

IMPROVING 2SLGBTQQIA+ HEALTHCARE:

INTERVIEW WITH SPENCER BELANGER FROM CBRC

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Recently, in Canada, the federal government used data collected by the Community-Based Research Centre (CBRC) to support the conversion therapy ban. In this interview, I spoke with Spencer Belanger (he/him) from the CBRC about the groundbreaking national health survey they have launched to explore the current state of health of 2SLGBTQQIA+ people in Canada. Their initiative will be provided in English, French, and Spanish. To find out more information about the Community-Based Research Centre and the national survey, go to https://www.cbrc.net/our_health.

Not all general physicians know how to approach 2SLGBTQQIA+ people. Many physicians are not equipped to navigate health care for different bodies, genders, and sexualities. What are the current standards of care or training that physicians in Canada receive?

The answer to this question is nuanced because while provincially there are a number of different initiatives and training offered, on the federal level, there isn't much that's regulated. You can look to organizations such as WPATH, the Trans Wellness Initiative, and the Canadian Professional Association for Transgender Health. They offer training and guides on how to offer affirming care to these communities, but there aren't necessarily mandates for those to be offered in medical schools or for general practitioners offering care to their clients. So a lot of the time, the responsibility is placed upon both the client who needs to advocate for themselves and their health needs and the practitioner who needs to go out of their way to seek that information if they happen to have the desire to improve upon their care. I think it's worth highlighting that initiatives like these are meaningful, but they really are a band-aid to larger systemic issues that need to be changed. First and foremost, within the medical education system where incoming students can learn more directly about the nuances of working with queer and trans communities and empower providers to take time to learn more about communities beyond their own experience.

How does this gap in knowledge impact people's healthcare experiences?

It's a very significant gap for the communities that we work with at CBRC, especially folks who are transgender or gender diverse. Many people experience a wide variety of barriers to accessing healthcare. I think a lot of that stems from a lack of awareness and understanding of the cultural nuances of being a trans person. More often than not, trans people who go into healthcare settings need to advocate for themselves for providers to use respectful and affirming language and help them determine the best course of action, whether or not it's related to their transition.

Many transgender people will go into a healthcare setting for something completely unrelated to their gender identity and have practitioners ask inappropriate questions in ways that are very invasive and inappropriate for that kind of setting. So a lot of people will then either be stuck in a loop of trying to access the care that they're looking for with really long wait times and being passed from provider to provider because a lot of folks treat trans and gender diverse people as specialized care and more often than not the issues that they're going to these healthcare settings for are pretty basic. And then, some people may opt to remove themselves from healthcare settings altogether based on their previous negative experiences. When they do encounter serious health issues, they're less likely to seek help when they need it.



Advocating for yourself in a medical setting is difficult for many people. Even for people who are used to advocating for themselves in other areas, when it comes to doctors, everybody has this kind of opinion that they always know what they're doing and are always right, so it might be very scary for people to actually stand up and say what they need.

I spoke specifically to trans and gender diverse people, but for the broader LGBTQ+ community, many folks experience a number of barriers compounded by things such as racism and ableism. Plus, some people cannot physically access a space or a space that has been created for their safety and their overall health and well-being.

Can you give a brief overview of the National Health Survey?

It is a very exciting initiative because it's essentially the first of its kind. We've done a lot of research over the past couple of decades, but this is the first multilingual national social health survey dedicated to two-spirit, lesbian, gay, bisexual, trans, queer, questioning, intersex, asexual, and other sexual and gender diverse people across Canada. Based on previous funding, CBRC's work centred on gay, bisexual, trans, two-spirit and queer men. But with the recent expansion of CBRC's mandate back in November of 2021, the organization now advocates for and performs health research for people of all diverse gender and sexualities. With this particular study, the research team particularly wants to hear from community members living with chronic health conditions such as diabetes, cancer, and fibromyalgia to ensure that people living with conditions that are often underrepresented or less understood are included in this work. CBRC will also be sending dried blood spot self-test kits to participants who opt in to gauge the uptake of self-testing technologies and track the prevalence of COVID-19 antibodies and sexually transmitted and blood-borne infections in our communities.

In general, 2SLGBTQQIA+ people face a significant number of unique and complex barriers to accessing mental, physical, sexual, spiritual and cultural health services, as we previously discussed. So our communities often face stigma and discrimination, which profoundly impacts our mental, emotional, spiritual and physical health and well-being. This is especially true for those in the community who face compounding challenges due to intersections of race, ethnicity, gender identity or expression, sexuality, class, age, immigration status, language, disabilities, substance use, the type of profession, for example, if you are engaged in sex work, or your geographical location. Because of the COVID-19 pandemic, these have only been further exacerbated. So conducting this Canada wide study during the pandemic will help us tell politicians, policymakers and service providers about the challenges and needs of our communities, how they have been adapting to the ongoing pandemic and the ways in which it impacts their health and or chronic health conditions that they live with.

What is the significance of this study?

Relatively few studies have explicitly looked to understand the chronic health experiences of 2SLGBTQQIA+ people, and there is an urgent need to produce comprehensive and culturally relevant data. So in the context of this study, the research team defines chronic health conditions as those that meet the following criteria: conditions that are physical, mental, cognitive or psychological, have lasted at least one year or are expected to at least last at least one year, impact your daily activities, daily life or functioning and require supports such as medical care, assistive devices, or help from someone else. With our extensive understanding of chronic health conditions, it includes conditions that are often underrepresented, such as chronic pain, mental health conditions. HIV, being a cancer survivor, etc. And it's important to note that some people may identify as having a disability in addition to or instead of identifying as having a chronic health condition. It is important to share that information with health care providers and policymakers to ensure that the care offered is cognisant of those health conditions that folks within our community are living with.

What else would you like people to know?

I want to highlight that CBRC has partnered with Egale Canada, Enchante Network, and 2Spirits in Motion for the survey. It's also worth noting that if folks opt into the dried blood spots self-test kits, the CBRC will be covering the cost of returning the blood sample to the Public Health Agency of Canada. Participants will be compensated a small honorarium for participating in the survey. The survey itself takes about 30 to 60 minutes. To reiterate who the survey is open to, it targets a broad spectrum of 2SLGBTQQIA+ people, including but not limited to two-spirit, queer, lesbian, gay, bisexual, trans, questioning, intersex, asexual and other sexual and gender diverse people: all sexual minorities, genders, and ethno-racial backgrounds, class, abilities, immigration status, and locations across Canada are encouraged to participate. Really the main requirement is that participants must be over the age of 15. With the information that the CBRC gathers, it will be made anonymous and available to the public. CBRC will also use that data to make important recommendations to politicians, policymakers and service providers about the challenges and needs of our communities to hopefully alleviate health disparities in the future and improve access to health care and other essential health services.