

LGBTQ2S  
INCLUSION  
PLAYBOOK

**A series of best practices  
for Healthcare Environments**

2020

# Acknowledgements

This Playbook is indebted to the collective work of many individuals, organizations, and initiatives. These include but are not limited to:

- Many queer, trans and two-spirit community members who anonymously shared their personal experiences accessing health care
- The 519
- South Riverdale Community Health Centre
- VHA Home HealthCare
- Michael Garron Hospital
- Flemington Health Centre
- SPRINT Senior Care
- Solutions – East Toronto's Health Collaborative

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**The 519** is committed to the health, happiness and full participation of LGBTQ2S communities. A City of Toronto agency with an innovative model of Service, Space and Leadership, we strive to make a real difference in people's lives while cultivating inclusion, understanding and respect. We are committed to direct, public and philanthropic service that meets emerging and identified needs within our communities, and that fosters a culture of integrity, transparency and excellence among our staff, volunteers and members. We create space, both physical and figurative, where individuals, groups and organizations can connect, work, collaborate, celebrate and grow together. In this space we extend ourselves beyond simply meeting needs to creating opportunity and imagining that a different world is possible. We share our knowledge and skills through training, activism, advocacy and education that is designed to change society for the better. Our daily, lived experience as members of, and in service to, the LGBTQ2S community is foundational to our leadership and lends a distinct authenticity and authority to our voice.

**South Riverdale Community Health Centre** is a non-profit, multi-service organization that provides primary health care and social and community outreach services, with an emphasis on health promotion and disease prevention primarily to people of East Toronto. Our mission is to improve the lives of people that face barriers to physical, mental, spiritual and social well-being. We do so by meaningfully engaging our clients and communities, ensuring equitable access to primary health care, and delivering quality care through a range of evidence-informed programs, services and approaches. As a leader in community health, our locally and internationally recognized community services include cutting-edge primary health services, health promotion, harm reduction, environmental health, community food centre and population-based community programs for marginalized peoples. We value health equity, inclusion and respect in our work and in the delivery of our services.

Founded in 1925 as the **Visiting Homemakers Association, VHA Home HealthCare (VHA)** is a not-for-profit, charitable organization that offers 24/7 health care and support services to people of all ages and cultural backgrounds. Our goal is to provide clients with spectacular service when, where and how they want it to support their independence. Our caring team of professionals includes nurses, occupational therapists, physiotherapists, personal support workers, home support workers, cleaners, social workers, dietitians and speech-language pathologists. We deliver the highest quality client support at home, in the community and in long-term care facilities.

Nestled in the heart of East Toronto, **Michael Garron Hospital (MGH)** is a vibrant community teaching hospital serving more than 400,000 people in 22 distinct neighbourhoods. For more than 89 years, MGH has delivered high-quality, patient-centred health care services to families along the continuum of care, from welcoming a new life to facing end-of-life. MGH has continually renewed its commitment to community by adapting its programs and services to meet the evolving needs of the diverse population it serves. MGH is a respected full-service hospital with strong community and research partners, including the University of Toronto.

**Flemingdon Health Centre (FHC)** is a multi-service community health centre providing a wide range of health-related services based on the social determinants of health and community engagement models. FHC is a champion for people and communities who experience systemic barriers that impact their health outcomes. Together with those we serve, we address issues such as poverty, employment, food security, isolation and newcomer support. FHC provides services from three locations – the Flemingdon site, the Fairview site and Health Access Thorncliffe Park (HATP) – with communities of diverse immigrants and refugees. Our staff, volunteers and partners have years of experience providing culturally relevant services and promoting anti-racist practice, especially through community engagement projects. FHC works in close partnership with other agencies and organizations to ensure efficient service delivery to more than 10,000 people every year through an increasingly broad range of health services, child- and youth-focused programs, family programs and community support services.

**SPRINT Senior Care** began caring for seniors and enabling seniors to care for themselves in 1983. We continue to do so today as an accredited, not-for-profit community support service agency in Toronto by offering a wide range of practical and low-cost services to seniors and their caregivers. Our services help seniors stay safe, connected, and live as independently as possible, as well as prevent premature or inappropriate institutionalization. We supply services regardless of ability, race, religion, ethnic origin, citizenship, marital status, sexual orientation or gender identity and are committed to LGBT inclusiveness. We also co-direct House Calls, a primary care program for frail and homebound seniors, and we are the lead agency of Toronto Ride, a Toronto-wide transportation network that provides rides to seniors.

# Playbook

This playbook is intended to support people working in acute, primary and community health and social service environments in fostering inclusive spaces for **LGBTQ2S** communities and people. It will provide medical professionals, care providers, administrative teams and policy-makers with tools, resources and guidelines to better understand and meet the needs of LGBTQ2S people in health care and social service care settings. The playbook celebrates the work of five **health care providers**: Flemingdon Health Care, Michael Garron Hospital, South Riverdale Community Health Centre, SPRINT Senior Care and VHA Home HealthCare. These five health care providers are part of a subcommittee of Solutions – East Toronto’s Health Collaborative, a broad network of dedicated organizations in East Toronto committed to LGBTQ2S inclusion. Through showcasing the work of these five organizations, this playbook will provide effective, evidence-based strategies to enhance LGBTQ2S patient/client experiences and health outcomes.

The work of the five aforementioned health care providers focuses on the following themes:

- 1 Accountability systems and measures (South Riverdale Community Health Centre)**
- 2 Clear, evidence-based policies (VHA Home HealthCare)**
- 3 Comprehensive multi-stakeholder training (Michael Garron Hospital)**
- 4 Intersectionality and health equity (Flemingdon Health Centre)**
- 5 Patient and community engagement (SPRINT Senior Care)**

These five areas were identified, with support from The 519, as areas of expertise for each of the organizations. They are areas where gaps had been identified and subsequently filled or mitigated in some way by the leadership and staff of each organization. This playbook examines the case studies from each of these areas, offering opportunities to reflect on current organizational practice and to consider room for improvement. By examining the current context of LGBTQ2S health and identifying common challenges, this playbook provides readers with policy, programming and service provision suggestions to directly enhance the experiences of LGBTQ2S patients,

## LGBTQ2S:

Lesbian, Gay, Bisexual, Trans, Queer, 2-Spirit

## Health care providers:

Staff from organizations within the health care sector broadly; some are primary health care providers, others provide community-based health services.

## Playbook

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clients and service users. It is intended to offer service providers and health care teams best practices to build their organizational service provision, space and leadership.

This playbook uses the acronym LGBTQ2S (Lesbian, Gay, Bisexual, Trans, Queer, 2-Spirit). LGBTQ2S is just one of many acronyms used across 2-Spirit, queer, trans and non-binary communities. This acronym has been chosen for the playbook given that it is the one most commonly used by The 519 and the Solutions Collaborative. The only exception is the section describing the work of SPRINT Senior Care, given that the organization has chosen the acronym LGBT to best reflect the communities with which they work.

The acronym has meaning and history. Shifts and additions to the acronym over time reflect the need for increased visibility of parts of the community that have faced historical erasure as a result of colonialism, racism, transphobia, misogyny and biphobia. Embedded in the acronym are histories of power, oppression and privilege, and different communities use different acronyms to reflect their unique experiences as people with sexuality and gender diversity. As a best practice, it's important to use an acronym that reflects the communities that you work with and/or are a part of.



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# Why is LGBTQ2S Health Important?

In Canada, health care is considered a basic human right. It is assumed that every person in Canada has equal access to care, but this is unfortunately not the case. Access to health care is impacted by geographic location, socioeconomic status, race, size, ability, gender and sexual orientation, among many other interconnected factors. This handbook focuses specifically on enhancing services for LGBTQ2S communities, but it also recognizes that these are not the only communities experiencing barriers to health care.

Imagine that it's two weeks after your knee surgery, and that day you're supposed to see the specialist for a follow up. You feel anxious about the appointment and would rather stay home and rest, but you know that the appointment is important. Your partner calls a taxi to take you to the clinic, and you notice how tired they look. They have been caring for you every day since the surgery, given that you don't have family support and most of your friends work full time.

You arrive at the office and approach the reception desk. The person behind the desk asks for your health card and then stares at you quizzically as they inspect it. They then ask, loudly enough for other patients in the waiting area to hear, if your health card is valid. You try to explain that you are trans, and you tell them your gender does not match the sex marker on your health card. They don't appear to believe you and ask another administrator to join them. While doing so, they **misgender** you repeatedly. They spend a few minutes on a computer and eventually find your medical records, including the name you were given at birth that hasn't been uttered for years. Triumphant, the administrator begins calling you by that given name and using the wrong **pronouns**.

You are finally called into an examination room. The nurse rudely asks your "friend" to wait in the hallway, and your partner explains who they are and refuses to leave the room. The nurse rolls their eyes and begins to ask you questions about your health history. In the conversation, you disclose that you're trans and have been on hormone replacement therapy for three years. The nurse begins asking intrusive and unnecessary questions about your body and use of hormones, although you're just there for a routine follow up after your surgery. Your partner tries to step in, but the nurse just laughs and replies, "I didn't know that you were the medical professional."

## Misgender:

Misgendering occurs when you intentionally or unintentionally refer to a person or use language to describe a person that doesn't align with their gender.

## Pronouns:

Gender-expansive and specific pronouns describe someone's gender in the third person. Gender-specific pronouns are words like "he", "she", "his", and "hers" and gender-expansive pronouns are words like "they", "them", "ze", "hir", and "hirs".



## Why is LGBTQ2S Health Important?

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The doctor eventually walks into the room and appears to be rushing between appointments. They are apologetic and empathetic about your experiences at the front desk and with the nurse but appear distracted by their buzzing cell phone. They examine your knee and ask how you and your partner are doing. They tell you that your knee is healing well, offer that you could hire a personal support worker to give your partner a break and recommend that you start physiotherapy in four weeks. You thank them and leave the examination room, already worrying about whether you'll be able to find a trans-affirming personal support worker that you would feel comfortable inviting into your home.

This type of situation is just one of many that LGBTQ2S people encounter when accessing health care services. The Trans PULSE survey in 2010 demonstrated that 21 per cent of trans people avoided the emergency room when they needed it because they were trans (Giblon and Bauer 2017). Of those who accessed emergency health services, 52 per cent had negative experiences due to being trans (Giblon and Bauer 2017). Twenty per cent of trans Ontarians seeking hormones were denied a prescription, and trans people experience disproportionately high rates (77 per cent) of suicidal ideation and attempted suicide (43 per cent, compared to 0.0115 per cent of Ontario's general population) (Bauer et al. 2013; Navaneelan 2017; Rotondi et al. 2013).

These current experiences of LGBTQ2S communities in accessing health care follow a long history of marginalization and exclusion. When the Diagnostic and Statistical Manual (DSM), a central text guiding the work of physicians and psychologists, was first published in 1952, homosexuality was listed as a sociopathic personality disturbance and classified as a sexual deviation (Drescher 2015). At the time, homosexuality was classified with “transvestism, pedophilia, fetishism and sexual sadism” (Drescher 2015, 387). While gender-affirming surgeries (then called “sex reassignment surgeries”) were being explored in the 1950s, many physicians considered “transsexualism” to be a severe neurological or psychotic condition (Drescher 2015). The language used in the DSM and the International Statistical Classification of Diseases and Related Health Problems (ICD) about trans people was violent, pathologizing and highly discriminatory. The process to access lifesaving gender-affirming medical changes required an official diagnosis from the DSM.

The AIDS epidemic has had devastating effects on LGBTQ2S communities. In the 1980s, the AIDS crisis instilled immense fear of and stigma toward queer and trans people in the general public and medical professionals. The origins of the illness were unknown at the time, but what was then known as the “Gay Related Immune

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## Why is LGBTQ2S Health Important?

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Deficiency Syndrome” became the source of increasingly negative biases and hostility toward queer and trans communities (Forstein 2013). The slow rate at which research was conducted to solve the AIDS epidemic, the lack of institutional policies, the negligent care and support that was provided for victims of the illness and health care provider fear of treating patients with AIDS demonstrated homophobic and transphobic beliefs and attitudes within the health care sector (Forstein 2013). Since the 1980s, profound strides have been made in HIV/AIDS medical research and care, but stigma and misinformation about HIV/AIDS still exists, in particular for individuals experiencing overlapping forms of marginalization. Trans women continue to be disproportionately affected by HIV. HIV vulnerability increases due to social and structural factors, including gendered stigma and discrimination, violence and unequal access to the social determinants of health (Persad et al. 2016). Poverty, high rates of childhood and adult violence, delayed and decreased access to HIV-related care, social exclusion and transphobia are some of the specific experiences that disproportionately affect trans women with HIV in Canada (Persad et al. 2016).

Cultural attitudes toward LGBTQ2S communities are shifting, and health care policies have stepped away from pathology toward recognition of gender and sexuality diversity as normal aspects of human experience. While gender dysphoria still exists in the DSM V, homosexuality has been completely removed. LGBTQ2S communities have fought hard and long against medical and psychological pathologization and its impact on health and mental health service provision.

And there is still work to do.

# Impacts on Health

Safe and affirming health care experiences matter. While it has been proven that affirming care leads to positive health outcomes, the impacts of these experiences are not yet well documented. The following stories from individuals across Toronto-area LGBTQ2S communities share their positive experiences with health care, to give us insight into the potential that exists, as well as an impetus to support these experiences through our own work.

*“Having a doctor who uses inclusive language when talking to our kids, such as ‘Do you keep your parents up all night?’ rather than defaulting to ‘Mom and Dad’ is such a relief. She doesn’t stumble or awkwardly pause; it’s just second nature for her to be open and inclusive in the way she speaks. And we appreciate that she doesn’t aggressively gender our kids – she doesn’t have gendered expectations of them or use gendered language.”*

*“I recognize how unbelievably lucky I am to never have to explain myself or my family to my primary health care provider. My doctor is already well-versed in our reality, because it’s her reality too; we don’t have to do the legwork of educating her. It makes the space a lot safer and more affirming.”*

*“I went to my general practitioner asking for information about receiving top surgery and the process involved with that. She had done this a couple of times before but needed to do a little more research. She went back on her own time to do research on how to have access to top surgery and then she came back and filled out all of my forms and gave me a referral to clinics that address this. She was very positive throughout the experience.”*

*“When I signed up with the clinic, I told them my pronouns and that my chosen name is different from my name that’s on my health card and that was it! There have been a couple of issues with front desk people, but my specific doctor has never misgendered me or used the wrong name. It’s great. It was no issue, which is shocking in a way. My own family uses my given name. For this doctor to have no issues, no qualms, no stumbles, is really affirming and she’s been very helpful throughout the process.”*

*“I decided to seek out a new family doctor and chose a care provider based on a friend’s referral. At a routine sexual health appointment, my new doctor mirrored the language that I used to describe my relationship, used affirming language and provided relevant information to answer my questions about sexual health as a queer person. She was also confident and comfortable answering questions about my interest in fertility options. Overall, an incredibly validating experience.”*

The impacts of affirmative care, whether through personalized support, language, referrals or information, have tangible impacts on health.

# Current Context

Despite legal and policy frameworks protecting gender and sexuality rights in Ontario, LGBTQ2S people continue to be a medically underserved population. Research shows that health care barriers still exist for LGBTQ2S persons, including a lack of education among health care practitioners on LGBTQ2S issues and a high frequency of discriminatory practices or erasure experienced by LGBTQ2S individuals in health care settings. The implementation of **gender identity** and **gender expression** as protected characteristics in the Ontario Human Rights Code in 2012 was an important step in the right direction, but there are many ways that organizational policies and services need to adapt to incorporate these changes, to truly affirm and celebrate gender diversity. Three significant determinants of mental health are social inclusion, freedom from discrimination and violence, and access to economic resources. LGBTQ2S people's higher rates of victimization, coupled with limited social and cultural structural supports, set the stage for health disparities.

# Intersectionality

Toronto is an incredibly diverse city within a country that has ample racial, religious, gender, sexuality, ability and socioeconomic diversity. Canadian experiences of health care differ greatly based on a person's intersectional identity. The forms of oppression that each person faces and the privilege that they experience are not easily untangled – instead, they are overlapping and intersecting, producing heightened experiences of marginalization, discrimination and power. A person's intersectional identity impacts their ability to be seen, included and affirmed. If a service only acknowledges and supports one part of a person's identity – for example, their sexuality or race – but fails to recognize the many other aspects of their identity, that person will be unable to bring their full self to that service and, as such, may not have all of their needs met or addressed. An intersectional approach is essential to appreciating the lived experiences, resiliencies and barriers encountered by LGBTQ2S communities, in order to create spaces and services that are equitable and anti-oppressive.

## Gender identity:

Each person's internal and individual experience of gender. It is a person's sense of being a woman, a man, both or neither. This sense of self is separate from sex assigned at birth and is not related to sexual orientation. Since gender identity is internal, it is not visible to others.

## Gender expression:

How a person publicly presents or expresses their gender including behaviour and outward appearance such as dress, hair, make-up, body language, voice, chosen name and pronoun.

## Intersectionality:

the way that people live multiple, layered identities and are members of more than one community at a time. Unique individual experiences result from the coming together of different types of identity, oppression and experience. Social relations, history and structures of power have an impact on the visibility of a person's complex identity and/or their capacity to have voice or be heard.

# The 519

The 519 is committed to the health, happiness and full participation of LGBTQ2S communities. As part of the organization's leadership in LGBTQ2S inclusion and participation, the Education and Training department offers consultations, training and resources to workplaces across the country. Many organizations in this playbook partnered with The 519 to complete a needs assessment, as an opportunity to learn where their organization could improve. The assessment consists of a review of policies, the physical space, forms and processes. From there, the organization is able to more easily identify where to begin, which areas to prioritize and how to move forward.

The 519 conducts workplace trainings all over the province of Ontario. At a high level, training explores three main areas: 1) language related to sexual orientation, gender identity and gender expression (including identity-based terms), 2) barriers affecting LGBTQ2S people and communities, and 3) strategies and best practices for mitigating said barriers. The training content is informed by three sources of information: 1) community voices and lived experiences, 2) current research, and 3) relevant policy and legislation. The Education and Training department works to design and offer training that is relevant and sector-specific, based on clients' needs, and develops internal capacity to better support **2-Spirit**, **queer**, **trans** and **non-binary** employees, volunteers and service users.

## 2-Spirit:

A cultural and spiritual identity used by some Indigenous peoples to describe having both masculine and feminine spirits. It can include people who are gay, lesbian, bisexual, trans or intersex. For some, Two-Spirit describes a societal and spiritual role that people played within traditional societies, as mediators, keepers of certain ceremonies, transcending accepted roles of men and women, and filling a role as an established middle gender.

## Trans:

An umbrella term referring to people with diverse gender identities and expressions that may differ from stereotypical gender norms. It includes but is not limited to people who identify as transgender, a trans woman, a trans man, transsexual, cross-dresser, non-binary, gender variant or gender queer. There are many communities that live under this umbrella and there is no single or universal experience of what it means to be trans.

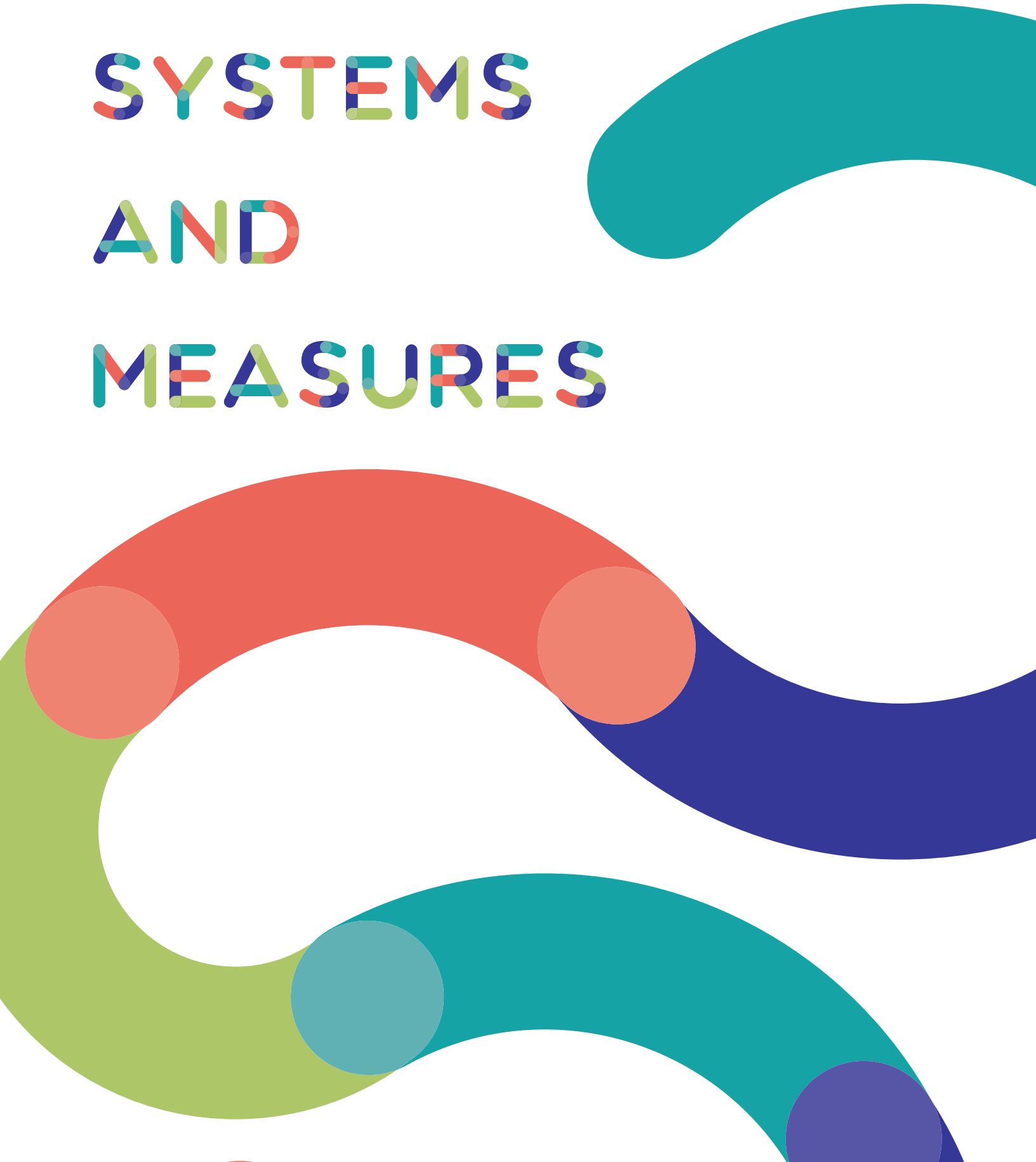
## Queer:

an umbrella term that implies "not straight" more than it implies what exactly someone's sexuality might be. It's also a political term and many people use it as such, to imply a particular set of political beliefs alongside their orientation. Queer does not resonate with all communities and is not embraced by all LGBTQ2S people. It has a derogatory history and has been reclaimed, but not by all.

## Non-binary:

A gender identity that embraces a wide range of expressions that move beyond the gender binary (which is defined as the classification of gender into two distinct categories, woman and man).

ACCOUNTABILITY  
SYSTEMS  
AND  
MEASURES



# South Riverdale Community Health Centre

For South Riverdale Community Health Centre (South Riverdale CHC), the opportunity to promote LGBTQ2S inclusion unfolded organically. It was time for a Human Resource Information System (HRIS) upgrade, and the organization chose a new US-based provider. The system they chose is highly flexible and customizable, and it is able to meet the diverse needs of data tracking and other information management requirements. The organization had recently completed LGBTQ2S inclusion training with The 519 and adjusting the HRIS system to better reflect gender diversity felt like a tangible place to start. The organization's recognition of the growing number of staff members that don't fit within the gender binary encouraged South Riverdale CHC to make intentional efforts to affirm the experiences of their staff members. The organization was well equipped for this change: all employees had completed inclusion training, and they were ready to apply their knowledge and move forward.

South Riverdale CHC consulted with The 519 about the best language to use in their drop-down options for pronouns and gender identity. Consultants from the HRIS provider input the options. The organization recognizes that the initial options that they put into the system aren't permanent or the "be all, end all." They are aware that language changes over time and are prepared to adapt the system to best reflect their staff team's identities.

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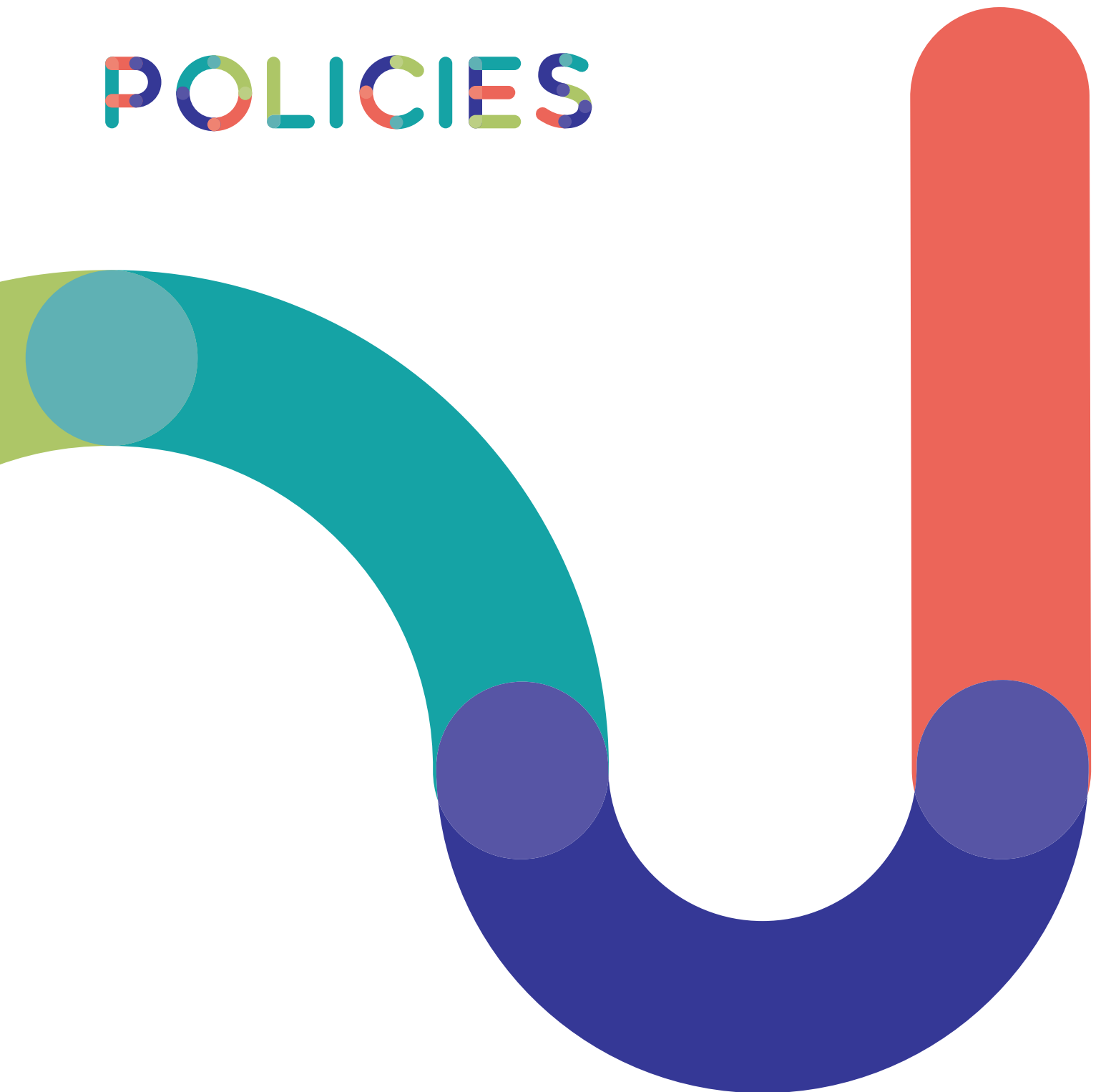
Creating an environment where staff could bring their fuller selves to the workplace was the primary goal, thereby decreasing the need for individuals to advocate for the recognition of their identities and experiences. However, the snowballing effect to changes like this is evident in the work of South Riverdale CHC. When a concerted effort is made to hire people from LGBTQ2S communities and to affirm gender diversity among staff, it signals to other 2-Spirit, queer, trans and non-binary people that this is a supportive environment. Increased LGBTQ2S representation on the staff team can help clients feel more welcome; likewise, when there are more LGBTQ2S staff and clients accessing a space, there's more impetus for change at the policy and operational levels. The organization is already doing this – for example, replacing "he/she" pronouns with "they" in their policy language. Change inspires change.

The organization has always been well versed in advocating for their clients, patients and service users. Since the updates to the HRIS system, the organization has become more confident in supporting and advocating for their staff when issues come up around external paperwork or other bureaucratic systems, such as extended health benefits or pensions. The work being done by South Riverdale CHC demonstrates that taking the first step doesn't have to be so daunting and that laying the foundation for change is enough to propel an organization forward with momentum.

CLEAR.

EVIDENCE-BASED

POLICIES





# VHA Home HealthCare

You could say that policies and procedures are the foundation of an organization. That’s why in 2016, after completing a needs assessment with The 519, VHA Home HealthCare (VHA) determined that reviewing and updating policy was the place to begin their LGBTQ2S inclusion work. The organization recognized the importance of being explicit in their support and celebration of all their LGBTQ2S clients, caregivers, staff and service providers, given ongoing recognition of client concern around access to gender and sexuality affirmative care, in particular regarding home health care. VHA began extensive research on how to transform their policies by looking at other organizations that were incorporating affirmation of LGBTQ2S identities into their systems and guidelines, working closely with their colleagues at organizations that are part of the Solutions Collaborative, consulting existing literature and identifying how to integrate the Ontario Human Rights Code’s protected categories into their policies. To address these areas, the organization developed a working group comprising senior managers, middle managers, supervisors, point-of-care staff (including personal support workers, nurses and allied health care professionals), office staff and clients. This group also includes regional representation from the organization’s Ottawa and London offices and a policy expert.

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Alongside these varied perspectives, the organization began with their Overarching Cornerstone Policy to better address diversity and how it is valued within the organization. Comprehensive policies and procedures have played an essential role in the organization’s ability to set expectations and respond to issues with current and potential staff and clients. VHA’s positive work environment policies identify the many forms of discrimination that can occur, recognizing that not all discrimination arises in the form of overt harassment. For example, clear procedures have been essential in responding to instances of discrimination, and client onboarding materials are explicit about the organization’s commitment to supporting LGBTQ2S communities.

From there, VHA moved on to their client and staff rights and responsibilities. The organization has since trained 665 of its staff members through mandatory LGBTQ2S inclusion education, shifted their clinical policies and collective agreements to use entirely gender-expansive language and developed working groups in education, client experience and staff experience. In addition to the transformation of the organization’s internal structures, VHA uses Positive Space signage around the organization and rainbow lanyards that staff members wear in and outside the office to signal their efforts to increase LGBTQ2S inclusion and recognition. Furthermore, the organization was present at the 2018 Toronto Pride Parade and plans to revamp their website to increase LGBTQ2S representation. These steps, big and small, have set VHA apart as an organization that strives toward LGBTQ2S inclusion and increasing accessibility of LGBTQ2S services outside of the downtown core.

COMPREHENSIVE  
MULTI-  
STAKEHOLDER  
TRAINING



# Michael Garron Hospital

In 2014, Michael Garron Hospital (MGH) recognized an opportunity to better meet the needs of the varied communities that it serves. Given the diversity in their staff and community, the hospital wanted to better support gender and sexuality diversity, and they enlisted the support of The 519 to identify the best place to start. Through a needs assessment, it became clear that training was a first step for MGH in creating an inclusive environment. The organization was ready for change so the stages of approval and training program implementation flowed smoothly.

With The 519, MGH developed a curriculum to offer staff a foundational understanding of gender and sexuality diversity, in order to better support patients and fellow staff members. The hospital chose a co-facilitation model: an MGH-designated trainer would deliver the content alongside a facilitator from The 519. This approach incorporated the insights of a facilitator with subject matter expertise in gender and sexuality diversity while ensuring that the content was pertinent and applicable to participants within a health care setting.

In 2015, the leadership team received the first round of training. The hospital felt that this top-down approach would ensure greater impact, consistency and sustainability of the project. Since then, the hospital has provided monthly four-hour staff trainings to over 525 staff members, with a goal of reaching 1,000. This impressive endeavour has been the impetus for a changing hospital culture. Staff members have been inspired to come forward with ways that they want to see change in their departments as they engage with and incorporate what they're learning in training. Some policies and intake forms have been updated, washroom signs have changed. The hospital recognizes that this is only the beginning, though; they are planning to create a Positive Space Network and welcome opportunities for future learning and transformation. But for now, the results are powerful. Patient feedback, satisfaction scores and focus groups have demonstrated that the trainings are making a positive impact. Staff engagement results have shown similar outcomes. The hospital has taken significant steps forward and is committed to continuing on its journey of addressing diverse and ever-evolving community needs.

As the largest health care provider in the Solutions Collaborative, MGH initiated an LGBTQ2S working group for interested community partners to come together to discuss and strategize the implementation of best practices for supporting LGBTQ2S community members across various health care spaces. To this day, MGH is leading this working group, ensuring that the efforts from across the Solutions Collaborative are relevant and accessible to as broad an audience as possible.

INTERSECTION-  
ALITY  
AND HEALTH  
EQUITY



# Flemingdon Health Centre

Many years ago, Flemingdon Health Centre (FHC) wanted to run a local Pride parade. When they realized how few LGBTQ2S community members were interested in participating, it encouraged the organization to begin reflecting on an important question: who is accessing their health care centre, and who isn't? An important realization surfaced: very few community members who self-identified as LGBTQ2S, Roma, Syrian or men were accessing the centre. Through running a trial LGBTQ2S youth group, they achieved clarity on another crucial issue: young LGBTQ2S people felt that there was too much stigma in the area and preferred to access downtown LGBTQ2S events and spaces. The organization welcomed this feedback as an opportunity for growth.

As a longstanding health centre serving primarily newcomer and marginalized communities in the Don Mills area, they recognized that addressing racism and oppression was part of the work of improving health equity, access and inclusion for individual and community well-being. FHC took a multi-dimensional approach in their intersectionality and health equity work, and their first step was to bring in an independent consultant to provide training to all staff around self-awareness, health equity and anti-oppression. This training laid out expectations for staff and encouraged accountability.

The next phases of the project began with the Anti-Racism Anti-Oppression (ARAO) workplan, which was developed with The Neighbourhood Organization (TNO) to support the successful launch of Health Access Thorncliffe Park (HATP). This workplan helped to revitalize and support access and equity at both organizations and has created space for them to address these issues collaboratively at a neighbourhood level rather than just at an institutional level. Given this level of collaboration, HATP has become well equipped to help with other collaborating partners, like local service providers, to build awareness and capacity to become stronger allies for current and future LGBTQ2S clients. They collectively hope to instill

ARAO as an operating principle in the Thorncliffe Park Community Hub.

The ARAO workplan implemented a number of initiatives, such as a comprehensive review of policies related to anti-oppression, anti-discrimination and anti-harassment and additional anti-oppression and anti-racism training. FHC organized LGBTQ2S training and, with the help of Rainbow Health Ontario, training on trans-specific care for community health centre clinicians in the GTA to facilitate inclusion of trans clients as a priority population. Flemingdon Health Centre hosted staff education sessions on Indigenous health, Black community and health (through Women's Health and Women's Hands) and sponsored a movie with *Inside Out* – an LGBTQ2S film festival.

Addressing diverse community needs has always been at the forefront of FHC's work. The organization has taken huge steps to learn how to better meet the needs of their communities and worked hard to make sure that all of their staff and patients feel seen and respected. For example, their intake forms now include gender identity and sexual orientation in multiple languages, land acknowledgements are now included in their materials and they have been working hard to hire staff from multiple communities in order to better support patients.

Feedback on these initiatives has been overwhelmingly positive. Staff members feel that they are gaining knowledge, skills and competencies for working with LGBTQ2S communities, and FHC's demographic information is showing a slow increase in self-identified LGBTQ2S patients. Patient feedback forms demonstrate a sense of comfort, respect and sensitivity from care providers. This feedback also reflects patients feeling that FHC's services are relevant and accessible. Recognizing intersectional community needs requires a multi-layered approach and ongoing work – endeavours that FHC is committed to addressing with pride.

PATIENT AND  
COMMUNITY  
ENGAGEMENT



# SPRINT Senior Care

As an organization committed to meeting the evolving needs of older adults, SPRINT Senior Care identified through a community needs assessment that members of the older LGBT community were seeking unique supports and assistance. LGBT seniors have specific needs and encounter particular barriers as they age. A lack of family support systems, dementia and long histories of pathologization affect LGBT seniors in unique ways. SPRINT Senior Care staff recognized this and brought together an advisory group of representatives from organizations that included The 519, City of Toronto Long-Term Care Homes, the Toronto Public Library, and faith communities to gather necessary feedback and better understand where to focus their efforts. It became apparent that, like any community, the needs of the seniors that SPRINT Senior Care serves are diverse and individual. Learning from the experiences of other organizations doing similar work, SPRINT Senior Care embarked on a journey to become more inclusive and to build a framework for its employees to follow.

SPRINT Senior Care worked with members of the older LGBT community to co-create a training curriculum and conduct a thorough review of its policies, procedures, programs and physical environment. The organization conducted extensive training with staff and volunteers, laying the foundation for SPRINT Senior Care's evolution.

The agency strives to meet individuals where they are, recognizing that while some LGBT clients are "out" to their neighbours and families, there are many who are not. The organization's website explicitly acknowledges their efforts to support LGBT clients and intake forms allow clients to share their sexual orientation and gender identity. SPRINT Senior Care hosts numerous community engagement opportunities: their popular weekly drop-in socials with guest speakers explicitly celebrate

sexuality diversity, and an education series run in partnership with numerous community organizations, such as Rainbow Health Ontario, Egale Canada and the AIDS Committee of Toronto, has recently transformed into a peer-to-peer support program focusing on how to support LGBT clients and caregivers. SPRINT Senior Care is now known as a go-to agency for inquiries and referrals related to LGBT seniors.

SPRINT Senior Care has received consistently encouraging feedback about their inclusion work. Positive client surveys, anecdotes, compliments and ongoing dialogues demonstrate active participation in and appreciation for the organization's efforts. Over the years, they have learned the importance of allowing any stigma or bias toward LGBT communities held by employees to surface, so that they can follow it up with active discussion. They recognize that the work of fostering LGBT-inclusive spaces is ongoing and have invested funds to continue training.

SPRINT Senior Care likewise recognizes that needs evolve. The organization consciously leaves room for growth to better support and represent the intersectional identities of its clients, in particular the BIPOC (Black, Indigenous, People of Colour) LGBT clients that they serve. SPRINT Senior Care works hard to be proactive and reflective, acknowledging changing needs and gaps in service delivery. As a trailblazer in LGBT-positive senior care, SPRINT Senior Care is leading the way for inclusive environments, celebratory spaces and services for a community whose needs are so often overlooked.

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# Moving Forward

Several themes emerge from the work of the five organizations showcased in this playbook. Most organizations chose to lay the foundation and expectations for their staff teams through a “top-down” approach to their inclusion work. In most cases, staff training and policy reviews were the first steps. Each organization demonstrated that once they felt that everyone was on the same page, they were able to roll out programs and initiatives that aligned with the goal of LGBTQ2S inclusion. Furthermore, staff were frequently empowered to bring forward suggestions and ideas for their own service delivery, in their particular focus areas. As such, efforts developed in accordance with each individual environment. And while gathering formal quantitative feedback was challenging, the shifts in attitude and environment were felt and acknowledged by clients and staff alike, and were most often conveyed through informal positive feedback and anecdotes.

Each organization recognized that despite their efforts, they weren’t able to simply pat themselves on the back for a job well done and move on. Instead, each health care provider identified that the sheer nature of inclusion work involves perpetual adaptation. Changes in staff members, client demographics and changing political landscapes are just some of the reasons that this work must be ongoing in order to remain relevant and responsive.

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There will always be room for growth. Adjusting to acknowledge and address client needs is an ongoing process. For one, recognizing the intersectional identities of clients is a step toward developing community-specific programs and services. On the whole, health care providers like the ones showcased here must be willing to take the step forward. As we learned in the creation of this playbook, once the work is initiated, momentum can start to build organically and organizations can soon find themselves on a path to better meeting the needs of LGBTQ2S communities and ensuring better health outcomes for all. There is no one-size-fits-all approach to inclusion work. Instead, there are themes and considerations that are relevant across organizations and health care providers.



# Appendix

The following is a list of themes that emerge from the Playbook. It is not an exhaustive list, but it provides insight into key areas of consideration for fostering inclusive environments for LGBTQ2S individuals and communities:

- Revising and updating policies and procedures to reflect relevant human rights legislation:** do your policies and procedures use gender-expansive language and address sexual orientation, gender identity and gender expression?
- Promotional materials, communications and website:** do your marketing materials use gender-expansive language and do visuals depict LGBTQ2S people?
- Documentation forms, human resources systems:** do your human resources systems and intake forms ask for pronouns and offer space for a person to self-identify their gender?
- Payroll, insurance providers and pensions:** if legal name and gender are being collected, how is this information being stored securely? Do your pension and insurance providers cover same-gender partners?

- Physical spaces:** are your gender-specific spaces (washrooms, change rooms) explicitly welcoming to trans people? Does your space have posters and pamphlets with information and visuals of LGBTQ2S people?
- Training:** does your team need more education about LGBTQ2S people and the barriers they face?

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If you are interested in a consultation, conducting a needs assessment or training, contact The 519 at [Training@The519.org](mailto:Training@The519.org).

# Contact

Here is the contact information for these health care providers should you want more information or details on their work:

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# References

- Bauer, Greta R., Jake Pyne, Matt Francino, and Rebecca Hammond. 2013. "Suicidality among trans people in Ontario: Implications for social work and social justice." *Service Social* 59, no. 1: 35–62. doi: [10.7202/1017478ar](https://doi.org/10.7202/1017478ar).
- Drescher, J. 2015. "Queer diagnoses revisited: The past and future of homosexuality and gender diagnoses in DSM and ICD." *International Review of Psychiatry* 27, no. 5: 386–95. doi: [10.3109/09540261.2015.1053847](https://doi.org/10.3109/09540261.2015.1053847).
- Forstein, Marshall. 2013. "AIDS: A History." *Journal of Gay & Lesbian Mental Health* 17, no. 1: 40–63. doi: [10.1080/19359705.2013.740212](https://doi.org/10.1080/19359705.2013.740212).
- Giblon, Rachel, and Greta Bauer. 2017. "Health care availability, quality, and unmet need: a comparison of transgender and cisgender residents of Ontario, Canada." *BMC Health Services Research* 17, no. 1: 283. doi: [10.1186/s12913-017-2226-z](https://doi.org/10.1186/s12913-017-2226-z).
- Navaneelan, Tanya. 2017. Suicide rates: An overview. Retrieved from <https://www150.statcan.gc.ca/n1/pub/82-624-x/2012001/article/11696-eng.htm>.
- Persad, Yasmeen, Ashley Lacombe-Duncan, Nadia O'Brien, Greta R. Bauer, Nora Butler-Burke, Kerrigan Beaver, Valerie Nicholson, Carmen H. Logie, Alexandra de Pokomandy, Angela Kaida and Mona R. Loutfy, on behalf of the CHIWOS research team. 2016 (November). *Experiences of trans women living with HIV in Canada findings from a national community-based participatory research project*. Paper accepted for oral presentation at the Ontario HIV Treatment Network (OHTN) Conference, HIV ENDGAME II: Stopping the Syndemics that Drive HIV, Toronto, Ontario, Canada.
- Rotondi, Nooshin, Greta Bauer, Kyle Scanlon, Matthias Kaay, Robb Travers, and Anna Travers. 2013. Nonprescribed Hormone Use and Self-Performed Surgeries: "Do-It-Yourself" Transitions in Transgender Communities in Ontario, Canada. *American Journal of Public Health* 103, no. 10, 1830–36. doi: [10.2105/ajph.2013.301348](https://doi.org/10.2105/ajph.2013.301348).
- The 519. 2019. *Still Here, Still Queer: A Handbook for Affirming LGBTQ Older Adults* [ebook]. Toronto. Retrieved from <http://www.the519.org/education-training/training-resources/our-resources/still-here-still-queer>.