

# Recommendations to the Standing Committee on Health:

## LGBTQ2 Health in Canada

Prepared by OUTSaskatoon  
Saskatoon, SK



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## **Recommendations to the Standing Committee on Health: LGBTQ2 Health in Canada**

Prepared by OUTSaskatoon

**Recommendation 1:** Dedicated financial support for LGBTQ2S Centres and Networks, in order that they are able to provide front-line support services, sector-wide education, and innovative policies and practice. This can be accomplished through:

- a. A dedicated funding portfolio for LGBTQ2S Community Centres country-wide
- b. Federal support for Enchanté, a national network of 2SLGBTQ Centres
- c. Federal support for 2Spirits in Motion Foundation, a national network of Two Spirit people and organizations

**Recommendation 2:** That all work within and for the LGBTQ2S community be committed to meaningful reconciliation and decolonization. This should include education, programming, and funding portfolios that are driven by Two Spirit and Indigenous people.

**Recommendation 3:** That any new and existing federal and provincial housing strategies be required to include consideration of and provisions for LGBTQ2S people (particularly youth and older adults).

**Recommendation 4:** Development of a national strategy for comprehensive healthcare for trans and gender diverse people that draws on existing best and promising practices and links experts with novices.

## Recommendations to the Standing Committee on Health: LGBTQ2 Health in Canada

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*“For LGBTQ2S people, connecting to community is fundamental. If I could get everyone into community it would help so many of the psycho-social elements of mental health.”*

- *Dr. Sara Dungavell, Mobile Psychiatrist in SK*

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In recent years, lesbian, gay, bisexual, transgender, intersex, gender non-conforming, and Two Spirit (LGBTQ2S) communities in Saskatchewan have celebrated a series of political victories with respect to anti-discrimination legislation and the provision of government-issued identity documentation. In 2014, the Saskatchewan Legislative Assembly voted to amend *The Saskatchewan Human Rights Code* to include gender identity as prohibited grounds of discrimination. In 2016, *The Vital Statistics Act* was amended to remove the surgical requirement for those wishing to change the gender marker on their birth

certificates. In 2018, a Court of Queen’s bench ruling allowed for the removal of gender markers on Saskatchewan birth certificates, regardless of age, and the *Vital Statistics Act* was amended again to account for this ruling. These legal reforms are the direct result of engaged community organizations and individuals across the province, and reflect a changing political environment that is becoming more accepting of diverse gender identities and expressions.

While LGBTQ2S populations are seeing greater equality under provincial and federal laws, socioeconomic inequities persist. There is ample research to indicate that LGBTQ2S people face pervasive health disparities,<sup>1</sup> increased rates of addictions and co-morbidities,<sup>2</sup> and continue to experience homophobia and transphobia when engaging with healthcare providers at all points of contact.<sup>3</sup> These health disparities are directly connected to a larger social and cultural climate that, despite having progressed considerably in recent years, still “severely sanctions people for not conforming to society’s norms concerning gender” and sexuality.<sup>4</sup>

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<sup>1</sup> Kelleher, C. (2009). Minority stress and health: Implications for lesbian, gay, bisexual, transgender, and questioning (LGBTQ) young people. *Counselling Psychology Quarterly*, 22(4), 373–379; Williams, S. L. et al. (2017). Perceptions of Healthcare Experiences: Relational and Communicative Competencies to Improve Care for LGBT People. *Journal of Social Issues*, 73(3), 637–657.

<sup>2</sup> Reback, C. J., & Lombardi, E. (1999). HIV risk behaviors of male-to-female transgenders in a community-based Harm Reduction Program. *Research Gate*.

<sup>3</sup> Durso, L. E., & Meyer, I. H. (2013). Patterns and Predictors of Disclosure of Sexual Orientation to Healthcare Providers among Lesbians, Gay Men, and Bisexuals. *Sexuality Research & Social Policy: Journal of NSRC: SR & SP*, 10(1), 35–42; Keuroghlian, A., et al. (2017). Advancing health equity for lesbian, gay, bisexual and transgender (LGBT) people through sexual health education and LGBT-affirming health care environments. *Sexual Health*, 14(1), 119–122.

<sup>4</sup> Lombardi, E. L., et al. (2002). Gender violence:

Even within the available research and statistics, the unique experiences, barriers, and successes of LGBTQ2S people in Saskatchewan (and throughout the prairies), tend to be underrepresented, and the political climate in Saskatchewan has created many roadblocks for LGBTQ2S people. Some barriers include less provincial and municipal support than other provinces, many rural and remote locations, and a lack of any provincial strategy around gender and sexual diversity at the levels of education, healthcare, and social services. At the same time, these very gaps have meant that organizations in the prairies have built expertise around community partnerships, extensive referral networks, intersectional interventions, and innovative strategies to best support LGBTQ2S people of all ages, all backgrounds, and all geographic locations.

As the longest-standing LGBTQ2S organization in the province, OUTSaskatoon is an LGBTQ2S community centre in Saskatoon, SK that provides support services, education, resources, housing, and community activities. We work to increase inclusion and belonging and to improve the overall health and well-being of our community. In January of 2017, OUTSaskatoon opened Pride Home, a five-bedroom home that provides safe and inclusive housing for LGBTQ2S youth between the ages of 16 and 21.

In addition, we acknowledge the LGBTQ2S community centres and organizations in Saskatchewan, who are partners in this important work: Camp fyrefly, Heritage Community Association, Moose Jaw Pride, TransSask Support Services, Trans Umbrella Foundation, UR Pride Centre, USSU Pride Centre, and Saskatoon Pride.

This document provides recommendations grounded in community-based experiences and

interventions. They draw on 28 years of expertise and work at OUTSaskatoon, while recognizing that we still have much to learn and many more gaps to fill. Our recommendations align with OUTSaskatoon's strengths around community connection and belonging, Two Spirit and Indigenous programming and services, LGBTQ2S youth housing, and education interventions within healthcare and school divisions. As well, these recommendations recognize the interrelatedness of physical, mental, social, and emotional health, articulating that well-being crosscuts all of these areas. As such, our recommendations span across federal, provincial, and regional portfolios and require collaborations therein.

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**Recommendation 1: Dedicated financial support for LGBTQ2S Centres and Networks through:**

- a. A dedicated funding portfolio for LGBTQ2S Community Centres
- b. Federal support for Enchanté Canada
- c. Federal support for 2Spirits in Motion Foundation

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One day a week, Dr. Sara Dungavell brings her mobile psychiatry practice to OUTSaskatoon, where she supports mostly trans, two spirit, and gender diverse people. Dr. Dungavell also travels to more than four different communities, including Northern communities such as La Loche and La Ronge because she believes firmly that her efficacy as a mental healthcare provider is only as good as her ability to connect people to community. She states: "connecting to community is fundamental. If I

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Transgender experiences with violence and discrimination. *Journal of homosexuality*, 42(1), p. 89.

could get everyone into community, it would help so many of the psycho-social elements of mental health.” One of the greatest strengths of LGBTQ2S community centres is their ability to increase feelings of belonging, decrease feelings of isolation, and to engage people in ongoing programs and services. We see the benefits of this as people regularly cycle through our stages of engagement, beginning by accessing support services, to serving as a volunteer, and then moving on to be group facilitators, board members, and even staff.

Within the last year, we have seen huge steps forward to increase partnerships and networks across the country, including two national gatherings of LGBTQ2S centre leaders. The first of these meetings was hosted by OUTSaskatoon in October, 2018 and the second took place in Ottawa in February, 2019 and was hosted by the Rainbow Resource Centre of Winnipeg. The gatherings were funded by Employment and Social Development Canada (ESDC), and actively supported by the Special Advisor on LGBTQ2 Issues, Randy Boissonnault and the LGBTQ2 Secretariat. The outcomes of these gatherings has been the creation of Enchanté Canada, whose mandate is to build and maintain a thriving network where we develop and share programs, resources and knowledge to support strong, sustainable Two-Spirit, gender and sexually diverse community groups.

As well, an overlapping and distinct network has been taking shape amongst two spirit leaders and organizations. In July, 2018, the Assembly of First Nations recognized that there is little to no research documenting the health experiences of Two Spirit people, and further that there are inadequate national and regional supports specific to Two Spirit people. As a result, the AFN resolved to support the development and subsequent funding of the 2Spirits in Motion Foundation, which has the

mandate to create, maintain, and strengthen a safe and supportive environment for Two Spirit peoples to feel and be loved, to succeed, to become empowered to make their own decisions and to find and express their purpose in life (resolution no. 45/2018).

Community-based centres have a unique role in the spectrum of healthcare as they are often more able to operate as collaborative advocates and to work towards policy and systemic changes. As well, they are able to be responsive to current best practices and to easily develop partnerships with the communities in question (i.e. Two Spirit people) so that mental health strategies are collaborative, rather than hierarchical.<sup>5</sup> The value of community centres cannot be overstated in terms of addressing the far-reaching social determinants of health for LGBTQ2S people and decreasing reliance on primary healthcare. Federal support for regional LGBTQ2S centres as well as for national networks of these centres and of Two Spirit people, will recognize the life-saving work that is already taking place and ensure that it is accessible to LGBTQ2S people country-wide.

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**Recommendation 2:** That all work within and for the LGBTQ2S community be committed to meaningful reconciliation and decolonization. This should include education, programming, and funding portfolios that are driven by Two Spirit and Indigenous people.

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Although alarm bells are often needed when talking about the health of LGBTQ2S people, our communities are much more than alarming

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<sup>5</sup> Singh, A. A., & Burnes, T. R. (2010). Shifting the Counselor Role from Gatekeeping to Advocacy: Ten Strategies for Using the Competencies for Counseling with Transgender

Clients for Individual and Social Change. *Journal of LGBT Issues in Counseling*, 4(3-4), 241-255.

statistics within health and social service reports. We represent a rich and diverse cultural group that has its own unique festivals, films, and performances, we have expertise in innovative methods of clinical and informal care, and we employ progressive and inclusive practices and policies in much of our work. As a result, the educational, healthcare, support services, and policy initiatives from within LGBTQ2S organizations provide fertile sites and practices for other jurisdictions to model and learn from in areas expand beyond the realm of the LGBTQ2S community. One such site is around meaningful engagement with principles of intersectionality, decolonization, anti-racism, feminism, and disability rights, as many LGBTQ2S organizations take these topics very seriously, and consistently work toward incorporating such lenses into our daily work. Although each of these areas offer reciprocal learning opportunities, we focus on meaningful work with Two Spirit and Indigenous people.

At OUTSaskatoon, we have spent many years building our capacity to serve and learn from Indigenous communities. This journey has resulted in activities that stretch across the province including hosting the International Two Spirit gathering, an annual Two Spirit Feast and Round Dance for Aboriginal AIDS Awareness Week, a Two Spirit Powwow, an annual OUT on the Land intergenerational culture camp, and weekly programming that includes storytelling, sharing circles, crafting, and ceremony.

Working with and alongside Two Spirit people also means taking the TRC's Calls to Action seriously, while also drawing attention to further inclusion of Two Spirit people within the calls to action. The TRC's 9<sup>th</sup> Principle of Reconciliation reads: "Reconciliation requires political will, joint leadership, trust building, accountability, and transparency, as well as a substantial investment of resources" and we recognize that LGBTQ2S communities have both a lot to learn in this area and a lot to offer in

terms of teaching others about how to do intersectional work well.

For most LGBTQ2S centres, honouring the Calls to Action requires that we are honest about our gaps and shortcomings, committed to principles of cultural humility, and that we acknowledge our positions as settler organizations. At the same time it looks like allocating time, energy, and resources to the work of reconciliation and decolonization and ensuring that Two Spirit people are prioritized for employment, leadership positions, and governance roles in order that this work aligns with principles of self-determination.

As the federal government moves forward with its research around the health of LGBTQ2S people in Canada, we recommend that Two Spirit people and organizations are centrally positioned in the consultation process.

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**Recommendation 3:** That any new and existing federal and provincial housing strategies be required to include consideration of and provisions for LGBTQ2S people (particularly youth and older adults).

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Housing and homelessness are huge factors which impact queer, two spirit, and trans people of all ages and in particular, LGBTQ2S older adults (55+) and youth (under 25). For older adults these impacts include fears of having to "go back into the closet" upon entrance into residential care, as well as loss of autonomy, and feelings of having to hide who they are. Regarding homelessness and housing insecurity of LGBTQ2S youth, in Canada, this population experiences higher incidents of homelessness than their non-LGBTQ2S counterparts. Research also indicates that:

- In Saskatoon, 40% of LGBTQ2S youth have experienced homelessness or faced barriers to housing;<sup>6</sup>
- Two Spirit and Indigenous queer youth are at greatest risk of homelessness;<sup>7</sup>
- LGBTQ2S youth identify the primary reason for homelessness as family rejection due to gender identity or sexual orientation;<sup>8</sup> and
- LGBTQ2S homeless youth face higher rates of discrimination, violence and abuse in shelters and foster homes than their non-LGBTQ2S counterparts.<sup>9</sup>

There have been a handful of LGBTQ2S housing initiatives throughout the country, and OUTSaskatoon's Pride Home was developed to reduce these social determinants of health, as well as to ameliorate the barriers faced by LGBTQ2S youth in Saskatoon and the province.

One of Pride Home's greatest strengths is that it does not adhere to a gender binary, accepting LGBTQ2S youth between the ages of 16 and 21 with a vision of enabling LGBTQ2S youth to live healthy lives that are connected to wrap-around supports. That said, OUTSaskatoon has struggled to access sustainable funding for Pride Home, and likewise, we know that this difficulty is felt in other jurisdictions that are looking to create or are in process of creating similar services, such as initiatives in Prince Albert and Lulu's house in Regina. These difficulties are due to: 1) the inability to receive block funding from the provincial Ministry of Social Services; and 2) the fact that both federal and provincial dollars earmarked for housing and homelessness are for capital projects and not staffing or operations.

As well, despite repeated reports that indicate that LGBTQ2S people are among the most disenfranchised in relation to housing, the research findings have had little to no impact on contracts and funding allocations, nor do they move the staggering statistics from the position of being an alarm bell to being a tool for change.

Reaching Home: Canada's Homelessness Strategy strives toward a 50% reduction in chronic homelessness over the next 10 years,<sup>10</sup> and we are hopeful that Canada's new strategy will allow for the necessary costs of counselling, healthcare navigation, community programming, and life skills support within eligible funds. As well, for the LGBTQ2S community, housing strategies must include non-gendered housing and LGBTQ2S education for existing housing agencies and shelters, among other population-specific needs. Given the unique experiences of LGBTQ2S people of all ages who are homeless or housing insecure, we implore the federal government to include designated funds within Reaching Home and any future housing strategies to address these gaps in service.

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**Recommendation 4:** Development of a national strategy for comprehensive healthcare for trans and gender diverse people that draws on existing best and promising practices and links experts with novices

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<sup>6</sup> Saskatoon Housing Initiatives Partnership (SHIP) and OUTSaskatoon, (2016). "Need and Demand Assessment of Affordable Rental Housing for LGBTQ Youth in Saskatoon," Need and Demand."

<sup>7</sup> SHIP and OUTSaskatoon.

<sup>8</sup> Stephen Gaetz et al., (2016) "Without a Home: The National Youth Homelessness Survey." Toronto: Canadian Observatory on Homelessness Press.

<sup>9</sup> Alberta Government, "LGBTQ2S Youth Housing and Shelter Guidelines."

<sup>10</sup> <https://www.canada.ca/en/employment-social-development/news/2018/06/reaching-home-canadas-homelessness-strategy.html>

Any family doctor in Saskatchewan can prescribe gender-affirming hormones, support a patient through the process of gender transition, or sign the necessary letters for legally changing one's gender markers, and yet trans and gender diverse patients across the province lack access to primary physicians that will help them through these processes. Research shows that many healthcare providers, counselors, and social service providers feel underprepared in serving LGBTQ2S clients<sup>11</sup> and as it plays out in Saskatchewan, this means is that only a handful of healthcare providers provide such services province-wide, resulting in long wait times and patients travelling far distances to access safe and affirming care.

In addition to medical interventions, trans people are disproportionately represented within all levels of research about the health outcomes of LGBTQ2S communities, including increased social stressors such as violence, childhood abuse, and discrimination, high rates of substance abuse, and increased rates of suicide and suicide ideation.<sup>12</sup> As well Two Spirit people experience the intersecting impacts of homophobia, transphobia, and racism, which make it even more difficult to access and maintain relationships with health care providers.<sup>13</sup> Despite these health outcomes, trans people (nor LGBTQ2S) are not prioritized within any provincial healthcare environment outside of an HIV framework. In fact, up until very recently, many LGBTQ2S community centres have also only been able to access federal contracts through HIV/AIDS portfolios.

As such, not only do we need more doctors that are trained and knowledgeable about trans health, but we need integrated systems of care that bring together community and healthcare

centres in order to create strategies which respond to all aspects of health and well-being for trans people. As a community centre, we do not provide primary healthcare, however, we look to those facilities that do serve as experts in this work to guide our work such as Rainbow Health Ontario, Sherbourne Health, and Trans Care BC. Locally, the Saskatchewan Trans Health Coalition (a network of LGBTQ2S organizations) has created the Saskatchewan Medical Transition Guide in an effort to share knowledge about various medical interventions and to provide clear pathways to care for trans and gender diverse people.

A national strategy could draw on existing best and promising practices and then work with underserved areas to create regionally-specific strategies that draw on effective and evidence-based healthcare initiatives that already exist, while incorporating the innovative and collaborative work taking place in smaller centres, rural, and remote locations. By grounding a national trans healthcare strategy in community-based interventions we would be able to create improved and enhanced care for trans and gender diverse people across the health system.

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<sup>11</sup> White, et al. (2015). Transgender Stigma and Health. *Social Science & Medicine* (1982), 147, 222–231.

<sup>12</sup> Reisner, S. L. et al., (2015). "Mental Health of Transgender Youth in Care at an Adolescent Urban Community Health Center: A Matched Retrospective

Cohort Study. *Journal of Adolescent Health*, 56(3) 274–279.

<sup>13</sup> Brotman, S., et al. (2006). *The Health and Social Services Needs of Gay and Lesbian Seniors and their Families in Canada. Final Report*. McGill University School of Social Work.