

Ontario Health Policy: LGBT Inclusive or Exclusive?

Nick Mulé, PhD

&

Miriam Smith, PhD

Rainbow Health Ontario

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Presentation Outline

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- Questioning Assumptions
- LGBT Health Activism
- MOHLTC Programs and Publications
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Government Health Policy Discourse

- 1) Disease model (1960s and before)
- 2) Health promotion model (1970s and on)
- 3) Population health (1990s)
- 4) Social determinants of health (1990s and on)

Source: Orsini 2007

Context

- LGBT people typically ignored and invisible in health policy making.
- Heteronormativity informs most health discussions and the Ontario health care system
- Illness based approach dominated by HIV/AIDS
- Broad LGBT health and wellbeing issues unrecognized

Questioning Assumptions

- 1) Evidence LGBT health disparities based on social location and social patterns of exclusion and discrimination
- 2) Governmental health policy, excludes LGBT people as distinctive stakeholders
- 3) Ontario health policy focuses on children's health and seniors' care
- 4) Ontario publications focus on Children, youth and women
- 5) Gay and bisexual men explicitly focused on regarding HIV/AIDS only

LGBT Health Activism

- 1992 Health Canada funds Coalition for Lesbian and Gay Rights in Ontario's (CLGRO) Project Affirmation (\$375,000)
- 1997 CLGRO releases *Systems Failure* report featuring 79 recommendations for changes in the health care and social service systems
- 2001 Canadian Rainbow Health Coalition (CRHC) is formed at national health conference in Saskatoon
- 2002 Rainbow Health Network (RHN) is established to address the 79 recommendations of *Systems Failure*
- 1993 – 2003 approximately 18 community-based research reports are released across the country on various aspects of LGBT health and wellbeing matters
- 2003 Sherbourne Health Centre (SHC) opens including LGBT Health Care Program funded by the Ministry of Health and Long-Term Care (MOHLTC)
- 2005 SHC and RHN with support of CLGRO proposes a provincial LGBT health resource centre
- 2008 Rainbow Health Ontario opens funded by MOHLTC

MOHLTC Programs and Publications

28 MOHLTC Programs:

1. benefits (cost covered health services or programs)	6
2. health issues (named illnesses or diseases)	8
3. social location (age, race, gender, etc.)	2
– Childrens health, Seniors' care	
4. systemic operations (health service provision functionalities)	8

Overlaps:

benefits/health issues/systemic operations	2
health issues/systemic operations	1
benefits/systemic operations	1

Publications:

- Dominated by health issues rather than social location
- Children and youth, women's health with LGBTs absented

LHINs and LGBT Health

14 LHINs websites:

- little if any recognition of LGBTs and their health needs
- generalized calls for input and participation, no encouragement of minority voices
- no LGBTs images
- Term 'culture' is used repeatedly yet without definition

LHINs and LGBT Health (cont'd)

- Population health characteristics identified include age, education, ethnicity, Aboriginal populations and socio-economic status (SES) – additional emphasis on French language, the homeless and teens
- LGBTs not intersected with listed characteristics
- ‘Family’ is presented as an assumed heterosexual model with no reference to alternative families
- Chronic illness a priority yet few references to HIV/AIDS and no references to communities disproportionately affected
- Foci based on statistical data, which generally fails to capture LGBTs

Ontario Ministry of Health Promotion

- Priorities based on traditional individualized forms of health promotion
- Structural factors such as class, poverty, race, gender, discrimination and oppression not considered
- MOHP works with 36 public health units across Ontario to address the issues of culturally diverse populations, yet not inclusive of LGBTs

Anti-Oppression Perspective

- Recognition of social locations and the impact of larger structures on minoritized individuals and communities
- Broad and integrated public policy approach to LGBT issues would be linked across fields of social, economic and human rights policy
- Attempt to gender public policy via gender-based analysis (Hankivsky 2007)
- Applying a gender and sexual diversity analysis into policy

Anti-Oppression Perspective Cont'd

- Diversities of the LGBT communities must be understood in systemically including LGBT concerns in health care and health promotion
- An intersectional approach to the analysis of health care asks us to think about how race, gender, gender identity, sexual orientation, class and other factors relate to each other in the recognition of behavior and creation and constitution of identity

Contacts

Nick Mulé, PhD, Associate Professor

School of Social Work

Faculty of Liberal Arts and Professional Studies

York University

nickmule@yorku.ca

Miriam Smith, PhD, Professor

Department of Social Science

Faculty of Liberal Arts and Professional Studies

York University

mcsmith@yorku.ca