Understanding LGBTQ Health
A Critical Assessment

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Background

1. Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ*) Populations are significantly marginalized in Canadian Society.

2. LGBTQ Populations are often excluded from national surveys, research projects, and needs assessments which results in little or no information on the needs of these communities.

3. The World Health Organization has identified sexual orientation as a social determinant of health (SDOH).

What We Already Know About LGBTQ Health

LGBTQ populations experience **negative health outcomes** such as increased rates of alcohol and drug use, greater risk for STI's and high rates of depression and suicide (Mule, Ross et al., 2009).

LGBTQ populations are less likely to have "stable income and quality housing... And they experience **disproportionately high rates of violence, harassment, and discrimination** in workplaces, schools, and child welfare systems" (Bauer, Hammond, Travers et al., 2009).

SOCIAL EXCLUSION

ERASURE/ INVISIBILITY

REGULATED INCLUSION

Are All LGBTQ Health Needs The Same?

According to the Rainbow Health project, bisexuals report having difficulty obtaining relevant information to their healthcare needs, resulting in poor health outcomes such as poor mental health and substance abuse (Rainbow Health Project).

Trans people experience discrimination from both heterosexual and LGB communities due to stigma and transphobia. Marginalization and stigma have known health effects that contribute to mental health problems (Rotondi, 2012).

B T
G L

Gay men have been identified as more at risk for developing eating disorders than their heterosexual counterparts (Peplau, Frederick, Yee et al., 2009).

Lesbian and gay women's sexual health has been significantly marginalized in research due to the perpetual focus on HIV/AIDS and MSM communities (Namaste, Vukov, Saghie, et al., 2007).

Definitions*

LGBTQ: The umbrella acronym used to refer to the Lesbian, Gay, Bisexual, Transgender and Queer communities.

Heterosexism: The dominant notion that places heterosexuality as a default sexuality, and all other sexualities or orientations as deviant or abnormal. An example of heterosexism is the use of narrow definitions of sex in sexual health surveys (usually as explicitly penile-vaginal penetration).

Cis-sexism: The dominant notion that places cis-gendered (non-trans) individuals as the presumed authentic sex or gender, where ones gender is expected to match their assigned sex. An example of cis-sexism is the request on many official forms and surveys to tick either a "male" or "female" designated box which effectively erases the possibility of trans people existing at all.

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Support Inclusion of LGBTQ People

As Researchers

Allow open spaces on survey research for individuals to self identify their gender and sexual orientation.

Why? In a review of 19 studies done on sexual minority women, only 5 included the possibility for bisexual women to identify themselves as part of the study. "Health research commonly does not allow for identification of trans participants or address questions relevant to trans communities" (Bauer et al., 2009).

Consider broader definitions of health that include emotional, physical and social health indicators.

Why? While lesbian and gay women are reported as having heavier body weights than the general population, they also "report significantly higher body satisfaction than heterosexual women" (Peplau, Ferderick, Yee et al., 2007).

As Health Practitioners

Have up to date resource pamphlets on sexual orientation and gender identity in your office.

Why? Due to the diversity of communities that live within the LGBTQ umbrella and the limited inclusion of LGBTQ populations in research, finding relevant information on sexuality and gender and health is difficult.

Ask patients if they have a pronoun or name preference that is not indicated on their official documentation.

Why? In one study 28% of trans and gender non-conforming patients had experienced verbal harassment in a doctors office, and 19% reported being refused medical care all together because of their transgender status (Rutherford et al., 2012).

As Policy Makers

Advocate for coverage of sex-reassignment surgery (SRS) for trans individuals.

Why? "The health consequences that flow from the lack of transition related treatment affect not only mental health but also physical well-being" (Gehi and Arkles, 2007). "Refusing to publicly fund SRS leads not only to significant delays in accessing bodily integrity for those wealthy enough to pay out of pocket the tens of thousands of dollars for surgery, but also an outright denial of service to those who are less well off" (Mandlis, 2011).

Challenge existing heterosexist* and cis-sexist* policies like the Canadian Blood Services (CBS) blood ban for gay men.

Why? "The [CBS] does not identify risky sexual behaviors that actually increase the chances of HIV infection; rather, it creates a policy that makes a sweeping generalization about a group of people (gay men) based upon a perceived characteristic of that group (engaging in non-monogamous or promiscuous sexual behavior)" (Lake, 2010).