## WHAT HAPPENED?

A five-year study on health barriers with a unique focus on intersectional analysis – stories and experiences of sexual and gender diverse folks who are also Indigenous, Black and People of Colour (IBPoC).

**12 PEER-LED COMMUNITY FOCUS GROUPS**
(4 rural) hearing from over 100 participants

**A HEALTH SERVICES SCAN WITH 12 SERVICE PROVIDERS**
with lived experience

**A COMPREHENSIVE LITERATURE REVIEW**

*"There are barriers to Indigenous people accessing gender affirming care. We face stereotyping, for example, the assumption that we will have drug and alcohol use. If you go in and say you have a cough, the doctor may shift to asking about your transgender variance and is wanting you to educate them about transgender experience. They will ask inappropriate questions like what was your childhood like? And the difference between service depends on if you're light-skinned are dark skinned."*

# HEALTH EQUITY BARRIERS

for SEXUAL AND GENDER DIVERSE COMMUNITIES

## PART OF ENSURING SAFETY IS UNDERSTANDING WHAT IS PUTTING PEOPLE AT RISK

## WHAT WE LEARNED

Sexual and Gender Diverse communities are resilient and resourceful health system navigators. Members of these communities help one another to get the services they need through formal and informal support networks. This advocacy often conceals the bigger systemic issues at hand.

## 3 BARRIERS TO CARE

### A LACK OF HEALTHCARE PROVIDERS TRAINED IN DIVERSE INTERSECTIONAL ISSUES.

**The number one barrier to care identified by study participants was a lack of health care providers knowledgeable in diverse issues.**

Although advanced medical guidelines exist, these are subject to provider discretion, which is often guided by moral, religious or other personal views.

### SOCIAL AND GEOGRAPHIC ACCESSIBILITY.

**Every door is the wrong one.**

Participants report having to choose between their sexual/gender and racial/cultural identity to receive care. This is due to racism in White mainstream LGBTQIA+ service provision and Homophobia/Transphobia in IBPOC service provision. This is heightened in rural contexts where there are little to no trained providers.

### CLIENT DIRECTED CARE – BELIEVE ME.

**Study participants reported decisions being made for them instead of with them.**

Patients seeking care for a specific health issue report being subjected to unrelated concerns and questions from their healthcare providers. Provider curiosity dominates the appointment leaving their health issue unaddressed. Sensitive information is shared without consent. Patients report having to plead their case for services.

*"A doctor once told me 'if your parents are abusive just cut them out of your life' but for many cultures this creates added trauma and a ripple effect. Colonization has already created fractured families amongst many BIPoC."* ~ CONSULTATION PARTICIPANT

## PARTICIPANTS REPORTED THAT ACTION IS NEEDED IN THREE AREAS

### SAFETY

Address systemic discrimination and improve health care quality and safety through structural changes.

### EDUCATION

Increase health care provider education and awareness in order to provide better care for sexual and gender diverse folks who are also IBPOC.

### EMPOWERMENT

Recognize and empower sexual and gender diverse people as leaders in their own health and wellness journey.

The Health Equity Collaborative carried out this work with support from the BC Ministry of Health.