and age, including the heath system. These circumstances are shaped by the distribution of money, power and resources at global national and local levels, which are themselves influenced by policy decision" (WHO 2019, Para. 1).

Canadian LGBTQ2 individuals and communities have had a history of being excluded from a model of health care that is specifically attuned to our needs as LGBTQ2 individuals (Mulé 2015). Despite robust community-based activism around HIV/AIDS, trans health-care and other social justice and health equity efforts, we still face a situation in which direct health-care delivery and health-related policy decisions are often more likely to rely on frameworks that centre individual pathology and moralizing references to "poor lifestyle choices" when addressing LGBTQ2 health (Mulé 2007).

Intersectionality and the Particularly Vulnerable

There still exists, in 2019, many obstacles that stand in the way of providing equitable, comprehensive health-care for gender and sexually diverse Canadians. These obstacles can be described as systemic or institutional and be experienced as individual discrimination from health service providers at all levels. Those who are particularly vulnerable are subject to a greater frequency of both systemic and individual discrimination in the health care system, and have fewer personal and formal networks or support in which to mange or cope with these adverse events.

We call for the use of an intersectional lens in addressing the equity issues involved in intersectional identities of the diverse LGBTQ2 communities. Originating in research undertaken to understand and intervene in the forms of violence that women of colour experience, the concept of intersectionality (Crenshaw 1994), has become a crucial way to promote equity-seeking outcomes for groups whose social positions are cross-cut by multiple social forces and historically influenced, interlocking and reinforcing relations of power. Applying an intersectional lens reveals an array of identity-based intersecting oppressions that include but are not limited to age, ability, class, ethnicity, religion, race, etc. (Collins & Bilge 2016; Rahman 2017). Utilizing such intersectional lenses aligns the analysis with the social determinants of health and contributes positively to strengthen the Canadian multicultural mosaic. We also feel strongly that this work be conducted within a decolonization framework fully supporting the Truth and Reconciliation Commission's Recommendations (Canada-TRC 2015).

Some of the most vulnerable members of the LGBTQ2 communities who continue to be marginalized despite progress made in these communities in Canada are newcomers, asylum seekers, refugees, substance users, sex workers, the racialized, (dis)Abled, those living in poverty, prisoners, and the homeless, amongst others. These communities and individuals face a range of historical exclusions, discrimination and forms of invisibilization, creating a lack of development of social and health-related supports that are amenable to their complex social positions often compounded by the poor social, physical and mental health outcomes of economic marginalization and poverty. The health and wellbeing of these populations within the LGBTQ2 communities can be particularly compromised. Health programming and services must be sensitive and accessible to these very populations of the LGBTQ2 communities (CLGRO 1997).

Research and Education

Over the past three decades, a number of community-based studies have been conducted regarding health care, social service needs and wellbeing of the LGBTQ2 communities right across Canada (Mulé 2015), with many funded by the federal government. Our predecessor group, the Coalition for Lesbian and Gay Rights in Ontario (CLGRO), conducted what at the time was the highest funded and largest study of its kind that looked at the health and social service needs of LGBTQs in Ontario (CLGRO 1997). CLGRO's Project Affirmation, like all the other studies in the grey literature reported serious gaps in the health care and social services systems that further marginalized LGBTQ2 people (CLGRO 1997). The federal government's narrowed focus on HIV/AIDS, have resulted in a number of recommendations from these community-based studies still needing to be addressed.

At the scientific level of research, Canada's Tri-Council does not recognize LGBTQ2 studies as a formal discipline, forcing researchers to shape their research proposals to fit other disciplinary realms. This makes participating in the fiercely competitive arena of research funding that much more difficult. These discrepancies can create research limitations that can negatively impact the health status of LGBTQ2 populations due to lack of relevant data. Governmental statistics collection, such as the Canadian Community Health Survey, does not adequate capture the diversity of the LGBTQ2 communities in this country (Dharma & Bauer 2017; Paschen-Wolff, Wells, Ventura-DiPersia, Renson, & Grove 2017).

Currently, there is an uneven health education curriculum when it comes to LGBTQ2 issues across the country. A means of fostering healthy relationships and wellbeing is to implement age-appropriate LGBTQ2 health issues throughout the education system. Principles of diversity, inclusion and equity must take precedence over moral biases and/or religious restrictions in the curriculum (McKenzie 2015; Schmitt 2012).

Health care and social service professionals themselves need proper and formal training on LGBTQ2 health needs and effective interventions. Canadian health and social service professionals, such as physicians (Shindel & Parish 2013), nurses (MacDonnell & Fern 2014), psychiatrists (Ali, Fleisher & Erickson 2016), social workers (Mulé 2006) and other allied professionals are not well trained on LGBTQ2 health issues.

Recommendation 1: The federal government review all community-based LGBTQ2 health research studies it funded and work with these communities to implement the still outstanding recommendations from their respective final reports.

Recommendation 2 Ensure the full range of gender and sexual diversity is captured in the Canadian Community Health Survey through consultation with LGBTQ2 communities.
Recommendation 3: The Tri-Council criteria be expanded to include LGBTQ2 populations as an area of disciplinary research.
Recommendation 4: Outside the Tri-Council provide research funding opportunities for broad LGBTQ2 health issues not centred on HIV/AIDS.
Recommendation 5: Consult with the LGBTQ2 communities to develop a set of national guidelines that financially support nation-wide sex education featuring a compulsory curriculum inclusive of LGBTQ2 health issues beneficial to all students' health and wellbeing.
Recommendation 6: With input from LGBTQ2 communities, a collaboration be developed between Health Canada, the Public Health Agency of Canada and respective health professional associations to create curriculum, accreditation and continuing-education guidelines that are inclusive of training on LGBTQ2 health issues.

Policy, Funding and Programming:

The specific and significant health needs of the diverse LGBTQ2 Canadian populations are generally not recognized in Canadian public policy (Mulé & Smith 2014), and there are existing systemic irregularities and inadequacies which overlook the health disparities experienced by LGBTQ2 persons and communities (Mulé et al. 2009), positioning these communities outside of the SDoH. Materially, there are a handful of health organizations that address LGBTQ2 health needs in this country. More are needed to ensure proper and effective programming for LGBTQ2s throughout Canada.

In order to address this glaring gap, it is important that policy be designed, developed, implemented and evaluated utilizing a gender and sexual diversity lens. Funding dollars should be dedicated to the broad health issues of LGBTQ2 Canadians, and not filtered through the illness-based HIV/AIDS envelope, in order to adequately address the comprehensive health issues, needs and concerns of these populations.

Recommendation 7: The federal government undertake an educational process led by the LGBTQ2 communities towards developing a nuanced, intersectional and sensitive fluid definition of sexual diversity, gender identity and expression and sexual characteristics learning in the process oppression's negative impact on health.
Recommendation 8: An exercise of policy design, development, implementation and evaluation be undertaken by the federal government in consultation with the LGBTQ2 communities regarding the comprehensive health and social service needs of these populations utilizing an intersectional lens.
Recommendation 9: The federal government to provide dedicated funding for the development of specific and intersectional SOGIESC (Sexual Orientation, Gender Identity and Expression, and Sex Characteristics) health and social service programs based on input from the LGBTQ2 communities and past research throughout Canada.

Structural Service Provision

In response to the HIV/AIDS crisis mostly due to pressure from the LGBTQ2 communities, Canada has had a National HIV/AIDS Strategy for nearly a quarter of a century (CATIE 2018). Although this continues to be important, it has drawn much focus, attention and resources away from numerous health concerns that affect the diversified populations within

LGBTQ2 communities (i.e. conversion therapy programs in this country). Just as HIV has evolved to become a manageable chronic disease and Canada now has interventions to resist the virus, so have the LGBTQ2 communities evolved. Structures in service provision must also evolve to reflect the increasing diversification of these populations and their specified needs.

As such, it is time the federal government map out a communication strategy between the federal government and the provinces and territories to plan for the development of LGBTQ2 health programming and services across the country. It would be crucial for this mapping exercise to take place in consultation with the LGBTQ2 communities at every step in the process, including the funding of these communities to congregate and design such plans. Additionally, the federal government would need to ensure accountability measures are in place regarding transfer payments from the federal government to provincial/territorial governments, municipalities and local health bodies regarding this initiative.

Recommendation 10: The federal government bring in legislation that will end all types of conversion programs that attempt to convert people's sexual orientation to end this abuse of LGBTQ2 Canadians.
Recommendation 11: The federal government and LGBTQ2 communities engage in a service development exercise towards creating broad health care services and programming within LGBTQ2 communities and also integrating LGBTQ2 health services within mainstream health services, outside LGBTQ2 communities.
Recommendation 12: That stipulation measures are put in place to ensure transfer payments between the federal government and the provinces/territories are adhered to, to ensure such payments are administered for LGBTQ2 health services and programming.
Recommendation 13: The federal government in consultation with Canadian LGBTQ2 communities review and develop a list of health-related legislation that exists and are needed to address LGBTQ2 health issues.

About Queer Ontario:
Queer Ontario is a provincial network of gender and sexually diverse individuals — and their allies — who are committed to questioning, challenging, and reforming the laws, institutional practices, and social norms that regulate queer people. Operating under liberationist and sex-positive principles, we fight for accessibility, recognition, and democratic pluralism, using social media and other tactics to engage in political action, public education, and coalition-building. We also aim to build critical dialogue, political capacities and liberationist perspectives within queer communities.

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