2SLGBTQIA+ Health and Wellness Strategies for Edmonton and Area

Contents

Land Acknowledgement

The QTHC is based in Amiskwaciwâskahikan (ᐊᒥᐢᑲᐧᒋᐚᐧᐢᑲᐦᐃᑲᐣ) within Treaty 6 territory, a traditional meeting ground and home of the Nêhiyawak (Cree), Denesuliné (Dene), Nahkawininiwak (Saulteaux), Niitsítapi (Blackfoot), and Îyârhe Nakoda (Nakota Sioux), as well as nations not represented by the treaty, and is located in Region 4 of the Métis Nation of Alberta. This territory is unceded land which was stolen from the First Peoples, and we recognize that colonization denies stewardship of this land through continued displacement and denial of sovereignty. Many of us settlers are uninvited guests occupying the traditional and contemporary homelands of these Nations. We are grateful to work on this land to improve the health and well-being of the queer & trans community alongside the Indigenous Nations who have called this place home since time immemorial. We commit to engaging in an ongoing process of decolonization, and will strive to conduct our work in an anti-oppressive and anti-racist way, working towards equity, empowerment, and inclusion for all Two Spirit, queer, trans, and non-binary people.

Background

The Queer & Trans Health Collective (QTHC) received funding from WAGE (Women and Gender Equality Canada) to undergo a review of the needs and desires of the 2SLGBTQIA+ community in Edmonton to determine key strategies to support community health and wellness in the coming years. This sort of strategic work helps promote inter-agency collaboration and ensures programming and services are aligned with community needs. Unfortunately, the majority of service organisations lack capacity to undertake such in-depth reviews in addition to the vital front-line support they provide to community. By having designated funding, we were in the position to work with stakeholders and community to better understand the current landscape of the 2SLGBTQIA+ sector in Edmonton and area and make recommendations for moving forward together.

We engaged community members throughout the process through focus groups as well as through analysing survey data in which community members spoke to programming and service gaps and identified the sorts of programming and services they would like to see. We conducted a series of interviews with stakeholders, such as other organisations serving the 2SLGBTQIA+ community in Edmonton, national partners, health agencies, and funders. We also conducted an extensive literature review to understand 2SLGTQIA+ health and wellness trends across the country. This process took place from May 2021 through March 2022.

We developed a total of nine recommendations organised into three strategies: Community Service Delivery, Community Advocacy and Systems Change, and Community-Based Research. The recommendations identify a priority for supporting community health and wellness, as well as an explanation as to why we have recommended this as a priority focus.

QTHC has been successful in securing additional funding from WAGE to support the implementation of these strategies over the coming year. We will work with partners to develop concrete steps to address the identified recommendations. In doing so, we aim to foster collaboration and ensure that community priorities are addressed in a comprehensive and sustainable way.

Strategies

Community Service Delivery

The first strategy is focused around community health promotion through service delivery, and outlines aims for organisations in delivering existing programming and services as well as designing future programming and services.

1

Recommendation 1: Work towards increased inter-agency collaboration, with the long-term aim of providing more coordinated and consistent services to community members.

There are a number of reasons why increasing inter-agency collaboration is a valuable priority. As a sector, we have access to a limited funding pool. We heard from some stakeholders that they felt the sector was competitive rather than collaborative. While we may have limited control over available funding, we do have control over how we are developing and implementing programming and services. Given that we are working with limited resources, it makes sense to ensure services are not duplicated and that we are able to support and uplift one another's efforts. To successfully do this, however, we must have ongoing communication and collaboration.

Additionally, strengthening inter-agency relationships will improve referral coordination and lead to easier service navigation for community members. Community members identified challenges in understanding which services are out there and which they are eligible for. Having a more robust inter-agency referral system will not only reduce the burden on community members to identify programs and services, but has the potential to reduce burden on service organisations if we are able to refer a community member to another organisation which is better equipped to support them.

It is important to acknowledge that collaboration is not without its challenges. We heard from stakeholders that there was frustration from previous partnerships or attempts at collaboration that were not sustained and had taken up valuable time and resources. However, we also heard examples of effective partnership and collaboration. Despite the difficulties that inter-agency collaboration presents, it is fundamental to our success in supporting the Edmonton 2SLGBTQIA+ community as a sector. Ultimately, it is our ability to succeed in collaboration that will impact our success in implementing all of the following recommendations.

2 **Recommendation 2:** Ensure equitable service delivery to address all facets of community wellbeing, including physical, sexual, mental, and social health.

Taking a holistic approach to supporting health and wellness is more likely to lead to improved outcomes. Addressing one aspect of health in isolation while not attending to the others runs the risk of reducing the impact of the intervention (Michaelson, Pickett, and Davidson, 2019). This work must be done in an intersectional way, which addresses the individual experiences of community members with multiple marginalised social positions without losing sight of the broader systemic processes which contribute to advantage and inequity. It is vital that we understand not all community members have the same needs and desires, that we may have different understandings of wellness, and different aspects of health should not be prioritised at the expense of others (Sangaramoothy & Benton, 2022).

Currently, not all community needs are being addressed by service offerings. In particular, community members identified gaps in mental health services, social programming, support groups and peer mentorship, as well as healthcare navigation support. Similarly, not all community members are having their needs met. Our community engagement highlighted that QTBIPOC/racialized communities, women/femme folks, and the trans/non-binary community are particularly underserved in Edmonton and the surrounding area.

The reality is that most service organisations do not have the capacity to offer a full spectrum of services to the entirety of the 2SLGBTQIA+ community on their own. This is why Recommendation 1 of this strategy, which focuses on increased inter-agency collaboration, is necessary to successfully provide sufficiently wide-ranging services.

3 **Recommendation 3:** Address the lack of accessible, long-term mental health supports through 2SLGBTQIA+ peer-based support services.

It is well documented that there are mental health disparities which affect the 2SLGBTQIA+ community. However, there is also a demonstrated higher willingness to engage with mental health supports and services (Ferlatte et al., 2019), which means service providers have the opportunity to develop interventions that are likely to be taken up by the community. This is particularly true if we are able to develop appropriately flexible services that attend to the diverse mental health needs of the community.

Mental health supports were the programming and service gap in Edmonton and area most identified by community members. One potential solution to this gap is to develop increased peer-based support services specifically designed to address mental health.

There are numerous advantages to a peer support model. Opportunities to both receive and provide mentorship were requested during community consultation. Community members indicated an interest in having support from others with similar experiences. Likewise, peer-based support allows community members who may have distrust in institutionalised mental health services to access support and care. From an organisational standpoint, developing a network

of peer support workers may be more financially feasible than hiring psychologists. The use of peer support workers is supported by the mental health literature, with program evaluation and studies suggesting that a peer support model is beneficial to clients/community members, the peer support workers themselves, and have further reaching positive health implications (Shalaby & Agyapong, 2020).

A model for peer-based support within the 2LGBTQIA+ sector in Edmonton already exists: QTHC's PeerNPeer program. PeerNPeer is a harm reduction program which supports community members in substance use, safer sex and mental health support by connecting them with peer outreach workers. PeerNPeer is currently adapting the GPS counselling program, which was developed for GBMSM, into a program called Bloom designed to serve the greater 2SLGBTQIA+ community. This program has potential to serve as a peer mental health support model.

Community Advocacy & Systems Change

The second strategy is focused around community advocacy and health promotion on a larger scale. It addresses priorities for systemic change that will support the health and wellness of the 2SLGBTQIA+ community. We aim to work towards achieving these priorities through a combination of advocacy work and direct actions undertaken by community organisations.

1 **Recommendation 1:** Deliver and advocate for healthcare provider competency training.

Many 2SLGBTQIA+ community members experience barriers to healthcare, which has a negative impact on their health and wellbeing. Some examples include experiencing or anticipating judgement from a healthcare provider, receiving inappropriate care as a result of provider assumptions (i.e. assuming a patient's reproductive healthcare needs based on appearance), and lack of knowledge surrounding community-specific care (i.e. transition-related care or prescribing PrEP) or where to provide referrals (Lee & Kanji, 2017). Trans and non-binary community members may face additional barriers such as being provided intake forms that do not accurately reflect their identity as well as inappropriate language use, such as gendered terminology or using the wrong names or pronouns (Baldwin, et al., 2018). These barriers are often heightened in rural communities where fewer supports are available, alternative options for healthcare providers following a negative experience are limited, and stigma may be greater (Henriquez & Ahmad, 2021).

Progress has been made when it comes to training new healthcare providers, such as the inclusion of 2SLGBTQIA+ competency training in medical school curricula. However, the biggest gap is increasing the competency of those medical professionals who are already practising. Some optional training resources have been developed in Alberta. The Trans Wellness Initiative hosts a series of free modules designed to improve the capacity of healthcare professionals to provide affirming care to the trans and non-binary community. The available modules have seen uptake across the province and additional content is under development. The QTHC maintains the PrEP Alberta website, which provides resources for providers across Alberta and connects them with the training necessary to become a designated PrEP prescriber.

It is important to acknowledge the limitations of optional training. It is most likely to be taken up by providers who already have interest in 2SLGBTQIA+ healthcare and are seeking to address their knowledge gaps. Providers who would benefit most from basic affirming care training may not be reached. This is an important site for future advocacy, as more widely available training (e.g. promoted for professional development credits by the College of Physicians and Surgeons) or ideally implementing mandatory basic training would ensure that healthcare providers who are most in need of 2SLGBTQIA+ competency support are reached. However, this is an ambitious top-down goal which will not be reached overnight. In the meantime, it is important that community organisations continue to develop training resources for interested providers, building competency

from the ground up. Taking a two-pronged approach, which includes advocating for more widespread, potentially mandatory training while also developing additional optional training can meet community needs in both the short and long term.

2 **Recommendation 2:** Advocate for consistent, adequate funding for trans and non-binary healthcare.

Trans and non-binary healthcare in Edmonton and the surrounding area has been inconsistently funded and impacted by service interruptions. This has a significant impact on the community, compounding existing challenges with wait times and provider shortages. Community members shared challenges around wait times for accessing hormones, surgical wait times, and psychiatric services. We heard examples of individuals who paid out of pocket for surgical and psychiatric services because they were faced with years-long waits. Unfortunately this is not accessible to many community members, and speaks to the troubling state of trans and non-binary healthcare in Edmonton. Wait times are primarily caused by a lack of healthcare providers offering these services. This is partially an issue with a lack of provider training (see Recommendation 1), but is also a result of inadequate funding for providers who are willing and able to provide this care.

There are also transition-related services that are not currently publicly covered and require community members to privately pay. These include surgeries such as facial feminization surgery, tracheal shave, and voice pitch surgery. Laser hair removal and electrolysis are also not covered. Additionally, surgeries such as vaginoplasty or phalloplasty require community members to travel out of province, incurring travel expenses which are not covered. These services are often vital for community members to achieve their transition goals yet are financially inaccessible to many.

The lack of adequate and sustained funding for trans and non-binary healthcare has been a long-standing issue and will likely not be resolved quickly. As such, it's important that we are providing additional support to community members who are seeking trans and non-binary healthcare. This could include supports such as assistance with system navigation, access to peer supports, and mental health supports while they wait for services.

3 **Recommendation 3:** Advocate for better surveillance data, which adequately captures gender and sexual identity as well as other identities which may impact funding and programming decisions.

Most provincially and federally collected surveillance data fails to adequately represent the 2SLGBTQIA+ community. Provincial health data around trans and non-binary populations is lacking (i.e. the Alberta Health 2020 report on Sexually Transmitted Infections and HIV collected binary gender only and contains no mention of trans community members). National surveys such as reporting the Canadian Centre on Substance Use and Addiction omit mention of the 2SLGBTQIA+ community entirely.

Given that many service organisations have limited capacity to collect their own data, we often rely on health surveillance data or other large scale studies. As a result, we are negatively impacted when such data doesn't reflect the populations we serve. Understanding the health and wellness needs of our community is vital in developing successful interventions. Grant applications are more likely to be successful when the proposed programming and services can be justified with data demonstrating a community need. In addition to gender and sexual identity data, it is also important we are more broadly advocating for the collection of demographic data that allows us to develop and deliver services in an equitable, intersectional way.

Community-Based Research

The third strategy is focused on community-based research, focusing on data gaps, making suggestions for future research, and discussing the ways in which community-based research in the 2SLGBTQIA+ community should be conducted.

1 **Recommendation 1:** Address the current data deficit in Alberta.

There is currently a significant data gap in Alberta when it comes to queer and trans health and wellness. While national surveys provide valuable information, regional data collection provides a more targeted understanding of community needs, service and programming gaps, and health inequities. Regional 2SLGBTQIA+ data collection has historically been focused in BC and Ontario, with limited data collected across the prairies. Alberta has a unique context and data collected in BC or Ontario may have some applicability, but will not paint a fully accurate picture of our communities.

One potential means of addressing this gap is through the development of a province-wide survey on 2SLGBTQIA+ health and wellness. While a regional research collaboration is ambitious, it is important to take steps towards to building a network of service providers and researchers who are interested in supporting large-scale regional data collection alongside the 2SLGBTQIA+ community.

It is also vital that organisations which have the means of conducting original research have plans in place to share their findings with community members, stakeholders, and academic partners. This is work that will not happen overnight and it is important to continue to address this data deficit collaboratively.

2 **Recommendation 2:** Ensure community-based research is conducted in an intersectional, anti-oppressive manner that includes strategies to work with under-represented community members.

Not all members of the 2SLGBTQ+ community are adequately represented in existing data. In particular, Two-Spirit and QTBIPOC/racialized queer and trans folks, as well as people with disabilities, are often under-represented.

Addressing these data disparities is important as it allows us to better design programming, apply for funding, and advocate for needed change. If we fail to have an intersectional approach to data collection, we run the risk of not fully understanding the needs of all community members. As a result, we may be designing programming and services that only serve a limited number of folks - those who are often over-represented in data collection and are subsequently centred in programming and services. Western research often centres certain viewpoints and perspectives, so it is important that research design considers not only what data will be collected, but also how

it will be collected. Ensuring that research projects engage with community members from start to finish, that a range of world-views and ways of knowing are utilised, and that community members are seen as experts will lead to more well-rounded, valuable data. It is also vital that accessibility measures are incorporated into research.

Evaluation data should also be collected in such a way that we can understand if programs are working for specific populations as well as the larger community. We know there are gaps in programming and services for 2SLGBTQIA+ community members experiencing multiple marginalizations because they have told us. As community organisations, it is our responsibility to ensure that we are adapting to address these gaps.

3

Recommendation 3: Address knowledge gaps related to mental health and substance use within the 2SLGBTQIA+ community in Edmonton and the surrounding region.

Mental health emerged as a key priority during community consultation. While we understand from community knowledge there are service and programming gaps, we lack specific local data on current community mental health needs. Given that the queer and trans community has specific mental health concerns and there is value in collecting targetted data (Ferlatte, 2019).

Another priority research area is in regards to local queer and trans substance use. Data pertaining to substance use among 2SLGBTQIA+ individuals is limited, primarily because large surveys (e.g., Canadian Community Health Survey and the Canadian Alcohol and Drug Use Monitoring Survey) lack consistent metrics of sexual and gender identity. There is some existing local data around 2SLGBTQIA+ substance use, specifically the 2018 Substance Use Survey conducted by the QTHC. However, this survey lacks data on the impact of the pandemic and the increase of opioid poisonings seen within the community. It has been documented that the pandemic lead to an increase in mental health disparities and substance use within the queer and trans community in Canada (Slemon, et al., 2021), thus it is important to update our existing local data.

Mental health and substance use are often closely related. While both mental health and substance use came up independently as priority research areas, it is beneficial to address them together. Similarly, local data collected around mental health will likely lead to insights around substance use and vice versa. Conducting research on local 2SLGBTQIA+ mental health and substance use will allow for more targeted, evidence-based interventions.

Aims Moving Forward

The Queer & Trans Health Collective is committed to working towards the priorities identified in this report. We have heard from our community and those working alongside us what is needed. These strategies serve as a call to action - over the next year it is our intention to take steps towards addressing the gaps identified here. This work is not possible without collaboration and support from our partners and stakeholders. We hope you will join us.

For further information or to get involved with this project, please contact Finn St. Dennis (Research and Evaluation Coordinator, **finn.st.dennis@ourhealthyeg.ca**) or Lea DuCoer (Program Director, **lea.ducoer@ouhealthyeg.ca**).

Appendix 1: References

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