The Challenge for Millennials: Justice for LGBTQ People

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What is Rainbow Health Ontario?
What does RHO do?

- RHO was founded in 2008, and is a program of Sherbourne Health Centre in Toronto.
- Mandate of RHO is to increase the capacity of Ontario’s health and social service sectors to serve LGBT people.
- We have 3 pillars of service – **Communications, Training, and Research & Policy**.
- We are funded by the research unit at the Ontario Ministry of Health and Long Term Care.
- We are regarded as a Knowledge Translation Unit.
Public Policy & LGBTQ Communities
Discrimination is embedded in our public institutions

Homophobia, biphobia and transphobia have been the bedrock of public policy that has:

- Declared us criminals or mentally ill by the virtue of our identities
- Prohibited us from marrying those who we love
- Prevented us from being legally recognized parents to our children
- Left us vulnerable to violence – both interpersonal and institutional
Policy and legislation slowly changing for LGB people

<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
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<tbody>
<tr>
<td>1969</td>
<td>Consensual sex between same sex adults removed from Criminal Code of Canada</td>
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<tr>
<td>1973</td>
<td>Homosexuality no longer classified as a mental illness in the DSM</td>
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<td>1974</td>
<td>Gays and lesbians permitted as immigrants to Canada</td>
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<td>1977-98</td>
<td>Provinces &amp; territories prohibited discrimination on basis of sexual orientation</td>
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<tr>
<td>2003</td>
<td>Ontario legalized same sex marriage and Canada followed suit in 2005</td>
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Change is even slower for trans people

2012 Trans people afforded explicit protections in Ontario’s Human Rights Code

2012 Ontario Changed legislation so that Trans people no longer require surgery in order to change the sex designation on their ID

2015 Ontario bans conversion therapy for LGBTQ children, and prevents practitioners from billing OHIP for this practice
Impact of History of Institutionalized Discrimination
Health disparities

- Marked mental health disparities
- Higher rates of smoking, alcohol & drug consumption
- Higher rates of certain cancers
- Higher rates of HIV and STIs
- Higher incidence of violence and trauma
- Higher rates of eating disorders & elevated BMI
- Extremely high rates of homelessness among youth
Marginalization within the health sector

- Negative experiences with health care providers discourage help-seeking
- Absent from the health curriculum of many professional programs
- Seldom included in health promotion campaigns or other health initiatives
- Until very recently research only focused on HIV/AIDS
Millennials and LGBTQ people
Greater numbers of ‘out’ LGBTQ people

- In the US Younger Americans (age 18-29) are more than three times as likely as seniors aged 65 and older to identify as LGBT (6.4% v. 1.9%, respectively). (Gallup report 2012)
Greater acceptance of LGBTQ

- 84% of Canadian Millennials believed in the importance of equality in gender and sexual orientation in society (Millennial Dialogue Report, 2015)

- According to MTV study (http://mtvinsights.com/):
  - Millennials are the most tolerant and diverse generation. They ‘action’ their beliefs by:
    - creating welcoming spaces for other Millennials to come out as transgender or gender non-conforming
    - calling out unfair portrayals of Trans people in the media
What are the key levers that support policy change?
Change to CCHS

- No Canadian Population health data about LGB people in Canada until 2003
- That year the CCHS (Canadian Community Health Survey) added a question:
  - Do you consider yourself to be: Lesbian, Gay, or Bisexual?
- Data clearly documents numerous substantial health disparities in LGBTQ communities, and has provided the evidence needed to substantiate further research and health communication campaigns
## Bi mental health disparities

<table>
<thead>
<tr>
<th></th>
<th>LESBIAN</th>
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<th>BISEXUAL WOMEN</th>
<th></th>
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<td></td>
<td>AOR</td>
<td>LCL</td>
<td>UCL</td>
<td>AOR</td>
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<tr>
<td>Physical Health Fair or Poor</td>
<td>1.05</td>
<td>0.62</td>
<td>1.78</td>
<td>2.15</td>
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<tr>
<td>Mood or Anxiety disorder</td>
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<td>0.94</td>
<td>2.15</td>
<td>3.60</td>
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<tr>
<td>Mental Health Fair or Poor</td>
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<td>0.65</td>
<td>2.92</td>
<td>3.77</td>
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<tr>
<td>Life-time suicidality</td>
<td>3.54</td>
<td>1.89</td>
<td>6.64</td>
<td>5.93</td>
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<thead>
<tr>
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<td>3.06</td>
<td>2.20</td>
<td>4.25</td>
<td>2.38</td>
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<tr>
<td>Mental Health Fair or Poor</td>
<td>1.55</td>
<td>0.85</td>
<td>2.82</td>
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<tr>
<td>Life-time suicidality</td>
<td>4.13</td>
<td>2.13</td>
<td>8.01</td>
<td>6.32</td>
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</tbody>
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Risk and Resilience

- Based on CCHS data RHO developed a partnership with Dr. Lori Ross to investigate why bisexual people experience such extreme mental health disparities.

- We received funding from CIHR to conduct a multi-year study called “Risk and Resilience.”

- Based analysis on Minority Stress Model

- We launched both a poster campaign and a video campaign both available on the RHO website & YouTube Channel “This is my Community”
Which policy changes are the most urgent?
Policy Recommendation #1: Add question about Gender Identity to CCHS

- Extensive suite of policy change is needed to improve the lives of Trans people across Canada – ID, schools, incarceration, health care, etc.
- High quality evidence is needed to support these changes.
- Add question about gender identity into the CCHS:
  - Do you consider yourself to be Lesbian, Gay, Bisexual or **Trans**?
Trans health data

Trans PULSE

- Respondent Driven Sampling – good approximation of Population Health Data
- Survey of 433 Trans people in Ontario
- Startling findings (http://transpulseproject.ca/)
Startling rates of suicidality

- 77% had considered suicide
- 41% had ever attempted suicide
- Strong association between suicidality and experiences of verbal harassment & physical violence
Period of highest vulnerability

Relative Risk of Suicidality by stage of transition

- Participants on hormone therapy were about **half as likely** to have seriously considered suicide \((RR = 0.52)\)

- For those with ideation, being in the process of transitioning was significantly associated with increased risk of an attempt \((RR = 2.91)\)

- Completing a medical transition was associated with a **62% relative risk reduction** \((RR = 0.38)\)

Intervenable factors associated with suicide risk in transgender persons: a respondent driven sampling study in Ontario, Canada

Greta R. Bauer1*, Ayden I. Scheim1, Jake Pyne2, Robb Travers3 and Rebecca Hammond4
Policy Recommendation #2:
Address barriers to medical transition

- Specifically access to hormones, surgery, and hair removal
- This would include training of providers, addressing waiting lists, decreasing regulatory and policy barriers
Addressing barriers to access

- Providers well-meaning, but lack basic information and skills needed to provide competent health care

- Trains service providers across Ontario – from intro to CME accredited training for clinicians about initiating hormones and supporting surgery
- Weekly mentorship call
- Referrals for Trans people to competent providers
Is capacity building effective?

- Extensive internal and external evaluation results are very positive

- Recent stats from Canadian Trans Youth survey – Ontario youth were most likely to have a family doctor (81%) while those in Quebec were least likely (55%).
Policy Recommendation #3: Fund capacity-building resources across Canada to increase health care access for all LGBTQ people

- Suggests that capacity building programs like RHO can play an important role in addressing to barriers to access
Parental support & suicidality

Trans PULSE data

- Trans youth 16-24

- \(35\%\) of youth whose parents were strongly supportive and \(60\%\) of those whose parents were not strongly supportive had considered suicide in the last year.

- Particularly alarming is that among those without supportive parents \(95\%\) had **attempted suicide** in the last year while only \(11\%\) of the group with supportive parents had attempted suicide.
Parental support and gender identity clinics for children

- In other words strong parental support, specifically for the gender identity of youth, signified a **93% reduction** in reported suicide attempts for youth.
- Programs for Gender Independent Children (Gender dysphoric) aimed at correcting their Gender specifically aim to eliminate parental support for their gender non-confirming behaviours. What we call a "**Drop the Barbie**" approach.
- Data suggest that this approach actually increases distress.
Policy Recommendation #4:

Make it illegal to try to change an individual’s gender identity

- Ontario led the way with this legislation in 2015
- It is now illegal to attempt to change an individual’s gender identity or sexual orientation.
- Additionally OHIP can no longer be billed for these services
- Similar legislation needs to be developed across the country
Priorities for policy change in Canada

1. Add question about Gender Identity to **CCHS**
2. Address barriers to **medical transition** for Trans people
3. Fund **capacity-building** resources across the country to increase health care access for all LGBTQ people
4. Make it illegal to try to **change an individual’s gender identity**
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