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Healthcare Access Experiences and Needs of Lesbian, Bisexual, and Queer Women and of Trans, Nonbinary, and Intersex People in Canada:

A Submission to the Federal Standing Committee on Health for the Women's Health Study

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Summary

Egale is Canada's leading organization for 2SLGBTQI people and issues. We improve and save lives through research, education, awareness, and by advocating for human rights and equality in Canada and around the world. Our work helps create societies and systems that reflect the universal truth that all persons are equal and none is other.

In this brief, we offer evidence-based recommendations for improving health outcomes for lesbian, bisexual, and queer (LBQ) women as well as for trans and nonbinary (TNB) and intersex people. We draw on Egale's recent research into the experiences of 2SLGBTQI people in accessing various healthcare and mental healthcare services. HESA should be aware of the unique healthcare needs and challenges of LBQ women and TNB and intersex people to ensure that these populations are adequately considered and represented in its work.

The shortage of primary care physicians across Canada is significantly impacting 2SLGBTQI people. For example, 19% of 2SLGBTQI+ people in Canada do not have a primary care health provider (Women and Gender Equality Canada, 2023). This shortage is also having a negative effect on LBQ women and TNB people, who face myriad barriers to affirming and comprehensive primary, sexual, reproductive, and gender-affirming care (Jakubiec et al., 2023). This is because there are providers with whom they are more likely to have adverse experiences than they are to receive quality care. This issue is compounded by intersecting experiences of oppression. All healthcare professionals should be equipped with the tools necessary to provide respectful and competent care. Moreover, no one should be forced to avoid or delay care due to prohibitive costs, including for mental healthcare.

Organizations that work in professional education on 2SLGBTQI issues are equipped to provide training that would promote equitable healthcare outcomes for LBQ women and TNB and intersex people. However, the lack of a coordinated strategy by government and regulatory institutions to connect healthcare professionals with such training means that many healthcare professionals remain ignorant of 2SLGBTQI people's specific healthcare needs.

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Recommendations

Recommendation 1: The federal government should work with CMEC, the Royal College of Physicians and Surgeons of Canada, and other provincial bodies, as well as directly with medical schools and other university programs, to ensure that all health professionals practicing in Canada have received training on 2SLGBTQI people's needs in the healthcare context.[1]

- This includes medical school as well as nursing, social work, midwifery, and personal support worker programs.
- The training should include content on how systems of domination (such as racism, transphobia, homophobia, and ableism) are interrelated and provide actionable strategies on how healthcare and other service providers can combat these systems, both on interpersonal and structural levels.
- There is a particular need for training in the contexts of sexual, reproductive, and mental health services specifically relating to and/or addressing lesbian, bisexual, and queer women's as well as trans and nonbinary people's needs in these areas.
- Particular attention should be paid to the medicalization of intersex bodies – this includes surgeries, but it also includes unnecessary examinations and assumptions about people's bodies.

Recommendation 2: The federal government should work with the provinces to promote the affordability of essential services including vision care, dental care, pharmacare, and mental healthcare.[2]

Extend public funding for essential primary care services, including eyecare/vision care, dental care, and mental healthcare for people of all ages.

- Follow the roadmap developed by the Advisory Council on the Implementation of National Pharmacare and ensure that gender-affirming therapy is included under a national pharmacare formulary.

[1] Recommendation 1 is supported by research evidence from three reports: Jakubiec et al. (2023), Seida et al. (2023), and Holmes (2022).

[2] Recommendation 2 is supported by research evidence from two reports: Jakubiec et al. (2023) and Seida et al. (2023).

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Insights from Egale Canada Research Studies on the Healthcare and Mental Healthcare Challenges, Access Barriers, and Needs of 2SLGBTQI people in Canada

LBQ, TNB, and Intersex People are Forced to Invest Significant Emotional, Mental, and Financial Resources in Order to Access Care

Many LBQ and TNB participants in Egale's study reported that they struggled to find primary care providers who would take them seriously as experts in their own bodies and their own experiences, "consider their needs and health histories holistically, pursue appropriate treatments, and be willing to work one-on-one with them over time" (Jakubiec et al., 2023, p. 25). Access to primary care providers was a priority for many participants in this study. Moreover, a majority of participants in Egale's study on mental health among 2SLGBTQI adults in Canada reported that the COVID-19 pandemic had negatively impacted their access to medical care (Seida et al., 2023).

Some LBQ women and TNB people reported that exhaustion related to trying to access adequate care itself negatively affected their health and wellbeing. For these groups, accessing healthcare often requires persistent advocacy in the face of discrimination and invalidation (Jakubiec et al., 2023). We frame these experiences in terms of mental, emotional, and interactional labour. Unlike cisgender heterosexual women, LBQ women and TNB people have to balance the threat of discrimination associated with disclosure of their sexuality and gender identity with factors that can make such disclosure necessary: for example, when discussing one's family and relationships, in the context of sexual and reproductive health, or in order to be gendered correctly. TNB people in particular reported delaying or avoiding seeking healthcare because they could not know if a healthcare provider would be consistently respectful of their gender, names, and pronouns (Jakubiec et al., 2023).

Planning and strategizing in advance of interactions with healthcare providers is mentally and emotionally exhausting for patients (Jakubiec et al., 2023). Some participants, especially those who experience compounding forms of discrimination, understood the inadequacy of care that they received from healthcare professionals as a result of their inability to advocate sufficiently on their own behalf (Jakubiec et al., 2023). Participants also often reported finding themselves in the position of having to research their healthcare issues themselves and advocate for the diagnostic or

treatment options they needed, while also trying not to challenge the healthcare provider's understanding of themself as the rightful holder of knowledge and power in doctor-patient interactions (Jakubiec et al., 2023).

Medical Incompetence and Discrimination are Widespread

In addition to the disproportionate amount of labour that LBQ women and TNB people must invest to receive quality healthcare, many participants experienced—or feared experiencing—provider incompetence and ignorance regarding sexuality and gender issues. Trans and nonbinary participants reported that they are often in the position of having to educate their healthcare providers about gender diversity, including in contexts where their healthcare need is not related to their gender (Jakubiec et al., 2023).

Egale's qualitative needs assessment of intersex adults also found intersex-specific gaps in healthcare providers' competence (Holmes, 2022). When medical professionals declare a person intersex, often from infancy, because their bodies do not conform to the demands of cisheteronormativity, they create the foundation for medical or even surgical interference with that person's body regardless of their actual health (Holmes, 2022). As a result, intersex participants felt unsafe in interactions with medical professionals and some reported mistreatment by medical professionals into adulthood (Holmes, 2022). Egale stands firmly against "normalizing" surgeries, which violate intersex people's rights to bodily autonomy and integrity.

Mental healthcare is essential for many 2SLGBTQI people. Both 2SLGBTQI service seekers and service providers reported that even among service providers advertising "2SLGBTQI competence," the ability to provide "truly responsive and affirming care" was limited (Seida et al., 2023, p. 22). Compounding experiences of oppression and a lack of racial, sexual, and gender diversity among care providers were identified as factors that further limited participants' access to competent care (Seida et al., 2023).

The contexts of sexual and reproductive healthcare are gendered and highly intimate. LBQ and TNB participants reported experiencing discrimination and stigma in both sexual and reproductive healthcare contexts. Some LBQ participants reported that their sexual health providers were dismissive of their sexual and romantic relationships, with

some even reporting that they were denied necessary tests because of inappropriate assumptions about the nature of sex between women (Jakubiec et al., 2023).

Bisexual and plurisexual women faced the additional burden of biphobia in interactions with sexual healthcare providers (Jakubiec et al., 2023). Some bisexual and plurisexual participants reported that they had been shamed by healthcare professionals for having sexual partners of different genders (Jakubiec et al., 2023). The stigma on bisexuality often takes the form of viewing bisexual people as "vectors for disease" and an assumption of hypersexuality (Jakubiec et al., 2023). Overall, participants reported that they simply could not access sexual reproductive healthcare that was affordable, timely, and free of cisheteronormativity.

Many 2SLGBTQI People Cannot Afford Essential Healthcare

Though the majority of care workers in Canada are women (Khanam et al., 2022), many LBQ and TNB participants in Egale's study reported that they were themselves unable to afford certain healthcare costs. In particular, access to certain services linked to privileged statuses, such as access to private workplace insurance. Participants mentioned difficulties in affording prescription medications, eyeglasses, dental work, and physiotherapy (Jakubiec et al., 2023).

Mental healthcare is a particular priority for 2SLGBTQI people. For some 2SLGBTQI people, the costs of mental healthcare are prohibitive (Seida et al., 2023). For example, 61.5% of participants delayed seeking mental healthcare due to cost barriers (Seida et al., 2023). Participants in this study also highlighted the nexus between an inability to afford medical care overall and negative mental health given the ongoing stress that results from living with unmet healthcare needs, particularly in the context of gender-affirming care (Seida et al., 2023).

For people living with disabilities, there are often additional costs for healthcare, Previous research by Egale has shown that 2SLGBTQI people are more likely than cisgender heterosexual people in Canada to live with a disability (Egale & Innovative Research Group, 2020). Furthermore, as the Advisory Council on the Implementation of National Pharmacare noted in its Final Report (2019), people who medically transition have unique healthcare costs. In applying the principles of Gender-Based Analysis Plus,

it is clear that while the lack of comprehensive coverage for medical care is a problem for all people in Canada, it has a unique impact on 2SLGBTQI people.

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References

Health Canada. (2019). *A prescription for Canada: achieving national pharmacare for all: Final report of the Advisory Council on the Implementation of National Pharmacare*. https://www.canada.ca/en/health-canada/corporate/about-health-canada/public-engagement/external-advisory-bodies/implementation-national-pharmacare/final-report.html

Egale Canada & Innovative Research Group. (2020). *Impact of COVID-19: Canada's LGBTQI2S community in focus*. https://egale.ca/wp-content/uploads/2020/04/Impact-of-COVID-19-Canada%E2%80%99s-LGBTQI2S-Community-in-Focus-2020-04-06.pdf

Holmes, M. (2022). *Restoring epistemic justice to a dismissed population: A qualitative needs assessment by and for intersexualized adults in Canada*. Egale Canada. https://egale.ca/wp-content/uploads/2022/10/Restoring-Epistemic-Justice-to-a-Dismissed-Population-A-Qualitative-Needs-Assessment-by-and-for-Intersexualized-Adults-in-Canada-3.0.pdf

Jakubiec, B. A. E., Pang, C., & Seida, K. (2023). *Healthcare access experiences and needs among LBQ women, trans, and nonbinary people in Canada: A research report*. Egale Canada.

Khanam, F., Langevin, M., Savage, K., & Uppal, S. (2022). *Women working in paid care occupations. Insights on Canadian Society.* Statistics Canada (catalogue no. 75-006-X). https://www150.statcan.gc.ca/n1/pub/75-006-x/2022001/article/00001-eng.htm

Seida, K., Desmeules-Trudel, F., Jakubiec, B., & Mazumdar, C. (2023). *Queering mental health in Canada: A research report.* Egale Canada. https://egale.ca/wp-content/uploads/2023/07/Queering-Mental-Health-in-Canada-4.0.pdf

Women and Gender Equality Canada. (2023, May 9). *2SLGBTQI+ Action Plan Survey Results: Health and Wellbeing.* https://women-gender-equality.canada.ca/en/free-to-be-me/federal-2slgbtqi-plus-action-plan/survey-findings/health-wellbeing.html