Submitted on behalf of the Rainbow Nursing Interest Group (RNIG)

The Rainbow Nursing Interest Group (RNIG) is an interest group of the Registered Nurses' Association of Ontario (RNAO), the professional association representing registered nurses, nurse practitioners and nursing students in Ontario. Since 1925, RNAO has advocated for healthy public policy, promoted excellence in nursing practice, increased nurses' contribution to shaping the health-care system, and influenced decisions that affect nurses and the public they serve.

RNAO's values state:

> We believe health is a resource for everyday living and that health care is a universal human right. We respect human dignity and are committed to diversity, inclusivity, equity, social justice, and democracy. We believe the leadership of every nurse advances individual and collective health.

The website for RNAO can be found at https://rnao.ca/

RNIG was founded as an interest group of RNAO in 2007. Since that time we have valued evidence-informed, inclusive, reflective, respectful, safe and supportive care and environments for people of all sexual orientations and gender identities and expressions. RNIG envisions every space a positive space.

Our Mission
To foster and advocate for nursing practice and environments that support people of all sexual orientations and gender identities and expressions.

Our Goals

- Challenging invisibility and silencing faced by LGBTT2SIQQAA (Lesbian, Gay, Bisexual, Transsexual, Transgender, Two-Spirit, Intersex, Queer, Questioning, Asexual and Ally) people
- Facilitate evidence-informed nursing care that reflects the needs of LGBTT2SIQQAA clients
- To advocate for LGBTT2SIQQAA clients and provide resources, support and knowledge for registered nurses, their communities, and each other

The website for RNIG can be found at https://chapters-igs.rnao.ca/interestgroup/58/about

To maintain consistency with the language used by the House of Commons Standing Committee, LGBTT2SIQQAA will be referred to as LGBTQ2 in this document.

Recommendations

1) National support for the use of research informed, developmentally appropriate sexual, gender and reproductive health curricula, inclusive of LGBTQ2 expression, thoughts and behaviours for grades K-12.

Although children in grades K-12 have little influence on current healthcare practice, early education influences student thoughts and behaviours and can impact future societal change (Westheimer, 2017). Despite the recognition that Canadian schools have been shown to be unsafe for LGBTQ2 youth (Taylor et al., 2011), encouraging teachers to integrate recognition of LGBTQ2 marginalization in the curriculum and to develop empathic concern has been associated with a reduction in homophobic behaviours in heterosexual youth (Baams, Dubas, Aken, 2017; Espelage et al., 2019). Proactive responses to harassment based on sexual and gender non-conformity can create a positive learning environment for LGBTQ2 youth and educators (Enson, 2015). Ensuring that all students in Canadian schools are informed of the different perspectives, practices and norms of sexual and gender identity and expression, diversity in family forms and reproductive health, encourages acceptance and inclusion of all Canadians now and in the future.

2) National support for the provision that all healthcare professionals be knowledgeable of LGBTQ2 health needs as a standard for entry to practice.

It has been known for some time that LGBTQ2 related health-care education for all health-care professionals is inadequate (Carabez et al., 2015; Charles et al., 2015; Greene et al., 2018; Lim & Hsu, 2016; Parameshwaran et al., 2017; Singer, 2015). There must be recognition of LGBTQ2 health in all aspects of normal human behaviour and health care provision. Time and emphasis in curricula for LGBTQ2 relevant health needs should be on par with the degree given of cisgender and heterosexual centric issues.

3) Require that all government supported health service organizations, whether they be primary care offices like community health centres or private practices, medical walk-in clinics, hospitals, laboratories, pharmacies or diagnostic clinics, be safe, LGBTQ2 positive spaces, free from violence and discrimination in all interactions including clerks, receptionists, technologists, direct care providers and service personnel.

As healthcare is historically heteronormative, many of the biases within the system against members of the LGBTQ2 community, may not be readily apparent (Enson, 2015). When there is a lack of discussion regarding gender identity and sexual practice with a health-care provider, for the majority, the assumption is that the client is cisgender and heterosexual (Baker & Beagan, 2014). This may induce fear and discomfort felt by some members of the LGBTQ2 community when accessing health services. Some of this discomfort is linked to a fear of discrimination from the health-care provider which can cause stress to the patient (Bidell & Stepleman, 2017; Von Doussa et al., 2016), and may lead to nondisclosure. Nondisclosure influences quality of

care as those health-care issues prevalent in this population are neither discussed nor investigated (Baker & Beagan, 2014).

Others do not want to experience negative reactions or have a negative experience, especially if this has occurred in the past (Bauer, Scheim, Deutsch & Massarella, 2014; Bonifacio, Maser, Stadelman, & Palmert, 2019; Hinchliff, Gott, & Galena, 2005; Pinto et al., 2019). People who identify as LGBTQ2 experience high rates of discrimination in health care, including being refused health care, health-care providers refusing to touch them, use of harsh/abusive language, physical abuse, or blame for their health status (Lambda Legal, 2010).

Although we recognize the value of specialty centres, individuals who identify as LGBTQ2 live in every area of Canada in all societal groups. Travelling to specialty centres would place an undue hardship on those who live in remote communities or who have difficulty travelling due to age, distance, cognitive ability or finances. All Canadians have a right to respectful, knowledgeable care any time they intersect with the health-care system. In consideration of this, there should be an expectation that all who work in the system have received adequate education in respectful care of LGBTQ2 clients, through the use of formal, substantive education and training.

4) Increase funding to current, research-based programs already in place that provide education and promote equitable care for the LGBTQ2 community such as Rainbow Health Ontario.

Rainbow Health Ontario (RHO, n.d.) is a well-respected, Toronto based, province-wide program that creates resources and provides education and training to healthcare providers in support of LGBTQ2 clients. Sessions are adapted to suit front-line staff, mental health workers, counsellors, management, board directors and volunteers. RHO also supports research, informs public policy and provides consultations.

Respondents from other areas of the country may be able to identify similar organizations that already have programs in place but are limited by current resources.

5) Provide financial support to those recognized experts who are developing guidelines in the care of those who identify as LGBTQ2, such as the Registered Nurses' Association of Ontario (RNAO) and Rainbow Health Ontario.

RNAO launched the Best Practice Guidelines Program in 1999 with funding from the Ontario Ministry of Health and Long Term Care (MOHLTC). The 54 best practice guidelines (BPG) developed to date have made a substantial contribution towards building excellence in Ontario's health system and internationally. The BPG Program has helped advance patient, provider, organizational, and health system outcomes. It is recognized around the world as a knowledge movement composed of rigorous guideline development and transformational approaches that are contributing to implementation science, and robust evaluation methodology. RNAO is currently developing a BPG on *Providing Care to 2SLGBTQI+ Communities* (working title).

The development of this Guideline is supported by an expert panel, which includes persons with lived experience and is interprofessional in composition, comprising of individuals with knowledge and experience in clinical practice, education, research, and policy across a range of health service organizations, practice areas, and sectors.

To our knowledge, this will be the only nursing guideline on providing health care to LGBTQ2 communities.

RHO (n.d.) has developed a number of evidence-based guidelines to improve the care received by members of the LGBTQ2 community.

Respondents from other areas of the country may be able to identify similar projects.

6) Include all necessary treatments as per the World Professional Association for Transgender Health in their Standards of Care as insured health services as they are medically necessary hospital care and should be funded by the provinces using the Canada Health Transfer.

The World Professional Association for Transgender Health (WPATH, 2019) is an international non-profit organization that has been devoted to the development of evidence-based healthcare for transsexual, transgender, and gender-nonconforming persons since 1979. The current Standards of Care is the seventh version of a clinical guideline developed by experts to assist health professionals as they provide primary care, gynecologic and urologic care, reproductive options, voice therapy and mental health services to members of this group.

In addition to mental health services, funding should also support a number of other essential treatments including voice and communication therapy, tracheal shave, facial feminization surgery, voice pitch surgery, liposuction, breast augmentation and chest masculinization.

7) Provide comprehensive pharmacare, which includes funding for HIV prevention, HIV treatment, and transgender hormone therapy.

The RNAO (2019) supports "a national pharmacare program that covers all medically necessary drugs at no cost to Canadians, guided by the principles of the Canada Health Act (public administration, comprehensiveness, universality, portability and accessibility)." The lack of comprehensive pharmacare disproportionately impacts LGBTQ2 people.

The cost of antiretroviral medication (ARV) for the treatment of HIV is not consistent across Canada. There are a variety of programs offered by the provinces and territories for those who do not have private insurance, which can lead to client-paid costs of greater than 50% (~$8000/year; Yoong, Bayoumi, Robinson, Rachlis & Antoniou, 2018). Lack of access due to the cost of medication can have significant impact to individuals, communities, and the health system, including increased disease progression from HIV to AIDS, increased morbidity and mortality, drug resistance, and HIV transmission in the community. Prevention of HIV through pre-exposure prophylaxis (HIV-PrEP) or post-exposure prophylaxis (PEP) has significant cost-

savings to the healthcare system. The lifetime cost of an HIV infection has been estimated as $1.6M (Kingston-Reichers, 2011), and studies examining pharmacological HIV prevention methods have demonstrated cost-effectiveness, especially when targeted to high-risk groups (Cambiano, Miners & Phillips, 2016).

In regards to transgender individuals, hormone therapy is a pharmacological approach to help and change their physical appearance to be in line with their gender identity. Hormone therapy is often an integral and necessary component of healthcare for transgender individuals. The costs and coverage of hormone therapy is inconsistent across Canada, preventing some people from accessing it, and has caused some people to take non-prescribed, potentially unsafe and unmonitored hormones (Rotondi et al., 2013). There are many risks associated with being unable to access hormone therapy, including depression, suicidality, infection, substance use, and HIV infection (TransPulse, 2010; Padula, Heru & Campbell, 2016).

References

Baams, L., Dubas, J., & Aken, M. (2017). Comprehensive sexuality education as a longitudinal predictor of LGBTQ name-calling and perceived willingness to intervene in school. *Journal of Youth and Adolescence, 46*(5), 931-942. doi: https://doi.org/10.1007/s10964-017-0638-z

Baker, K., & Beagan, B. (2014). Making Assumptions, Making Space: An Anthropological Critique of Cultural Competency and Its Relevance to Queer Patients: Making Assumptions, Making Space. *Medical Anthropology Quarterly*, *28*(4), 578–598. https://doi.org/10.1111/maq.12129

Bauer, G. R., Scheim, A. I., Deutsch, M. B., & Massarella, C. (2014). Reported emergency department avoidance, use, and experiences of transgender persons in Ontario, Canada: Results from a respondent-driven sampling survey. *Annals of Emergency Medicine*, *63*(6), 713–720.e1. https://doi.org/10.1016/j.annemergmed.2013.09.027

Bidell, M. P., & Stepleman, L. M. (2017). An interdisciplinary approach to lesbian, gay, bisexual, and transgender clinical competence, professional training, and ethical care: Introduction to the special issue. *Journal of Homosexuality*, *64*(10), 1305–1329. doi: https://doi.org/10.1080/00918369.2017.1321360

Bonifacio, J. H., Maser, C., Stadelman, K., & Palmert, M. (2019). Management of gender dysphoria in adolescents in primary care. *Canadian Medical Association Journal*, *191*(3), E69–E75. https://doi.org/10.1503/cmaj.180672

Cambiano, V., Miners, A., & Phillips, A. (2016). What do we know about the cost–effectiveness of HIV preexposure prophylaxis, and is it affordable?. *Current opinion in HIV and AIDS*, *11*(1), 56-66.

Carabez, R., Pellegrini, M., Mankovitz, A., Eliason, M, Ciano, M., & Scott, M. 2015). "Never in all my years…": Nurses' education about LGBT health. *Journal of Professional Nursing,* 31(4), 323-329. doi: http://dx.doi.org/10.1016/j.profnurs.2015.01.003

Charles, C., Haaland, M., Kulkarni, A., Webber, J. (2015). Improving healthcare for LGBTQ populations. *Canadian Federation of Medical Students.* Retrieved from: https://www.cfms.org/what-we-do/advocacy/position-papers.html

Enson, S. (2015). Causes and consequences of heteronormativity in healthcare and education. *British Journal of School Nursing, 10*(2), 73-78. doi: https:// doi.org/10.12968/bjsn.2015.10.2.73

Espelage, D., Valido, A., Hatchel, T., Ingram, K., Huang, Y., & Torgal, C. (2019). A literature review of protective factors associated with homophobic bullying and its consequences among children & adolescents. *Aggression and Violent Behavior, 45,* 98-110. doi: https://doi.org/10.1016/j.avb.2018.07.003

Greene, M., France, K., Kreider, E., Wolfe-Roubatis, E., Chen, K., Wu, A., & Yehia, B. (2018). Comparing medical, dental, and nursing students' preparedness to address lesbian, gay, bisexual, transgender, and queer health. *PLoS ONE,13*(9). doi: https://doi.org/10.1371/journal.pone.0204104

Hinchliff, S., Gott, M., & Galena, E. (2005). 'I daresay I might find it embarrassing': General practitioners' perspectives on discussing sexual health issues with lesbian and gay patients. *Health and Social Care in the Community*, *13*(4), 345–353. doi: http://dx.doi.org/10.1111/j.1365-2524.2005.00566.x

Kingston-Reichers, J. (2011). The economic cost of HIV/AIDS in Canada. Retrieved from: http://www.cdnaids.ca/wp-content/uploads/Economic-Cost-of-HIV-AIDS-in-Canada.pdf

Lambda Legal (2010). *When health care isn't caring: Lambda legal's survey on discrimination against LGBT people and people living with HIV.* Retrieved from https://www.lambdalegal.org/sites/default/files/publications/downloads/whcic-report_when-health-care-isnt-caring.pdf

Lim, F. A., & Hsu, R. (2016). Nursing students' attitudes toward lesbian, gay, bisexual and transgender persons: An integrative review. *Nursing Education Perspectives*, *37*(3), 144–152. https://doi.org/10.1097/01.NEP.0000000000000004

Padula, W. V., Heru, S., & Campbell, J. D. (2016). Societal implications of health insurance coverage for medically necessary services in the US transgender population: a cost-effectiveness analysis. *Journal of general internal medicine*, *31*(4), 394-401.

Parameshwaran, V., Cockbain, B., Hillyard, M., & Price, J. (2017). Is the lack of specific lesbian, gay, bisexual, transgender and queer/questioning (LGBTQ) health care education in medical school a cause for concern? Evidence from a survey of knowledge and practice among UK medical students. *Journal of Homosexuality,* 64(3), 367-381. doi: http://dx.doi.org/10.1080/00918369.2016.1190218

Pinto, A. D., Aratangy, T., Abramovich, A., Devotta, K., Nisenbaum, R., Wang, R., & Kiran, T. (2019). Routine collection of sexual orientation and gender identity data: A mixed-methods study. *Canadian Medical Association Journal*, *191*(3), E63–E68. doi: http://dx.doi.org/10.1503/cmaj.180839

Rainbow Health Ontario (RHO). (n.d.). *A Program of Sherbourne Health Centre.* Retrieved 28, April, 2019, from: https://www.rainbowhealthontario.ca/

RNAO. (n.d.). *International Affairs and Best Practice Guidelines.* Retrieved 28, April, 2019, from: https://rnao.ca/bpg

RNAO. (2019). *Universal pharmacare*. Retrieved 30, April, 2019, from https://rnao.ca/policy/political-action/queens-park-day-2019

Rotondi, N. K., Bauer, G. R., Scanlon, K., Kaay, M., Travers, R., & Travers, A. (2013). Nonprescribed hormone use and self-performed surgeries:"Do-it-yourself" transitions in transgender communities in Ontario, Canada. *American Journal of Public Health*, *103*(10), 1830-1836.

Singer, R. (2015). LGBTQ focused education: Can inclusion be taught? *International Journal of Childbirth Education,* 30(2), 17-19.

Taylor, C., Peter, T., McMinn, T., Elliott, T., Beldom, S., Ferry, A., … Schachter, K. (2011). *Every class in every school: The first national climate survey on homophobia, biphobia, and transphobia in Canadian schools. Final report*. Toronto, ON: Egale Canada Human Rights Trust.

TransPulse (2010). Ontario's trans communities and suicide: Transphobia is bad for our health. Retrieved from: http://transpulseproject.ca/wp-content/uploads/2010/11/E2English.pdf

Von Doussa, H., Power, J., McNair, R., Brown, R., Schofield, M., Perlesz, A., … Bickerdike, A. (2016). Building healthcare workers' confidence to work with same-sex parented families. *Health Promotion International*, *31*(2), 459–469. doi: http://dx.doi.org/10.1093/heapro/dav010

Westheimer, J. (2017). Education that matters. *Canadian Journal of Education, 40*(2). Retrieved from:
journals.sfu.ca/cje/index.php/cje-rce/article/download/3112/2413/

WPATH. (2019). *Standards of care: Version 7.* Retrieved 28, April, 2019, from: https://www.wpath.org/publications/soc

Yoong, D., Bayoumi, A. M., Robinson, L., Rachlis, B., & Antoniou, T. (2018). Public prescription drug plan coverage for antiretrovirals and the potential cost to people living with HIV in Canada: a descriptive study. *Canadian Medical Association Journal, open*, *6*(4), E551.