Enhancing our evidence base to characterize and monitor LGBTQ2 health in Canada

A brief submitted to the Standing Committee on Health for the Committee's study of LGBTQ2 Health in Canada

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Data from the US, UK, and other industrialized countries consistently indicate that lesbian, gay, bisexual, trans, queer, two-spirit and other sexual and gender minority (LGBTQ2) people are more likely than our heterosexual, cisgender (non-trans) counterparts to experience a variety of poor health outcomes.[1-4] Although the available Canada data suggest that LGBTQ2 Canadians also face many of these same disparities,[5-10] our efforts to properly characterize health disparities among LGBTQ2 Canadians have been hampered by a lack of adequate data. In this brief, we highlight the limitations of the currently available data sources and make recommendations to improve the evidence base to characterize and monitor LGBTQ2 health in Canada.

Our first opportunity to examine sexual minority health using population-based data was in 2003, when a question about sexual orientation (specifically, sexual identity) was added to the Canadian Community Health Survey (CCHS). This question, which continues to be included in the CCHS and some other Statistics Canada surveys, provides three response options ("heterosexual", "homosexual, that is, gay or lesbian", and "bisexual"). Although this question has yielded essential data in beginning to understand LGBTQ2 health (e.g., [6-8, 10-13]), there remain significant gaps. First, this single question fails to capture other important dimensions of sexual orientation such as sexual behaviour and sexual attraction. Measuring these other dimensions of sexual orientation data is particularly important to understand the health of LGBTQ2 youth, who may not self-identity with a minority sexual identity.[14] Further, the sexual orientation question has only been administered to CCHS respondents aged 18-59, producing data gaps with respect to both younger and older LGBTQ2 people – groups who may face particularly significant health outcomes.[15-17] Further, sample sizes of sexual minority people within the CCHS and other surveys that have included the sexual orientation question are insufficient to permit fulsome intersectional analyses (i.e., to examine health among Indigenous and other racialized LGBTQ2 people). Finally, the lack of a question on gender identity has precluded the availability of Canadian population-based data on the health of transgender people; a critical gap given the very significant health disparities that have been identified for transgender people in other countries. [1,2]

In the context of these data gaps, researchers, advocates, and those responsible for delivering services to LGBTQ2 communities have largely needed to turn to US population-based data sets, or to seek funding for community-based research (for example, the Trans PULSE study focused on the health and wellbeing of transgender individuals in Ontario[5] and the Risk and Resilience study of bisexual mental health[9]). However, the newly established Statistics Canada Centre for Gender, Diversity and Inclusion Statistics offers the opportunity for Canada to become an international leader in collecting LGBTQ2 health data, through enhancements and additions to the question currently asked on the CCHS and other Statistics Canada surveys; through the addition of sexual orientation and gender identity questions to surveys where they are not currently included (see Appendix A for a partial list); through support to provincial and municipal governments in collecting appropriate sexual orientation and gender identity data in their jurisdictions; and in development of innovations to ensure that the resulting data sets are sufficient to allow for robust

analysis of important subgroups within the LGBTQ2 population (e.g., Indigenous LGBTQ2 people; LGBTQ2 people living in poverty).

Certain ethical and logistical considerations also contribute to the current lack of data, and must be attended to as Canada advances in this regard. First, given that disclosure of sexual orientation and gender identity often result in exposure to stigma and discrimination among LGBTQ2 people, these data cannot be reliably reported by other members of the household, thus limiting the utility of household surveys. Second, recognizing this potential risk for discrimination, as well as historical harm to LGBTQ2 communities as a result of research participation, access to data collected on sexual orientation and gender identity must be carefully safeguarded, to ensure both data security and ethical use of these data. Finally, considering that sexual orientation and gender identity are often described in language that is highly context-specific and continually evolving, questions surrounding these variables must reflect the experiences and preferred language of these communities. In particular, few if any lesbians or gay men refer to their sexual identities as homosexual[18], and a variety of identity labels in addition to bisexual (e.g., pansexual and queer), are preferred by some individuals who are attracted to and/or sexually active with individuals of more than one gender. [19]

This current study by the Canadian House of Commons Standing Committee on Health on LGBTQ2 health offers a natural opportunity to bring together the expertise of the new Statistics Canada Centre for Gender, Diversity and Inclusion Statistics with Canada's ample academic and community expertise in LGBTQ2 health to maximize the opportunities for excellence in this domain.

In order to enhance the availability and quality of population-based data on LGBTQ2 health in Canada, we recommend:

- Adding questions about sexual attraction, sexual behaviour, and gender identity to the CCHS and other Statistics Canada surveys that include the question on sexual identity. These questions should be asked of all respondents, regardless of age.

- Adding questions on sexual orientation and gender identity to all other Statistics Canada and other federal population-based surveys that do not currently collect these data, such as the Canadian Income Survey (CIS) and the Homeless Individuals and Families Information System (HFIS). Although individual cycles of some of these surveys will be expected to have relatively small samples of LGBTQ2 people, this limitation can be overcome by pooling cycles for analysis (as is frequently done with the CCHS[20]). While we recommend the addition of sexual orientation and gender identity-inclusive measures to all federally funded surveys, we have provided a list of surveys for which the addition of these measures is particularly needed, given evidence of relevant LGBTQ2 disparities from outside Canada (Appendix).

- Oversampling LGBTQ2 populations in existing surveys (e.g., the CCHS), to produce sample sizes sufficient for intersectional analyses. This is necessary to monitor

health among those LGBTQ2 people who face intersecting forms of discrimination (e.g., racialized LGBTQ2 people). Oversampling may be achieved by either oversampling respondents from neighborhoods known to have a higher population density of LGBTQ2 people (based on previous cycles of the survey) or by using adjunct network-based sampling methods (e.g., respondent-driven sampling)[21].

- Ensuring that data sources used to monitor health among Indigenous Canadians include questions on sexual orientation and gender identity. This might include, for example, the First Nations Regional Health Survey and surveys administered by Indigenous and Northern Affairs Canada. Nation-specific terms for two-spirit traditions (i.e., respected and culturally important non-binary genders or sexualities that were used in many Indigenous communities before colonial erasure) should be included where available. [22]

- Making optimal use of LGBTQ2 data in the Census of Population, while simultaneously recognizing its limitations. We are very encouraged by plans to permit transgender people to self-identify on the Census; however, household reporting, together with the lack of sexual orientation data, mean that bisexual people, non-partnered gay and lesbian people, and transgender people who have not disclosed their identities to the person reporting for the household will not be visible. As such, Census data will only permit analysis of same-sex couples and self-identified transgender people. This offers an important starting point, but further data innovations will be necessary in order for Census data to accurately reflect the LGBTQ2 communities as a whole, and consultations with LGBTQ2 communities and academic experts can assist with identifying optimal strategies in this regard.

- Working with other levels of government to adjust requirements for provincial and municipal population-based data sources that include important health-related data to better assess LGBTQ2 issues. For example, this might include administrative data—e.g., physician service billing records—and other similar datasets maintained by the Institute for Clinical and Evaluative Sciences in Ontario, PopDataBC in British Columbia, and counterparts in other provinces. Sexual orientation and inclusive gender identity measures should also be collected along with other sociodemographic information attached to case reports of reportable diseases of public health interest. For example, in British Columbia sexual orientation data are only routinely collected for HIV and syphilis cases[23] despite overrepresentation of LGBTQ2 people in other epidemics of public health importance.

- Supporting consultation with LGBTQ2 communities regarding the ideal formulation of questions addressing sexual orientation and gender identity to be included in these new initiatives. The new Statistics Canada Centre for Gender, Diversity, and Inclusion Statistics, in collaboration with the Statistics Canada Questionnaire Design Resource Centre, will be ideally placed to lead this work.

At the same time as we enhance population-based data, it is important to foster funding mechanisms to support community-driven research in LGBTQ2 health, which will inevitably continue to identify emerging areas of concern. Examination of research funding opportunities available through the Canadian Institutes of Health Research (CIHR), as well as other federal health funders, is warranted. Historically, much of the research conducted on LGBTQ2 health has been funded through HIV-related mechanisms.[24] While HIV is a health issue of concern to LGBTQ2 people,[25] a myopic focus on HIV at the exclusion of other pressing epidemics has limited urgently needed research attention to the full array of health issues affecting LGBTQ2 Canadians[26]. Further, there is presently no explicit home for LGBTQ2 health research within CIHR; that is, there is no Institute that explicitly includes LGBTQ2 health within its mandate. The Institute for Gender and Health does include the health of gender diverse people in its mandate, and has been enormously supportive in funding the research of many Canadian academics working in this area. However, sexual orientation is not named in the Institute's mandate, and so researchers must rely on supportive but constantly changing review committees to consider this type of work within the Institute's purview. Recognizing sexual orientation and gender identity within the mandate of the Institute of Gender and Health (or within a variety of relevant institutes), together with priority funding announcements to address the knowledge gaps we are identifying in this meeting, would serve to build a robust evidence base upon which policy and practice interventions to address health disparities for LGBTQ2 Canadians could be grounded.

In order to support and enhance investigator-driven research on LGBTQ2 health in Canada, we recommend:

- Establishing strategic funding announcements through CIHR, the Public Health Agency of Canada, Health Canada, and other federal funders to support research to address gaps in the evidence base on LGBTQ2 health.. These could include mechanisms such as operating grants (e.g., CIHR's Project Scheme), support to researchers who propose programs of research relevant to LGBTQ2 health (e.g., CIHR's Foundation Scheme), and large-scale team grants, as a few examples.

- Inclusion of both sexual orientation and gender identity within the mandate of CIHR's Institute for Gender and Health.

-Involvement of LGBTQ2 community partners throughout processes of identifying priority research areas and funding mechanisms and selecting funded proposals.

-Establishment of a national office on LGBTQ2 health research, similar to that within the US National Institutes of Health (see: https://dpcpsi.nih.gov/sgmro). Such an office is critical to maintaining institutional support for these recommendations and should be tasked with administering and evaluating LGBTQ2-specific funding calls, identifying funding calls sponsored across the CIHR Institutes that may prioritize LGBTQ2-related proposals, and producing routine reports on the state of LGBTQ2 research in Canada.

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Appendix. A partial list of Statistics Canada surveys that could be used to improve knowledge on the health of LGBTQ2 Canadians, with the addition of appropriate and inclusive measures of sexual orientations and gender identities

Cannabis, National Survey
Canadian Armed Forces Health Survey
Canadian Health Measures Survey (CHMS)
Canadian Health Survey on Seniors
Canadian Housing Survey (CHS)
Canadian Income Survey
Canadian Internet Use Survey
Children and Youth, Canadian Health Survey on (CHSCY)
Employment Insurance Coverage Survey
Homeless Individuals and Families Information System (HFIS)
Homicide Survey
Labour Force Survey (LFS)
Life After Service Survey (LASS)
Maternal Health Survey
Survey on Individual Safety in the Postsecondary Student Population (General population)
Survey on Individual Safety in the Postsecondary Student Population (RMC)

Source: https://www.statcan.gc.ca/eng/survey/list