**Alison**: Hello, I'm Alison Terpenning.

**Jodi**: And my name's Jodi Asphall. And we're your hosts for 2SLGBTQ Health in Focus, a podcast from Rainbow Health Ontario, where we talk to experts about health, healthcare systems, and 2SLGBTQ folks.

**Alison**: Rainbow Health Ontario is a provincial program that enhances the 2SLGBTQ clinical and cultural competencies of healthcare providers.

Today's episode is about rural health for 2SLGBTQ patients and providers.

*[Theme song: Two Spirited by Ziibiwan plays]*

*[Ambient music plays]*

**Natalie**: I'm in my mid-40s and just realized I was a trans woman shortly before my 42nd birthday. Four decades were behind me and I didn't know how many more were ahead of me and I kind of needed to kind of get going on this process.

**Jodi**: Meet Natalie Moores. She lives in Arnprior, Ontario. When she decided to seek gender-affirming care, she knew it wasn't going to be easy.

**Natalie**: So I did as much research as I could. On the Monday morning, I started making phone calls to set up appointments with doctors and mental health practitioners. And I'd read that rural doctors kind of get crazy about the whole idea of treating a trans person.

**Jodi**: Thankfully, her family doctor was accepting about her identity. However, he had to break some news to Natalie.

**Natalie**: He was just like, I just, I don't have the time. As a rural family doctor, his patient load is maxed. He practices out of a clinic or a team out of the hospital in Arnprior. And as such, he has other responsibilities at the hospital outside of the family medicine practice. He wasn't in a position to learn.

*[Moody music plays]*

**Jodi:** Not to be deterred, Natalie was able to get two endocrinologist referrals. But there was more bad news. Both had extremely long wait lists.

**Natalie**: At that point, I was feeling very uncomfortable inside. And I didn't want to wait longer. Through my research in the rabbit hole, I knew that some trans people who were also having trouble getting hormones prescribed were basically relying on do it yourself method of HRT. And that, for me, would run its risk of it being an unknown source or quality. To me, that wasn't a reliable way. But I was prepared to do that. It was not only a physical thing, but also a mental health thing.

**Jodi:** Before she took that route, Natalie stumbled across an ad on social media. For a clinic offering virtual care, she figured, why not? And she took a chance.

**Natalie:** IFilled in the intake form. And about a half hour later, a representative called and asked me a whole bunch of follow-up questions and subsequently scheduled an appointment with a physician.

*[Hopeful music plays]*

**Natalie:** Virtual care was so important. And virtual care is so life-saving for me.

The reality is the service providers in your area are going to be limited. The likelihood of your medical practitioner not being familiar with prescribing hormone replacement therapy is pretty high. And even if they do prescribe HRT, their knowledge of transition may be so small that you may not be getting the type of care that you really need.

**Jodi:** In December 2022, the Ontario government greatly reduced funding to virtual care, causing some providers to move to a paid service, further limiting access for gender-affirming care and creating a two-tier system, especially for trans people in rural areas.

**Natalie:** That one change has limited the access for so many people. It's prohibitive, yeah.

*[Music ends]*

**Alison:** Our thanks to Natalie for sharing her story with us.

**Jodi**: We know Natalie's story is not an isolated case. Healthcare for people living in rural areas, regardless of their gender or sexuality, can be difficult to access.

**Alison**: When you add in 2SLGBTQ identities, the access to affirming and culturally safe care can be a real challenge for folks.

**Jodi:** Today on the show, we are speaking to people who have experience in rural care to let us know what some of the big issues are when it comes to access, quality, and working in health care in rural areas.

**Alison:** Next up, we have Tanya Neumeyer in conversation with Dr. Sean Sullivan, discussing some of the practical realities for access and care in rural areas.

*[Podcast transition bumper plays]*

**Tanya:** Welcome, everyone. My name is Tanya Neumeyer I use they/them pronouns. I'm a clinical educator at Rainbow Health Ontario. It is a pleasure for me to be here today with Dr. Sean Sullivan. It's great to see you today. Can you tell me a little bit more about who you are and what you do?

**Sean**: Yeah, so I'm a family doctor. I'm a lifelong Sudburian, and I live in northern Ontario. I did my training all through the Northern Ontario School of Medicine, which is now called NOSM University.

And through that training, I did placements around northeastern Ontario, including in rural and urban sites. I continue to be involved at the school. I recently got a new job as assistant dean of resident affairs, so helping support our residents and continue to be involved in teaching and curriculum. I previously was a facilitator with Rainbow Health Ontario doing gender affirming care workshops and continue to provide that care to my patients. And previously I was seeing consults for other providers, patients as well. And a lot of my passion is about sexual health and HIV prevention. So I run a pREP clinic in partnership with a local organization called Réseau ACCESS Network. We started that clinic back in 2015 and it's sort of my pride and joy. So a lot of fun doing that. Personally, I live with my partner and my golden doodle. And yeah, I just enjoy life.

**Tanya**: I'm so glad. It sounds like you, out of all of the things to practice in family medicine, have come to a couple of key things that you've developed some expertise in. You're able to teach on. Can you tell us a little bit more about what draws you to 2SLGBTQ healthcare?

**Sean**: So for me, I think it all started sort of a lived experience. As a gay male, myself sort of recognizing that for the 2SLGBTQ plus community, going into a medical environment or really any environment often involves sort of making decisions about, do you come out, do you not come out? Are you going to be treated in a way without discrimination or harassment?

And will you be able to access the services that you want to and need to? And so I think for me, that's where my interest really started. For me, I think the first time I went to see a physician and they asked open-ended questions about who I am, my sexual orientation, for me, that was a decision point where do I feel comfortable enough to disclose that? At that time, I wasn't out.

And that was a very big deal. And because of the doctor's approach and the way she asked the questions, I felt comfortable to tell her about myself and what I needed. And I think for me, that was a very clear personal example of how as physicians, we have a lot of power to create an environment that's comfortable for our patients that's affirming and can really help them be as healthy as they possibly can.

The interesting thing is since then, now that physician who I very much remember is a colleague of mine and I've been able to say to her, you don't remember me, but back when I was a student, we had this interaction that was very positive and I shared that with her and I think that was a good experience for both of us. In addition, I think practicing in northern Ontario and often we combine Northern and rural because a lot of the issues sometimes are similar. For me, northern Ontario is home. It's a beautiful place. It's where my friends and family are and very passionate about healthcare in the north. I practice in Sudbury, so we have a population of about 170,000 people.

So we're not small. We're a big city, but there are issues in terms of limited resources based on, you know, it's available the distance from the larger centers like Toronto. It takes a long time to get from Sudbury to Toronto if you're driving in terms of geography, in terms of funding, and you can imagine in a rural environment, especially in northern Ontario, you know, when the population is that much smaller, access continues to be a struggle sometimes. In some of my work, I've had people travel to see me from hours away and that's a common experience, I think, for my colleagues who do this care out in other areas of northern Ontario. And it's great that people have the resources to seek out the care that they need, but really we shouldn't have to travel hours to get basic care that we would benefit from.

It's not very equitable. And so I think in a truly universal healthcare system, our patients should be able to access the care anywhere in the province, including in rural environments and Northern environments. And I think part of the teaching that I've done at NOSM is to try to help increase that capacity within the system so that more providers are able to do this type of care.

**Tanya:** Are there any other common challenges that emerge when considering 2SLGBTQ health in a Northern or rural setting?

**Sean:** I think the biggest struggle right now across the board is access to care in general, and that's for everyone at this point, but I think especially in terms of 2SLGBTQ+ care. So in northern Ontario, they estimate that we probably need about 100 generalized family physicians to sort of fill the gaps. And so it's difficult finding a family doctor at all and finding one that meets your needs in terms of 2SLGBTQ care is difficult as well. And I think it's important to differentiate that that's not just specialized sexual healthcare or gender, or gender-affirming care, but sort of bringing that lens to all healthcare, recognizing the person as the individual that they are, recognizing their family, and then finally recognizing the things they might have gone through in their life that makes them who they are.

And I think that's something that we want to bring to all of our interactions. When we talk about a rural environment where there's less providers, it also becomes a bit complicated if there's some intersectionality. So if someone has a few different sort of minority roles, you know, really want to make sure that they have affirming care in. So an example is if someone's a person of colour or Indigenous who also is 2SLGBTQ+ to find providers, whether it's mental health care or medical care, who affirm and are culturally competent in all those areas.

And so that becomes a bit tricky sometimes. I think the other thing that sometimes people worry about in rural environments or just in healthcare in general is stigma. And some of that sometimes can come from previous negative experiences. So if someone had issues accessing healthcare in the past or discrimination, that limits their options sometimes. So they may worry about seeking out care. And sometimes that's not even that their provider that they've seen before and have an ongoing relationship with has been discriminatory or that sort of thing. But that increases the fear next time you interact with the system that that person might not be affirming. And sometimes it's difficult to find that care. So say you're in a small community and there's a few healthcare providers, you may not necessarily know which ones have an expertise or an understanding of what you need.

**Tanya:** I think the issue that you raise around access is particularly important. And I remember that that was one of the questions that has come up with the NOSM students before of, you know, when will there be more access to 2SLGBTQ care, particularly in the north? Is there anything else you wanted to say about that?

**Sean:** Yeah, definitely. So access, I think there's two levels to 2SLGBTQ+ healthcare. And I think for me, the first one is we want providers to be able to provide general healthcare to anyone who identifies as a member of the community in a sensitive way that recognizes their needs and what they require that creates an environment where people can be open about who they are and who they love and what they need.

And then I think the second step, which is what we really, really need is to increase the capacity across the system to not just do all the care that we do in an affirming appropriate way, but also that that's sort of what's been normally seen as more specialized care. So things like gender affirming care, hormone therapy, surgeries, providing sexual health counseling and testing and treatment. One stat that came out of the Trans Pulse study several years ago was that at that time, based on their survey, about 75% of transgender and gender diverse individuals in Ontario lived outside of Toronto. And so when you think about, you know, in a bigger city like Toronto, there's a whole neighborhood that's recognized as a center where there's community and you can access services. When you go out to the rest of the province, it's more sporadic and you may not have that easily identifiable access to care. The other thing that we've seen, I think, is, you know, in the COVID times with the increase of the cost of living going up everywhere, we're noticing a lot more people moving out from the larger centers, now into the rural communities. And some people may be struggling to access service.

I hear stories all the time of people who have moved from southern Ontario, for example, to the north, and are struggling to find family physicians or nurse practitioners. And so it's an ongoing issue. The other thing that I think sometimes people may not realize is we talk about great successes, you know, access to gender affirming care is better than it has been. We have pre-exposure prophylaxis for HIV that can prevent HIV infections. But when we talk about that, it's not universal across the system. And there's large proportions of our population that still struggle to access that.

And so that's something that I think needs attention. The other issue that I think is really important and unfortunate is during COVID, there was a lot of flexibility. There was a lot of creative problem solving. And one of the things that happened is the government increased funding for virtual care, which up until that point had been used a bit, but not nearly to the full capacity. And then systems were created that allowed for that. And one of the places that it made a huge, huge difference was in patients accessing care for gender affirming care, like hormones and surgery approvals.

And there's clinics that opened up and were providing services to anyone in Ontario and were quite successful and developed weightless because they were so in demand. And unfortunately, at the end of the, you know, as COVID quieted down, the funding was changed and made that model not really possible in the way that it was being done. And that's very unfortunate. And that access that had improved so much has gone backwards again.

And so my hope would be that at some point in the future, that funding might be restored to help increase the equitable access throughout the province. You know, virtual care is an excellent option when it's the only option we have available. But there's something to be said for seeing someone one on one sitting in the same room, being able to examine them if need be to have that eye contact and it's not the same over the phone, it's not the same over video. And so definitely I think that's the goal is is increasing the capacity for in person care. Longitudinal relationships with healthcare providers have been shown to increase health outcomes and people do better. And so I think that's the goal for everyone to have a medical home where they can get the care that they need.

**Tanya:** Is there anything else you want to say about what more city focused healthcare urban providers could learn from rural practitioners and communities?

**Sean:** When I look around at what my rural colleagues are doing, as well as other northern physicians and healthcare providers, I think there's a real amount of creative problem solving and sort of a can do attitude that if there's gaps that are identified in the local system, that people really step up and as a team, try to create solutions that work for patients so that they can access that care closer to home. I think within a rural or smaller environment, because the healthcare team is very integrated in the community and you see everyone everywhere.

I think there's an openness to feedback and an openness to speaking to the community about what they need and then working to try to build that. And I think rural physicians as a general rule have a large amount of clinical courage, you know, and sort of when we talk about what makes a rural physician that's better. And I think that's part of it because you don't always have all the super specialists down the hall, you know, and so to some extent, you have to stretch your scope.

And I think in those moments, there's an opportunity to really grow. And as we've discussed, you know, primary care family physicians nurse practitioners, we're the first access point for patients often into the medical system. And I think as much care as we can do, especially if we're doing it in an affirming and kind patient centered way can make a huge difference in health outcomes for patients and help them navigate this system.

**Tanya:** I like this piece around clinical courage. I think that there's a way to practice building on skills you already have and supporting patients in a patient centered way where we teach about essentially clinical allyship that it gives. Yes, it may take an extra phone call or a little bit of research, but are you able to provide the care that's needed to the patient and whether in an urban, rural and northern setting that's required in to SLGPTQ care at this point, because there are gaps in the system, because there are structural inequities that lead to health inequities.

So to close those gaps, it actually does take all of us to find that courage both clinically to close that gap and in terms of the broader environment. Sean, thank you again so much for your time and your expertise and your generosity today. We really appreciate you being here on the podcast with us today. Thank you so much.

**Sean:** Thank you so much for the invitation. It's been a pleasure.

*[Podcast transition bumper plays]*

**Jodi:** Clinical courage. That's what we're using from now on. That's the goal.

**Alison:** I really love it. I really like Sean's distinction between the ways that virtual care opened up so much, but also that we can't forget the need for an importance of in person care as well. We need to find ways to do both.

**Jodi:** Now let's listen to what another great Sean has to say. Sean Bristowe is a recent graduate of the University of Calgary who connected with RHO's Juan-Sebastian Ortiz. Sean will give us some insight on ways the rural provider experience can be significantly different for trans people as well as ways it can be the same.

*[Podcast transition bumper plays]*

**Juan:** Welcome Sean. Can you tell us a little bit about yourself and what you do?

**Sean:** Yeah. So my name is Sean. I use they/them pronouns. I am a second year officially done medical student. We just had our last class today. So I'm quite excited. I'll be starting--

**Juan:** Congratulations.

**Sean:** Thank you. I'll be starting click ship in January, which is the clinical portion of our training.

I'm very excited to get started on that. I'm in my thirties. So I'm not one of the young spry chickens in my program. And so I'm also someone that comes with a history of a lot of activism in my past. And I hope to bring that throughout my career in medicine as well as transness has been relatively like a recent exploration in my life in the last like decade. I feel like that has become kind of front seat in terms of my activism, especially within medicine. So yeah, that's a little bit about me.

**Juan**: Amazing. And I'm sure the context in which you live and and are studying and work might also shape your approaches. What do you think sets working really apart specifically for 2SLGTQ care providers and especially for trans providers?

**Sean**: Yeah, this is actually a question that I'm really interested in due to the fact that many of my trans peers seem to be very interested in rural medicine. I think I'll start with why we seem to be interested. I think that with regards to the scope of medicine, rural providers are able to connect and integrate within communities, which I know is a very strong moral value for a lot of queer and trans people is that we want to be connected and supporting many individuals and somehow rural just seems like the perfect fit for that for me. I grew up in a small town, not super rural, but small enough that it made me also realize that like being close to people is something I value and then you might not be able to get that in an urban setting. But something that I think we have to be mindful for 2SLGTQ care providers is this idea that just because we work really and want to be included in community doesn't necessarily mean that those communities want us or want us to be included.

It's not true for every single rural community. However, someone who lives in Alberta and is very keen about following politics. It is something that I have to think about.

There's quite a number of smaller communities in Alberta that have been vocally anti transgender or anti queer. And so there's some of the things that we have to like keep at top of mind when choosing a place to work.

**Juan:** Yeah, absolutely. Well, I'm curious if you can tell us more about what that experience is for you and your colleagues working as trans providers rurally, and if there's any personal experiences that you'd like to share.

**Sean:** Absolutely. And one of the reasons why I feel really lucky to be able to comment on this is because we're a growing community of trans providers, specifically in medicine. So I can kind of borrow and meld some of our stories that hopefully don't identify any of us as we are a small community. But some of the things that we have to keep in mind are when we show up for shifts in big centers and like an urban center, there's more than likely going to be single use washroom stalls, which I think many binary folks, specifically cis folks take for granted. But in a rural hospital as they're often, you know, designed a little bit long ago, I don't know, some of them are a little bit old. There are less options for us, honestly, for change rooms, for washrooms, a lot of the common spaces and even just the way the hospitals are set up is very binary. So for trans people who are visibly trans and don't necessarily have that stealth component to their persona, it's quite difficult to navigate when you show up because you don't know what people are going to ask or what assumptions they're going to make. A lot of the time, like you're kind of holding your breath and waiting for the assigned gender they're going to give you depending on what change room they take you to.

And in a time where masking is still quite encouraged and something that's important to me, I find that that gender assumption can be even more destabilizing to me because I have a nice little mustache now, but when it's hidden by my mask, I often am misgendered. So, you know, thinking about like a simple as like where am I going to put my backpack down today. All the way up to how are all of my interactions with staff at this hospital are going to be all the patients are people going to look for my pronouns are they going to ask for my pronouns are they going to understand what pronouns are. When I get misgender, is it going to impact my work. Am I going to have moments where I'm going to need to take a break and maybe my physician that I'm working with isn't going to understand, or you know colleagues might judge me for that so I think in a short way of saying, this would be that we have an increased mental load that a lot of our colleagues don't necessarily have to cope with. But specifically within the rural context there's that added layer of wondering what the community is like wondering if I am accepted and if there are curiosities what kind of questions are going to come my way. And how will I navigate that.

**Juan:** You mentioned wondering about what the community is like. And it sounds like amongst your colleagues are able to talk about all of these concerns and questions and shared experiences. But I can imagine isolation might be a concern. Can you speak about some ways that trans service providers are addressing that aspect in their work.

**Sean:** Yeah, that's a really important question and I'm glad you brought it up. Isolation is something that I think impacts us on so many different levels, whether that be the social isolation of living in smaller communities and maybe not being close enough to our colleagues and peers to like call after a hard shift or you know even just for socializing afterwards. But for those of us who are actually seeking to live and practice permanently in rural communities, it's about making sure that we create our own community. So if services like 2SLGBTQ community centers don't exist and you know something I'm interested in investing in in my future, wherever I end up, because I know that there will be queer kids and trans kids there that will benefit from it. So if we don't see the spaces, I know that many of us will probably make those spaces.

**Juan:** Absolutely. And that's the power of community. We all need it. Now you mentioned expectations for service providers. I want to ask you about expectations for service users. Are clinical expectations for rural 2SLGBTQ service users seeking care different than the expectations of city based 2SLGBTQ people?

**Sean:** Clinical expectations for rural patients, specifically within the queer and trans community are definitely different. The biggest one that comes to mind is the travel cost expectations that come along with having medical care that isn't exactly in your neighborhood or accessible by transport city transport. So, you know, otherwise, I think there's also this idea that all physicians are qualified to care for queer and trans people when they're really not. Another portion of my work that I do is research with queer and trans folks in medicine, whether they're currently training or in their career already and kind of assessing whether or not they think the curriculum is up to date or you know, supports cis and hetero physicians in supporting queer and trans community and the answer is absolutely not.

We're not well prepared as trainees in order to, like, sorry, we're not well prepared as trainees to work with queer and trans people. And so that also reflects in the rural community. It's no different that you would expect all physicians to, like, have that knowledge. And so I think sometimes rural patients are lacking in the services that could be offered, as well as their own physical barriers to getting to those appointments.

And then the expectation is also that they're informed about their choices, that they might have access to community or, you know, supportive parents, as simple as having, you know, GSA at the school or parents that want to come to your appointments with you. There's a lot less of that available to people in rural communities.

**Juan:** Can you talk a little bit more about what rural health needs aren't being included in mainstream conversations about 2SLGBTQ health?

**Sean:** Yeah, that's a great question. I might be repeating myself here, but I think a lot of it is the fact that we don't have access in rural communities the same way you would have access in cities. And so I'm thinking about in Ontario having this online and virtual access for gender affirming care or PrEP, prophylaxis, that does address some of the access issues. However, when we think about virtual care offerings, there's often a fee associated with those, which is another thing that's not really considered for rural patients is that rural people are often in lower socioeconomic status. And they might not have the fees to spend on health care that they're looking for. So I think the models that we're trying to superimpose in a rural setting aren't going to work if we don't change the way we address it.

So, you know, I'm thinking about as simple as like if we have one site and one small town, but there's many surrounding towns that could benefit from that clinic or that physician who's offering whatever services. How do they get there? How does the physician connect with them?

What is the word of mouth? Like I'm sure people talk, but again, how are we making sure that we're reaching everybody in all communities? So I don't really have the answers to those today, but I do know that we are thinking about it and we're at least starting to think about it. But for the majority of, like I think our history in 2SLGBTQ health, we haven't really considered the unique needs of rural patients ever.

**Juan:** You're getting to a good point that a lot of the changes that need to happen in health care and a lot of the things that providers need to do often follow solutions that have already been found in a way at the grassroots level.

**Sean:** 100% is what I was trying to say because I think that we mistake in the medicine community, like whether it be in nursing physicians or social work, we often mistake that we have the solutions and I'd really like to impart today that that's not true.

I think the communities are already doing that. When it comes to things like HRT, I know people share HRT and whether a physician agrees or not, the patient should be doing that, that happens. And there's a lot of reasons as to why people share resources, right?

If they're not all available to each other, then of course we're going to be sharing. But at the same time, I think it's also about recognizing that those solutions exist. So how do I support people in being healthy and so that they can create healthier communities? That's my goal is like, I know that they're doing the work. How do I keep them healthy?

**Juan:** Based on your own experiences, what solutions exist out there, what you see in community and the needs that are expressed, what changes can rural providers implement that could make their practices more to SLGPTQ friendly, especially trans-friendly?

**Sean:** Yeah, this is a great question and part of the work I'm doing in my world is educating other providers. I think a lot of this comes down to provider ignorance. When trans kids or trans adults are turned away from healthcare, it's often because people say, I don't know how to take care of you and I don't know what to do, so I'm going to refer you out.

In the worst case scenarios, that also looks like just outright refusing and telling them they can't have access to those things. So for me, what's really important as I move through my career is the engagement of other providers and being invested in trans health issues. It's not just a trans person's problem.

It's everybody's problem. And so I'll teach people about what pronouns are or what misgendering is and why it's important to correct yourself and do better because at every step of the way, if a trans kid comes in and you're uninformed, you're making their future experiences with healthcare very precarious and they might not present and they might even be so isolated that they might consider suicide, which is very common in trans youth. And so I just think that a lot of the onus is on providers and not the communities to change because providers have such an impact and how the messaging gets out there within communities. And so if they're saying, I'm going to show up for trans kids and queer kids and I'm going to provide the healthcare that they need and I'm going to learn the guidelines and inform myself. Well, of course, the community is going to think differently because you're showing leadership. Your position as a provider is one of leadership and to not take that seriously to me is a disservice to the community. The biggest change that I see that as a physician I can impart is really education and empowerment to work with queer and trans people.

**Juan:** Beautifully said. You spoke earlier about the differences between city focus healthcare and the specific needs of rural healthcare. Now, there's also a lot of amazing clinical pearls and wonderful parts of being in a rural community. What can city focus healthcare learn from rural care practitioners and communities?

**Sean:** Well, one of the things that I've noticed the most about rural practitioners is how much they know and how much they like how much scope there is to their knowledge. So in a city based practice, you for a trans person, you might have to go to several different appointments and several different providers in order to get the healthcare that you need. But as a rural physician, you're the only person sometimes that people are interacting with and you need to be able to provide all of those things.

And if you can't have the answer, you need to be able to learn how to get the answer. And so I think that the continuity of care and the comprehensiveness of the care is really there. You can build relationships a lot easier with patients when you're not sending them to XYZ places to get blood work or have their heart listened to or to, you know, everything is all in the same place. And I think that that really provides a lot of comfort for people. There's a lot of fear for people who are queer and trans about interacting with the healthcare system.

And if you can limit the interactions by having one really badass person, sorry for swearing, being able to do all of it, then that I think is a really protective factor. I'm still learning because I'm still a med student is the like ways in which you integrate into communities and how you demonstrate to patients that you care is by following up and by me, by saying like I don't know the answers to that, but I'm going to get you the answer. And I'm going to call you back and I'm going to make sure that you get everything you need, because there aren't no other options sometimes right like we can't just say go drive to Calgary when you live in southern Alberta because not everybody has access to the car.

Or to public transportation for that matter. So, yeah, it's a it's a lot more of a comprehensive approach. It's a lot more of a continuity of care approach, as well as the community focus like I was talking about as a physician in a rural community, you're really there for the people there.

**Juan:** Right providers have an opportunity and really responsibility to lead by example for their colleagues, but also for the community is what I'm hearing. Right.

**Sean:** Yeah, exactly. So, again, you know, I'm not expecting every cis person to be an expert in trans health. Without the lived experience you'll never be but you absolutely have colleagues out there who are, and that you can rely on. And so knowing who to call and who to ask questions to is really key. The amount of times that as a patient myself who when I've been in appointments and people said I don't know the answer to that and have never followed up with me. Like that's a disappointing experience for someone who's really good at advocating for themselves, you know, like I can call up and follow up but some, some folks have trouble with that and so I think it's really keeping in mind that there are additional barriers for queer and trans people, whether they're in a rural or urban practice that you can mitigate as a provider.

**Juan:** Do you have any last minute takeaways for 2SLGBTQ health care providers in rural spaces that you'd want to share?

**Sean:** Staying connected with different colleagues of yours and making sure you have a pool of people that you can rely on when things get hard. I think it's naive of us to assume that it won't be hard. There will be days where people don't accept you. There will be days where you have to, you know, out yourself or be in uncomfortable situations.

So really having a network of humans to fall back on, whether that be in the same profession or across different disciplines. But I really can't stress the importance of taking care of yourself and making sure that you're okay. Because your presence is so needed.

I love seeing other trans providers. It makes me so happy even if we're not talking like just knowing that you're there makes me feel safe. And so, you know, keeping yourself alive, like it sounds silly, but we're still susceptible to depression and mental illness and suicide.

So, you know, making sure that you are well. And also I would say that it's a really incredibly rewarding and fun experience to be in a community and to be integrated. And so I really hope that you choose rural medicine because we need more rural docs and we need more rural trans and queer providers everywhere. But especially in the rural communities because there's so many queer and trans kiddos that will be so deeply impacted by your presence. Amazing.

**Juan:** Sean, thank you so much for joining us today.

**Sean:** Thank you so much. It was such a pleasure.

*[Podcast transition bumper plays]*

**Alison**: Jodi, at the beginning of our medical education episode, we both noted that we are not in fact doctors. But after listening to Sean, I'm considering a career change. Maybe I should become a rural physician.

**Jodi**: Honestly, Allison, I'll come with you. All we need to do is upgrade our math and our science skills, you know, go to school for however many years, do a residency and some enhanced skill fellowships and complete that all in about 10-ish years.

**Alison**: Oh, in 10 years I will be ready to retire. Maybe this is not the right path for us right now.

**Jodi**: Perhaps not. But we are going to end today's episode with someone who has gone through a winding career path.

**Alison**: Tanya spoke with Sharp Doppler, longtime counselor currently working as a psychotherapist based in Nepean. They give healthcare providers some food for thought when it comes to the role mental and emotional health plays in promoting wellness while living rurally, as well as the importance of honoring cultural traditions.

*[Podcast transition bumper plays]*

**Tanya**: Welcome, Sharp. Thank you for being here today. Can you begin by telling us a little bit about yourself and what you do?

**Sharp**: I will. I'll start by using the language of my elders. My elders were all Anishnaabe and the teachings that I carry are Anishnaabe, and I'm related to the Anishnaabe through my Meshkewaki and Ashkewaki ancestors. I'm also related to the Haudenosaunee by my ancestors. You would know that Meshkewaki and Ashkewaki as the Sauk Fox and Aniyunwiya are the Cherokee people.

Aanii, boozoo, se:kon, skennen'ko:wa.

Sharp Dopler nindizhinikaaz. Newfoundland n’doonjibaa.

Jii Tsalagi, Meshkewaki,Ashkewaki, miinwaa Irish.

Anishinaabe jiinkowza animikii mukwa, mukwa ndoodem.

Shkaabewis niizh-manidoowag ogichidaa.

[English translation of Anishinaabemowin: Hello in the languages of this territory, my name is Sharp Dopler, I was born in Newfoundland. I am Tsalagi, Meshkewaki, Ashkewaki and Irish. My Indigenous name is Thunder Bear and I am Bear clan. I serve the people as a Helper, Two-spirit, Warrior.]

My name is Sharp. You know who my people are. I serve the people as a carrier of ceremony, as a Two Spirit warrior, and most recently as a registered psychotherapist in the mainstream. I have been a traditional counselor, helper, however you want to call me. For 10 to 15 years, it's hard for me to keep track anymore. The brain is getting older. All that to say, I love my work. I love being a therapist. Yeah, that's me.

**Tanya**: What do you love about it?

**Sharp**: What do I love about it? Being a therapist is sacred work. I work from an attachment, relational base. I do a lot of work in trying to reconnect people with their bodies.

I work from... some would call it eclectic perspective. Sometimes I call it “seat of my pants” perspective, because I really do believe that the person who's sitting with me is the expert. They get to set the pace. They get to determine the path.

And I just get to go with them, to visit their world, to sit with them, so that they can explore the things that are making it difficult to be in the world here and now.

**Tanya**: I'm thinking about how that's actually both a clinical competency and a cultural competency that we actually tried to teach providers in our work at Rainbow Health Ontario to be able to stay present and let the client lead. Because healthcare has moved towards a more client-centered perspective, and that's a great thing that still takes practice in terms of moving it from an idea in a provider's mind into the actual skills in the body of how they're responding instinctively in that moment. I'm wondering if you wanted to tell us a little bit about providing mental health services to SLGBTQ people in a rural setting.

**Sharp**: So I'm semi-rural, although I have clients in Thunder Bay. And the challenge that we're encountering is a lack of familiarity with technology, a lack of resources to get connected in that way. In Thunder Bay, in places like Thunder Bay, there's a severe lack of services available.

We know that to be true, right? Urban settings are where the services are, and then the services are completely overwhelmed because that's where everybody goes, because that's where the services are. And so people in rural settings don't have the same access to resources whatsoever.

And when you think about places up north, it gets even more complicated. Because not only do they not have the same access to resources in the context of agencies and workers and stuff like that, they might not have computers, right? I'm able to, and I'm hoping to be able to set that up, I'm able to provide services to them if I can find a way to connect with them thanks to a funding arrangement with another agency, with Two-Spirit of People in the First Nations in Toronto, who said, we need to support our people.

So they've given me funding to be able to set this up. I need to do, alright, I need to go to Thunder Bay. I need to meet people. Then I need to either walk them through the process or find other ways to be able to connect with them. Okay, so I could bring my computer and we could walk through that together. And then the rest of our sessions could be telephone conversations. Right? So it's about being able to have flexibility and to truly have some understanding of where people are.

**Tanya**: Can you share about how honoring those traditions that lead to experiences of wellness and emotional safety for 2SLGBTQ people come into your work?

**Sharp**: That's a really good question. It can't not come into my work.

**Tanya**: Yeah, I see that.

**Sharp**: It's part of who I am. And connecting with culture quite literally saved my life. I would not be here. It's that simple. It saved my life because it spoke to every cell in my body. It spoke to my blood and my bones because it's my truth. And that's what I try to bring to my clients.

**Tanya**: I do want to just say as a person to another person, I'm so glad that you did connect with something that brought you alive in every cell of your body. I'm so glad that you're here today and that you are connected to communities across the province.

**Sharp**: You know, if there was one thing that I wanted to add to this, it would be how important it is for those of us who are doing the work to come together more often just as human beings.

Right? So when I worked in Indigenous HIV, one of the things that we would do is we would, there was an elder that we would have come to different cities. She would come here and we would do two sweats for the week that she was here. We'd do a sweat for our folks on the street and then we would do a sweat for service providers.

There would be no clients because there is no space truly for us to do that. Work. To process the grief that we carry as therapists. Because we do. We worry about our clients, even the therapist who says, oh no, I have really good boundaries with my clients.

You know what? I came back from a trip recently and one of my clients came in the door and he says to me, I missed you. Is that okay for me to say that I missed you? Of course it is. I missed you too. I thought of you. And I look forward to seeing you. That's what changes people's lives. Being a human being.

*[Theme song: Two Spirited by Ziibiwan plays]*

**Jodi**: Our theme song is by Ziibiwan. 2SLGBTQ Health Focus is hosted by Alison Terpenning and me, Jodi Asphall. The show is executive produced by Alison Terpenning and produced by Al Donato. Audio engineering by Carly Ream Neal.

Fun fact: Sean Bristowe, who we spoke to about trans and rural service provider experiences, runs a group that connects trans trainees over monthly virtual meetings.

**Sean**: It's called Trans in Medicine's Network of Trainees, otherwise known as TMNT. Why not be associated with Teenage Mutant Ninja Turtles?

**Jodi**: If you're a trans trainee who would like information about joining, you're welcome to contact them. We'll have that information as well as a transcript for this episode, resources and more details about our other guests on our website, rainbowhealthontario.ca/podcast

Rainbow Health Ontario is a program of Sherbourne Health, a dynamic provider of integrated health services, community programs and capacity building initiatives that enable people and diverse communities to achieve wellness. To learn more about Sherbourne Health, visit sherbourne.on.ca

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