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Community-Based Research Centre

2S/LGBTQIA+ PRAIRIES

COMMUNITY ADVISORY

SYMPOSIUM REPORT

Healthcare Access Priorities for
2S/LGBTQIA+ Communities

Introduction

In November 2022, Community-Based Research Centre (CBRC) hosted a community advisory symposium with ten 2S/LGBTQIA+ ¹community members from across Alberta, Saskatchewan, and Manitoba. The purpose of the symposium was to identify their priorities in relation to accessing combination prevention ²healthcare.

With a focus on building capacity for healthcare providers and community-based organizations (CBOs) to address the health and wellbeing of 2S/LGBTQIA+ people, the lived experiences shared at the symposium have yielded qualitative tips and suggestions compiled below.

Thank you for taking the time to learn more about how to better support your patients, clients, and community.

What Does an Ideal Healthcare Setting Look Like?

Participants were asked what they believe an ideal healthcare setting might look like, specifically one that affirms 2S/LGBTQIA+ people when accessing combination prevention care and information. Outlined below are the main discussion points:

Inclusive Spaces

- Medical spaces should be physically accessible to all bodies with diverse abilities and disabilities in both urban and rural areas

¹ Throughout the symposium and this document, the acronym '2S/LGBTQIA+' stands in for the larger community including: Black, Indigenous, and all racialized people, and disabled and neurodiverse communities in addition to Two-Spirit, Lesbian, Gay, Bisexual, Trans, Queer, Intersex, Asexual communities, and more.

² Combination prevention refers to behaviours, interventions, and services related to preventing or treating HIV and/or Hepatitis C. This includes HIV & STBBI screening, HPV and Mpox Vaccinations, Pre-Exposure Prophylaxis (PrEP), Treatment as Prevention (TasP), Harm Reduction, etc. You can read more about combination prevention here: <https://www.paho.org/en/topics/combination-hiv-prevention>

- Visuals such as posters, pamphlets, resources, etc. displayed in medical spaces should represent a diversity of identities, bodies, and abilities
- All staff (including frontline and leadership) should be provided with ongoing professional development and training opportunities to further their knowledge and awareness of 2S/LGBTQIA+ people and their health needs

Respectful and Nuanced Understanding of Identity

- 2S/LGBTQIA+ individuals seek empathetic, respectful, and understanding healthcare providers who offer open and honest two-way communication. This may look like:
 - Transparency in questioning (i.e. what information is truly required for treatment and care, and being explicit in why such information is necessary)
 - Respect for all bodies, identities, and cultural practices. This means learning to understand (or at least not demean) diverse lived experiences or practices
 - Asking for current pronouns and respecting them; updating files and/or staff accordingly
 - Trauma-informed and consent-based care
- Community members want to be listened to and focus on the issue(s) they bring forward to their medical practitioner. Symposium participants expressed that healthcare providers often make judgments, presumptions, or stereotypical associations based on their identities (visible and invisible), interfering with their ability to access care.

Diversity

- 2S/LGBTQIA+ people need to see diversity among staff (i.e. racialized, disabled, and gender diverse individuals) at all levels of employment in healthcare settings
- Diversity in knowledge and education for all staff, as well as consistently seeking new research and/or treatment methods to offer better care to all patients
- Symposium participants implored all current and future medical researchers to specifically include 2S/LGBTQIA+ individuals in their work and consider a

diverse range of medical practices beyond typical Western approaches

Participants expressed that an ideal healthcare setting would be built by and for them – from the ground up – rather than feeling like an afterthought or being ‘added’ into existing services that have not been able to fully serve these communities in the past. This discussion has offered some actionable steps for healthcare providers and CBOs to offer more affirming care to 2S/LGBTQIA+ communities.

Healthcare Providers

Based on their experiences accessing combination prevention care, symposium participants were asked to identify the strengths and weaknesses of healthcare providers. Furthermore, they offered ways in which medical professionals can improve care for 2S/LGBTQIA+ communities, and work to ensure comfort and safety for patients in these spaces:

Doctor Accountability

- Numerous participants expressed concerns regarding their doctors’ preference to refer them out to other specialists, even when the issues at hand were well within the scope of the provider. Participants observed an increased adoption of this ‘prefer to refer’ method, which can make patients feel disrespected, abandoned, and othered. These experiences have led to further distrust from community members when seeking medical care. Symposium participants advocated for healthcare professionals to do everything they can to provide care to their patients first before referring them to someone else, including:
 - Taking initiative and updating or expanding upon their knowledge through educational opportunities to better serve racialized and 2S/LGBTQIA+ communities
 - Being adaptive to diverse communication methods, especially for neurodiverse and ESL communities

- Willingness to collaborate with patients and learn from them
- Participants stressed that they need healthcare professionals to see themselves as part of the community – or at least as allies – working to shift these necessary ongoing relationships from ones of ‘charity’ to ones of ‘solidarity.’

Reducing Barriers

- Participants highlighted the uneven power dynamics between patients and medical professionals as one of the larger barriers to accessing services. They often felt like they must be dishonest and/or ‘code-switch’ to receive the care they seek in traditional healthcare settings. Some ways that providers may work to encourage honesty and maintain respectful relationships include:
 - Offering sensitive and respectful care: listening, collaborating, and working alongside patients in addressing their health needs
 - Open and honest communication, transparency, and compassion, which could prevent 2S/LGBTQIA+ people from removing themselves from healthcare settings due to anticipated discrimination
 - Asking questions about and focusing on a patient’s health goals (not pushing boundaries or forcing discussions of non-urgent matters) and working to be non-judgmental through all forms of communication
- Another barrier discussed involves access to trusted medical research and information. Many community members feel the need to ‘do their own research’ on their medical issues because they do not trust their medical providers. However, gaining access to accurate medical information online is difficult if you are not affiliated with a medical institution or have access to a research database. Thus, community members call for more open access to peer-reviewed medical research and information that goes beyond traditional Western medical practices and ideologies. A potential solution could be to introduce a wider availability of resources and credible information both physically in medical spaces (contemporary research papers with simplified summaries, pamphlets, and other infographics, etc.), and online with accessible, easy to navigate, trusted websites and platforms.

Essentially, symposium participants advocated for healthcare providers to recognize their role in improving health outcomes for 2S/LGBTQIA+ people. While acknowledging that no single practitioner is expected to be an expert on every nuance of being a 2S/LGBTQIA+ person, providers should actively seek to fill in the gaps of their knowledge to uphold the medical rights that 2S/LGBTQIA+ people are legally entitled to.

Community-Based Organizations (CBOs)

Symposium participants shared that they have generally had positive experiences while accessing combination prevention care at CBOs. These spaces are often far more inclusive, sympathetic, and understanding of individual identities, and are better equipped to offer sensitive care to diverse (and often vulnerable) populations. While recognizing the infrastructural and economic disparity between CBOs and ‘traditional’ healthcare settings, participants offered some ideas on how CBOs may improve their combination prevention care and access, while continuing necessary community-building work:

- Community members residing in rural areas often have little to no access to services offered by CBOs. To address this, CBOs could explore offering scheduled visits or pop-up services to rural communities. Not only are the healthcare needs of rural community members significant, but the invaluable connections, historical knowledge, and community bridging offered through this outreach could benefit all 2S/LGBTQIA+ communities and strengthen relationships moving forward.
- Many long-standing CBOs have exclusionary histories that can be difficult to navigate for community members, particularly racialized and disabled individuals. While many organizations have made efforts to contend with their history of exclusion, participants expressed that CBOs must work vigorously in mending these broken relationships through accountability, collaboration, and solidarity with community-identified priorities.
- Symposium participants stressed the necessity of CBOs facilitating

community-building opportunities – particularly after the onset of COVID-19. Due to the ongoing pandemic, many community members have felt further isolated from accessing community spaces and events. Participants agreed that increased efforts from CBOs in facilitating inclusive community-building events would greatly aid in restoring community relations. Ideally, these community building events would employ the themes and priorities discussed throughout the symposium, as well as offering more variety in types of events to prioritize the inclusion of all community members with varying needs and lived experiences.

Symposium participants recognized the significant role that CBOs play in improving health and social outcomes for 2S/LGBTQIA+ people. As such, participants advocated for more equitable access to services and programs offered by CBOs that explicitly address the needs of underserved communities. The information and suggestions gathered here will hopefully serve as a stepping stone for improved access to combination prevention care, and lead to more positive experiences for 2S/LGBTQIA+ community members when accessing essential health and social services.

Further Resources:

Trauma-informed care:

- <https://www.transhub.org.au/clinicians/trauma-informed-care>
- <https://www.ncbi.nlm.nih.gov/books/NBK207191/#:~:text=Initial%2oreactions%2oto%2otrauma%2ocan,effective%2C%2oand%2oself%2Dlimited.>

2S/LGBTQIA+ care:

- <https://cpsa.ca/news/health-care-at-the-intersections-providing-better-care-to-the-2slgbtq-community/>
- <https://www.lgbtqihealtheducation.org/wp-content/uploads/Providing-Inclusive-Services-and-Care-for-LGBT-People.pdf>

Affirming care:

- <https://cbrc.teachable.com/p/trans-wellness-initiative-affirming-spaces-training>

QTBIPOC care:

- <https://www.hrc.org/resources/qtbi poc-mental-health-and-well-being>

CBRC Prairies Resources:

- <https://www.manonmanitoba.ca/>
- <https://transwellnessinitiative.ca/alberta-trans-health-network/>
- <https://transwellnessinitiative.ca/>

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