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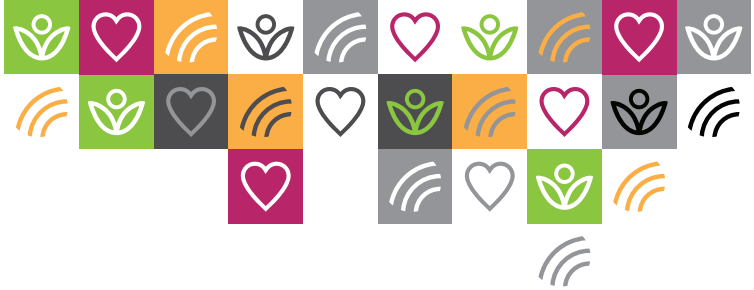
health in focus: Racialized 2SLGBTQ Health

An evidence review and practical guide designed for healthcare providers and researchers

PURPOSE

This Health in Focus educational resource was created to highlight the health care and social service needs of racialized 2SLGBTQ people.

This document will help you to identify barriers experienced by racialized 2SLGBTQ people in accessing health care and social services, and to better understand what can be done to create affirming 2SLGBTQ environments for this population.



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summary

Ontario's population is increasingly made up of racialized people of various backgrounds. Racialized 2SLGBTQ (Two Spirit, lesbian, gay, bisexual, trans and queer) people experience many social and psychological issues different to those that impact white 2SLGBTQ individuals or racialized heterosexual, cisgender individuals. In order to provide affirming services and competent care for 2SLGBTQ racialized people, health care and social service providers should appreciate how these identities intersect and potentially shape the lives and health outcomes of these individuals. Because little attention in research has been paid to the health and social disparities faced by this population, attempts are made to extrapolate from investigations into the health and social disparities faced by racialized peoples, combined with those faced by 2SLGBTQ populations. It must be acknowledged that this practice is not without significant limitations.

Supporting better health outcomes

When providing services to racialized 2SLGBTQ people, service providers' care will be enhanced by learning about the unique needs of these diverse populations and reflecting on our own biases.

Research that investigates health outcomes for people with multiple identities of race/ethnicity and sexual orientation/gender identity can increase awareness and knowledge of health issues that disproportionately impact racialized 2SLGBTQ communities.

Race-disaggregated data is crucial to our understanding of how illness is experienced by the most marginalized Canadians.

When providing services to racialized 2SLGBTQ people, service providers' care will be enhanced by learning about their unique challenges and needs.

- Intersecting identities of sexual orientation, gender identity and race expose racialized 2SLGBTQ people to unique forms of discrimination and stigma.[1]
- Combined with historic experiences, intersecting identities of marginalization and oppression intermingle and fuse in ways that compound and intensify trauma. This contributes to negative health outcomes and barriers to accessing health and social services for racialized 2SLGBTQ people.
- Racialized 2SLGBTQ populations often face systemic racism and xenophobia, in addition to homophobia and transphobia when seeking medical and mental health care. A deep sense of mistrust and lack of culturally competent care results in reluctance to access care.[2]
- It is impossible to discuss health disparities for racialized 2SLGBTQ people without addressing the social determinants of health and systemic inequities that directly impact racialized populations.[4]
- Violence and victimization related to race, homo- and transphobia continue to impact racialized 2SLGBTQ groups. After race and ethnicity, sexual orientation is the most common motivation for hate crimes.[3]

legacy of racism, discrimination and exclusion

Ontario's population is increasingly made up of racialized persons of many different backgrounds. A history of denial and the mistaken belief that Canada is and has always been an accepting, welcoming society has shielded Canadians from confronting difficult, often uncomfortable realities of systemic and institutional racism.

Canada has a long history of occupation, colonialism and colonization. The timeline (right) details just how Canadian history informs how systemic racism currently functions in Canada.[5]

Coupled with this legacy of racism is the country's history of criminalization of homosexuality, as well as ongoing homophobia and transphobia. This impacts racialized 2SLGBTQ people, who are challenged by social and psychological issues different to those that affect white 2SLGBTQ individuals or racialized heterosexual cisgender individuals.[1] Intersecting identities of sexual orientation, gender identity, and race expose racialized 2SLGBTQ people to unique forms of discrimination and stigma. Combined with historic experiences shaped by racism, colourism, colonialism, displacement, forced and voluntary migration and neglect, these instruments of marginalization and oppression combine in ways that compound and intensify trauma and increase the likelihood of mental and physical health issues for these populations.

YEAR(S)	HISTORICAL EVENT
1628 – 1800s	Slavery – trafficking in peoples from the African continent
1876 – Present	Indian Act
1886 – 1996	Residential Schools
1885 – 1962	Exclusionary immigration policies included explicitly racist language and prohibited landing of immigrants whose race was deemed "unsuited to the climate of Canada"
1885 – 1949	Chinese Head Tax
1914	Komagata Maru – Refusal to allow entry of prospective South Asian immigrants
1933 – 1948	Refusal to offer aid or sanctuary to Jewish refugees fleeing Nazi persecution
1941 – 1949	Japanese Internment Camps
1953	Government forced the settlement of eight Inuit families to the northernmost settlement in Canada on Ellesmere Island
1955	Immigration from China stopped completely
1956	Newly created Department of Immigration and Colonization devised a list of "preferred" and "non-preferred" countries
1992	Yonge Street Protest – Black communities and allies protest, in response to the death of Raymond Constantine Lawrence: the 14th Black man killed by Toronto police in 14 years.
2016	Canadian government bends to pressure from Indigenous groups and activists and establishes the National Inquiry into Missing and Murdered Indigenous Women and Girls (MMIWG). Poverty, racism, sexism, colonialism and the residential school system are identified as underlying causes of violence against Indigenous women in Canada.

anti-black racism and other forms of racism, plus determinants of health

The term "racialized" is used to refer to a wide diversity of people or communities of different ancestral backgrounds who are not white that experience racism and racialization – the process by which societies construct races as real, different and unequal in ways that matter to economic, political and social life.[6] Ontario's racialized population is highly diverse and accounts for more than half of Canada's total racialized population. Approximately one in three Ontarians identify as racialized, with those of South Asian, Chinese, and/or African ancestry representing the largest groups. Ontario's racialized population is increasing, while the non-racialized population is in decline.[7]

While all racialized groups in Canada experience discrimination and exclusion, they don't experience it in the same way, and its intensity can be fluid. Events can be catalysts for increased racism directed at certain groups, such as the rise in Islamophobia following 9/11 or anti-Asian racism during the COVID-19 pandemic. For other racialized groups, such as Black communities, the experience of racism has been categorized as sustained and distinct. In 1992, triggered by protests against police shootings of Black people, a report on race relations for the Ontario government was authored by Stephen Lewis. In that report the term "anti-Black racism" was coined. Lewis surmised, "First, what we are dealing with, at root, and fundamentally, is anti-Black racism … just as the soothing balm of 'multiculturalism' cannot mask racism, so racism cannot mask its primary target."[8] Three decades later, these sentiments continue to be echoed by activists and highlighted in reports investigating the experiences of Black peoples in various systems, whether it be health, education, child welfare, or justice.[17, 21, 26, 47]

TWO SPIRIT IDENTITIES + HEALTH

Two Spirit identities are diverse among Indigenous communities, with many First Nations peoples, Métis, and Inuit using the term to encompass their sexual orientation, gender identity, gender expression, spiritual and/or cultural roles. Although for some individuals there may be overlaps with broader LGBTQ categories, others may view being Two Spirit as a distinct, separate identity.

The underrepresentation of distinct Two Spirit data in health research means much of our current information relies on small-sample studies, along with extrapolation from known disparities facing both Indigenous populations and 2SLGBTQ people. These limitations must be acknowledged, as they restrict care competency and contribute to "systemic invisibility."[57] The emotional needs of Two Spirit people are one of the few areas of specific study, with existing literature indicating high rates of depression and anxiety.

The historic consequences of cultural genocide and ongoing colonialism – compounded by racism and social exclusion – significantly disadvantage Indigenous health. HIV rates for Indigenous peoples are twice as high as the average population.[58] STI transmission, particularly chlamydia prevalence, is notably more prevalent when compared to the non-Indigenous population.[59]

When appropriate, service providers should take the same considerations working with Two Spirit clients that they practice with Indigenous and LGBTQ clients. For instance, assessment of sexual health risks should be dependent on the client's body parts and sexual activities, rather than Two Spirit identity.

intersecting and adverse effects of racism and 2SLGBTQ discrimination

It is impossible to discuss racialized 2SLGBTQ health disparities without first addressing the social determinants of health and systemic inequities that directly impact racialized populations. Studies have shown that factors such as income, employment, education and housing differ vastly between racialized and non-racialized groups.[4] In particular, racialized individuals are more likely to work in low-paying jobs with limited access to paid sick leave, and live in poorly maintained, unstable or crowded housing.[9]

The distinct social and psychological issues that confront 2SLGBTQ peoples influence the way they view themselves and how they deal with stressful situations. Concepts of community, traditional roles, religiosity, and cultural influences associated with race and ethnicity shape a 2SLGBTQ individual's experiences. The racial and ethnic communities to which one belongs affect self-identification, the process of coming out, available support, the extent to which one identifies with the 2SLGBTQ community, affirmation of gender-variant expression, and other factors that ultimately influence health outcomes. Members of racial and ethnic minority groups may have profoundly different experiences than white 2SLGBTQ individuals.[9]

Intersectionality, a theory first coined by Kimberlé Crenshaw, explores how varied identities affect social relationships and individual relationships daily, such as: race, ethnicity, class, socioeconomic status, disability, sexual orientation, gender identity and gender expression. This can create experiences of domination, discrimination and oppression.[10, 11]

ECONOMIC INSECURITY

- Poverty is a growing problem in racialized communities in Canada, with rates varying widely across groups.[6]
- Work and income trends of Canadians highlight that significant barriers remain entrenched along racial and gender lines.[6]
- Racialized Ontarians have higher unemployment rates and are paid less than their non-racialized counterparts.[6]
- There is huge variance in the earnings gap among university-educated individuals of different racial backgrounds. For example, Canadian-born individuals of Latin American, Filipino, and Black ancestry earned less than their white peers.[6]
- Rates of unemployment and underemployment are high in trans populations.[1]
- Barriers to education and secure employment contribute to income inequalities.[6]
- 2SLGBTQ people who are racialized, and/or who are newcomers face additional barriers.[2]
- The myth of gay affluence renders poverty issues invisible among 2SLGBTQ populations.[2]
- Racialization is also perceived as being a significant contributing factor to reduced employment security.[6]
- Experiences and fears of workplace harassment and discrimination may prevent people from being out at work, contributing to additional minority stress.[10]
- There is a critical lack of job security for certain segments of the population, in particular people who identify as trans and/or non-binary.[10]
- Indigenous and racialized seniors have less retirement security and higher poverty rates than white seniors in Canada.[13]

FOOD INSECURITY

Race has an impact on food insecurity. In Canada, more than four million people struggle with the burden of food insecurity, with a disproportionate number of Black, Indigenous and racialized Canadians identifying as food insecure because of enduring racialized income inequality. Racialized 2SLGBTQ people are particularly vulnerable to food insecurity.[14] Food insecurity has been linked to the increased likelihood of developing chronic diseases, like diabetes, asthma, and depression, as well as poor educational and health outcomes, like learning challenges, low graduation rates, and low self-esteem.[15]

HOUSING

Historically, 2SLGBTQ Canadians have accounted for a disproportionately large percentage of Canadians who are homeless or at risk of homelessness.[16] Racialized 2SLGBTQ people face unique housing challenges and have housing needs that are different from those of other Canadians. Not only do they need to consider how their housing will affect their access to social or medical services and an inclusive, welcoming community, but their access and occupancy to safe housing is stymied by poverty, discrimination and stigma.[16, 17]

What service providers should consider when working with racialized 2SLGBTQ people

By addressing housing issues, service providers can help alleviate homelessness and support a wide range of other health and social goals. From education and employment, to overall levels of health, happiness, productivity and wellbeing, accessible housing provides a better quality of life.[16]

Supporting racialized 2SLGBTQ individuals in securing housing should be done strategically and with the knowledge that the involvement of workers from community agencies may actually serve as a trigger for discrimination. In some cases, it appears that having agency support is viewed by potential landlords as an indication of the tenant's membership in a group protected under the *Ontario Human Rights Code*.[17]

EDUCATION

- Low academic performance and attainment contribute to health disparities and income insecurity.
- Race, gender, and sexual orientation contribute to educational outcomes as well as the emotional wellbeing and mental health of young people. These factors are not merely contributors, but in many cases, major, if not sole, determinants of these outcomes.[12, 18]
- Discrimination and harassment in schools are risk factors for not completing high school. Often, 2SLGBTQ youth do not feel safe, leading to anxiety and stress attending school. The result is that many 2SLGBTQ youth miss a significant amount of school or drop out completely. Nearly 30 per cent of 2SLGBTQ students, compared to 11 per cent of non-2SLGBTQ students, reported skipping school because they felt unsafe at or on the way to school.[12]
- There has been a consistent failure of the Canadian education system to address the poor outcomes of Black and other racialized children.[19]
- Black students are suspended and expelled from school more often, and are dropping out at higher rates than other students.[21]
- Black and other racialized youth are more likely to be overrepresented in the lowest level of educational programs (including special education) and less likely to pursue postsecondary studies.[21]
- Those who did pursue postsecondary studies more often chose to attend college than university. Much of this has to do with teachers' low expectations, the streaming of students into non-academic programs, more punitive disciplinary practices toward Black students, and the absence of Black, Indigenous and racialized people in class materials and curriculum.[21]
- Indigenous or racialized students are more likely assumed to have behavioural difficulties, be "unruly" or "aggressive." They are often assumed to have started conflicts with other students.[12]
- Racialized youth generally experience higher rates of discipline than white youth. Students who self-identify as Black, Latin American, mixed or Middle Eastern have relatively higher suspension rates than white students and students from other racial backgrounds.[12]

health disparities by area of health

Despite studies among racial/ethnic minority groups and studies in 2SLGBTQ populations, examinations of health outcomes by combinations of sexual orientation, gender identity and race/ethnicity remain relatively rare. What is evident is that racism, minority stress and multigenerational trauma can impact physical, mental, emotional, sexual and spiritual health.[3] Racialized trans and non-binary people are more likely to rate their health as poor, and to report living with a disability and/or chronic pain when compared to non-racialized trans and non-binary people.[22]

There is mounting evidence that racialized 2SLGBTQ people may experience a heavier burden of health disparities than other 2SLGBTQ people or their heterosexual and cisgender counterparts, due to the intersection of sexual orientation or gender identity and race or ethnicity.[22]

PHYSICAL HEALTH

Physical health disparities are attributed to minority stress. Prejudice or lack of knowledge of 2SLGBTQ-specific needs among healthcare providers results in underuse of health services among 2SLGBTQ people and, consequently, worse health indicators in many areas. Added to what we know about health care disparities for racialized communities, this intensifies issues for racialized 2SLGBTQ people. For example, racialized immigrants are less likely to report being in good health compared to white immigrants and white individuals born in Canada.[23]

Racialized 2SLGBTQ populations often face systemic racism, in addition to homophobia and transphobia when seeking medical and mental health care. For many 2SLGBTQ individuals, the minority stress they experience on the basis of sexual orientation and gender identity intersects with inequalities associated with race, ethnicity, and social class. A deep sense of mistrust and lack of culturally competent care appropriate to 2SLGBTQ and/or racialized identities results in reluctance to access care. Continued generational systemic racism and mistreatment within the health system has led to considerable wariness within racialized communities, and a significant lack of trust in these systems and institutions. Higher risks of certain diseases, chronic conditions and violence are associated with specific racialized 2SLGBTQ populations. Racialized 2SLGBTQ people have higher prevalence of asthma, some cancers, heart disease, COPD, hypertension, kidney disease, obesity, smoking, and stroke than do heterosexual persons.[23]

While racialized trans and non-binary individuals reported having the same access to healthcare as their white counterparts, they differed in access to gender affirming medical care. Racialized people were more likely to be unsure or not planning to seek care.[22]

SEXUAL HEALTH & HIV

Racism and sexual health are closely linked. Some research suggests that higher rates of sexually transmitted infections (STIs) exist among some racialized groups when compared to white people. Discrimination based on race and ethnicity may result in difficulties accessing effective treatment for sexual health conditions. Inequities in STI healthcare may result from systemic, societal, and cultural barriers to diagnoses, treatment, and preventive services. This can lead to higher rates of illness or harm.[24]

Stigma and discrimination based on gender, race and sexual orientation are significant barriers to HIV prevention and can negatively impact HIV testing rates, as well as the ability of people living with HIV to seek the treatment, care and support they need.[24]

People from African, Caribbean and Black communities are disproportionately affected by HIV/AIDS in Canada. One in seven people living with HIV in Canada identify as Black, while representing only 2.5 per cent of the country's total population. The estimated new infection rate among people from African, Caribbean and Black communities was about six times higher than among other Canadians.[25]

There are many factors that increase vulnerability to HIV among African, Caribbean and Black people. Among these factors are the experiences and impact of racism, combined with other forms of discrimination, such as those based on gender, sexual orientation, and socio-economic status. These factors affect access to information, resources and services, as well as opportunities for making health-related decisions.[25, 26]

What service providers should consider when working with racialized 2SLGBTQ people

Given this broader context, it is important that service providers raise awareness about HIV, promote HIV prevention and regular HIV testing, as well as open conversations about HIV among Canada's African, Caribbean, Black and other racialized communities.

Service providers should seek out opportunities to have safe, informed, appropriate discussion of sexual behaviours and practices with racialized 2SLGBTQ clients, and promote campaigns and reminders to get standardly indicated screenings, including for STIs. Given the underuse of health services, promotion should target specific racialized 2SLGBTQ communities.

Physical health is closely linked to social factors. For instance, being involved in at least one social group or organization in the past year, believing that most people can be trusted, having a confidant, and long-term stable intimate relationships were all associated with greater odds of reporting good health.[27]

Service providers should work to be sensitive to historical stigmatization; be informed about continued barriers to care; and know about differential prevalence of specific risk factors and health conditions in racialized 2SLGBTQ populations. They should also work to become aware of the cultural aspects of their interactions with 2SLGBTQ clients.

MENTAL HEALTH

There are multiple ways that intersecting identities impact the mental health of 2SLGBTQ people. Historical and current impacts of stigma, discrimination, social isolation, trauma, and belonging affect racialized 2SLGBTQ peoples' experience and acceptance within and outside of 2SLGBTQ communities. For example, 2SLGBTQ people may experience other forms of marginalization such as racism, sexism, poverty, or other sociopolitical factors, alongside homophobia or transphobia that negatively impact on mental health.[28]

MINORITY STRESS

The accumulation of stress, discrimination, stigma, and violence in someone's lived experience contributes to negative health outcomes and barriers to accessing health and social services. Living in a heterosexist, cissexist society, 2SLGBTQ people face chronic psychological strain resulting from stigma and expectations of rejection and discrimination, decisions about disclosure of sexual orientation or gender identity, and internalization of homophobia and transphobia.[29, 30] Over time, these individual experiences become internalized, creating both acute and chronic stress, known as minority stress. The intersections of being 2SLGBTQ with other elements of identity such as race, ethnicity and immigration status, can exacerbate minority stress and lead to adverse health outcomes.[31]

POST-TRAUMATIC SLAVE SYNDROME (PTSS)

Emerging studies on trauma point to the consequence of multigenerational oppression of Africans and their descendants resulting from centuries of chattel slavery, which was predicated on the belief that Africans were inherently/genetically inferior to white people. While sharing some similarities with post-traumatic stress disorder, PTSS differs because it is a result of multigenerational trauma, as well as facing constant stress from everyday racism and the absence of opportunity to heal or access the benefits available to others in society.[32]

MICROAGGRESSIONS

Microaggressions are subtle, derogatory behaviors – verbal or non-verbal, conscious or unconscious – directed at a member of a marginalized group that has a derogatory, harmful effect. Even these subtle acts can effect their recipients. While microaggressions are sometimes conscious and intentional, unlike some other forms of discrimination the aggressor may not even be aware that their behavior is harmful, however the behaviour may reflect inherent biases.[33, 34]

Microaggressions can also be environmental, for example the communication of negative messages or ways in which certain groups are stereotyped or made invisible through lack of representation. Microaggressions have a cumulative effect over time, which leads to frustration, self-doubt and negative mental health outcomes.[34]

Microaggressions may make service provider-client relationships more complex for members of racialized 2SLGBTQ populations. Service providers may inadvertently commit microaggressions during interactions with clients, which can weaken the relationship and trust between themselves and their clients.[34]

What service providers should consider when working with racialized 2SLGBTQ people

It is important for service providers to practice cultural humility to avoid committing microaggressions. Cultural humility requires service providers to make a lifelong commitment to work towards increasing self-awareness of one's own biases and perceptions, as well as engaging in regular self-reflection on how to put these aside and learn from clients.[35]

MICROAGGRESSIONS IN 2SLGBTQ COMMUNITIES

Racialized 2SLGBTQ people have reported experiencing different forms of racism and discrimination within the 2SLGBTQ community. For example, 2SLGBTQ organizations and social spaces may exclude racialized individuals, by neglecting to offer culturally competent or appropriate services and events.[36, 37]

Racialized 2SLGBTQ people may experience pressure within the 2SLGBTQ community and from non-racialized romantic partners to socially "come out" and disclose sexuality to family members, as coming out is commonly valued as a vital step towards an authentic queer life. The concepts of "coming out" and "the closet" are based in white, middle-class conceptualizations of sexuality and identity. These notions cannot be applied outside of this context.[38] For example, coming out movements and pride events may be alienating to individuals for whom it is unsafe to be openly queer – in particular, racialized queers – and may contribute to stress.[1] Some racial/ethnic minorities who engage in same-sex relations may be less likely to identify as gay or bisexual, possibly because they identify gay culture with white society or because they fear an 2SLGBTQ identity would alienate them from family and community.[39, 40]

Racialized sexism is a form of microaggression that romantically fetishizes or rejects people as potential sexual/romantic partners on the basis

of their racial identity. Exoticizing a person of a particular race can excite conflicting feelings for racialized persons, as it may be perceived as both flattering and degrading.

Racialized 2SLGBTQ people may feel distant from the 2SLGBTQ community because of differences in ethnicity and race, while experiencing various levels of separation from their racial, ethnic or cultural community because of their sexual orientation, gender identity or expression. To avoid potential discrimination, some choose to conceal their sexual identity or manage and regulate how it is made visible to others in different contexts, which leads to additional stress.[43] Seeking to fit in or belong to 2SLGBTQ-affirming environments means having whiteness imposed and suppressing cultural practices and preferences. This can lead to experiencing racism and feelings of exclusion.[43]

The emphasis on "coming out" within 2SLGBTQ culture has been identified by racialized individuals as stressful, as in doing so they may further alienate themselves from their racial community. But in not doing so, they increase the possibility of further non-acceptance in the wider 2SLGBTQ community, as it may be misinterpreted as feelings of shame and lack of pride. The level of misunderstanding, intolerance and stigma within a given family, racial, ethnic or religious community may be particularly high or unsafe for bisexual, trans and non-binary people.[1]

What service providers should consider when working with racialized 2SLGBTQ individuals

Access to a supportive environment with similar people, or a space that is both 2SLGBTQ-positive and affirms their racialized identity, can help mitigate the negative effects of stress and discrimination on health, as involvement in a non-stigmatizing environment allows for positive revaluation of stigmatized identity. This has been viewed by many marginalized people as an essential contributor to good health outcomes.[44]

violence and victimization

Despite increasing social acceptance, violence and victimization related to race, homophobia and transphobia continue to impact racialized 2SLGBTQ groups. After race and ethnicity, sexual orientation is the most common motivation for hate crimes. Racialized transfeminine individuals in particular face significantly higher rates of violence.[48]

Racialized trans and non-binary people reported high levels of discrimination, violence and assault, as well as anticipated and actual negative experiences with police and the legal system.[22]

What the health and social service sector should consider when working with racialized 2SLGBTQ individuals

Research that further investigates health outcomes for people with multiple identities of race/ethnicity and sexual orientation/gender identity is needed to increase awareness and knowledge of health issues that disproportionately impact racialized 2SLGBTQ communities. The gathering and analysis of race disaggregated data is crucial to understanding how illness is experienced by racialized people who identify with different groups within the umbrella of 2SLGBTQ.[50]

In conducting well-designed, population-based studies on 2SLGBTQ health, health and social service practitioners can develop useful guidelines and programs that should inform best practices.[51]

resiliency factor

Supportive families and communities can build resilience. Conversely, an absence can serve as a barrier to healthy development and increase the likelihood of adverse health outcomes.[2]

There are complex relationships between multiple intersecting identities and resilience for racialized 2SLGBTQ people. While the expectation is that racialized 2SLGBTQ people should be at higher risk for negative mental health outcomes than white 2SLGBTQ people due to overall higher burden of stress, research indicates that racialized 2SLGBTQ individuals show resilience despite exposure to a greater stress burden. Stress-inoculation theories suggest that early experiences of racism may help racialized 2SLGBTQ develop resilience processes that they are later able to draw on to understand and cope with homophobia and transphobia.[49, 52]

There is evidence for the intersectional nature of these resilience processes. For example, individuals may reframe a stigmatized identity as a positive aspect of the self. These positive aspects could include pride in belonging to a community working for social change, or enjoying the ways that racialized 2SLGBTQ individuals support one another, ultimately increasing resilience and wellbeing.[49]

Racialized 2SLGBTQ may also access community resilience through affiliation with multiple diverse communities, particularly given findings that this population reports stronger community and familial orientations than white people.[49]

in review:
supporting competent healthcare services for racialized 2SLGBTQ peoples

When providing services to racialized 2SLGBTQ people, service providers' care will be enhanced by learning about the unique needs of diverse populations and taking the opportunity to reflect on our own biases.

Service providers should work to be sensitive to historical stigmatization, to be informed about continued barriers to care and the differential prevalence of specific risk factors and health conditions in racialized 2SLGBTQ populations. They should also work to become aware of the cultural aspects of their interactions with 2SLGBTQ clients.

It is important for service providers to practice cultural humility to avoid committing microaggressions. Cultural humility requires service providers to make a lifelong commitment to engage in work towards increasing self-awareness of one's own biases and perceptions and engage in a process of regular self-reflection about how to put these aside and learn from clients.

Service providers should seek out opportunities to have safe, informed, appropriate discussion of sexual behaviours and practices with racialized 2SLGBTQ clients, as well as promote campaigns and reminders to get standard indicated screenings, including for STIs. Given the underuse of health services, promotion should target specific racialized 2SLGBTQ communities.

Access to a supportive environment with similar people can help to mitigate the negative effects of stress and discrimination on health, as involvement in a non-stigmatizing environment allows for positive reevaluation of stigmatized identity and has been viewed by many marginalized people as an essential contributor to good health outcomes.

Recognizing and addressing the complex psychosocial issues experienced by racialized 2SLGBTQ people as a result of their multiple identities can help alleviate adverse impacts, and support better mental and physical health outcomes.

Research that investigates health outcomes for people with the multiple identities of race/ethnicity and sexual orientation/ gender identity can increase awareness and knowledge of health issues that disproportionately impact racialized 2SLGBTQ communities.

The gathering and analysis of race disaggregated data is crucial to understanding how illness is experienced by racialized people who identify with different groups within the umbrella of 2SLGBTQ.

In conducting well-designed, population-based studies on racialized 2SLGBTQ health, health and social service practitioners can develop useful guidelines and programs that should inform best practices.

current legislative and regulatory context regarding racialized 2SLGBTQ populations

Policies that include sexual orientation, gender identity and gender expression, race, and ethnicity create equitable environments for all service users and service providers. These policies create a framework for providing inclusive, welcoming, and affirming care, improving access to services for 2SLGBTQ people, and supporting service providers who work with 2SLGBTQ people.

ONTARIO HUMAN RIGHTS CODE

The Ontario Human Rights Code is a form of legislation created to recognize the inherent dignity and worth of every person and to provide equal rights and opportunities without discrimination within a social area.[53] This includes employment, housing, facilities and services, contracts, and memberships in union/trade/professional associations.

Sexual orientation, gender identity, and gender expression are recognized as protected grounds for discrimination under the Ontario Human Rights Code.

The Ontario Human Rights Code supports non-discriminatory policies within recognized social areas, including organizations providing health care services, social services, and housing accommodations. Policies under the code specific to sexual orientation, gender identity, and gender expression outline organizational and individual strategies for creating inclusive, welcoming and affirming environments for 2SLGBTQ people.

POLICIES ON DISCRIMINATION BECAUSE OF SEXUAL ORIENTATION AND GENDER IDENTITY [54, 55]

Protection of confidentiality of information

- Service providers collecting information that directly or indirectly identifies an individual's sexual orientation must ensure maximum privacy and confidentiality of this information

Barrier review

- Organizations may have rules, criteria, or internal policies, practices and decision-making processes that perpetuate systemic discrimination, creating barriers that need to be addressed

Development and promotion of anti-harassment and anti-discrimination policies that address homophobia

- Commitment to fair and equitable environment free of discrimination and harassment
- Statement of rights and obligations
- Examples of harassment and discrimination as defined in the Code

Complaint resolution procedure

- How will complaints be handled?
- To whom is the complaint made?
- Confidentiality
- Length of time for complaint to be investigated

POLICIES ON RACISM, RACIAL DISCRIMINATION AND HARASSMENT[56]

The Ontario Human Rights Code provides for equal opportunities and rights and freedom from racial discrimination and harassment. The Ontario Human Rights Commission describes communities facing racism as "racialized." Race is a social construct. This means that society forms ideas of race based on geographic, historical, political, economic, social and cultural factors, as well as physical traits, even though none of these can be used to justify racial superiority or racial prejudice.

Protected grounds that may be relevant to racialized persons include race, ancestry, colour, place of origin, ethnic origin, citizenship or creed. This applies to areas covered by the *Code* such as at work, at school, in rental housing, or in services.

PRIVACY OF HEALTH INFORMATION

Ontario's *Personal Health Information Privacy Act* [PHIP] is legislation that protects the confidentiality, privacy and security of personal health information.[57] The legislation was the first of its kind for Ontario — proposing new health sector rules that would ensure effective protections are in place when health information is shared to provide better care to patients.

recommended resources to learn more

We're Here: Racialized 2SLGBTQ+ Youth Across Ontario Assert Needs and Experiences
https://www.youthline.ca/wp-content/uploads/2020/04/YL_PYAP-BIPOCInHouse_200131.pdf

Your Voice, Your Health: Meeting the Health Care Needs of Racially Diverse LGBT Patients
https://www.phimc.org/wp-content/uploads/2018/08/Meeting-the-Health-Care-Needs-of-Racially-Diverse-LGBT-Patients.pdf

Immigrant and Racialized LGBTQ Youth
https://swissask.ca/wp-content/uploads/2018/12/Gender_issues_for_LGBTQ_Newcomer_Youth.pdf

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