

## **Written Brief for HESA Study on LGBTQ2 Health in Canada Health Canada and the Public Health Agency of Canada**

LGBTQ2 populations in Canada experience a number of inequalities related to health behaviours, health outcomes, and access to health services<sup>1,2,3,4</sup>. They also face a number of social and economic inequalities in areas such as employment status, income and social support. Many of these inequalities are the result of experiences of stigma and discrimination, which create barriers to health and social services.

### **Health Canada**

Health Canada is committed to ensuring the integration of a sex and gender-based perspective in developing and delivering an evidence-informed cannabis public education and awareness campaign for key population sub-groups such as LGBTQ2 individuals that may require special focus. Early work has been undertaken to assess available data and public opinion research to better understand gender differences in cannabis use and risk perceptions among Canadians.

Available research suggests that sexual orientation and gender identity status are linked to increased substance use in general. While there are limited Canadian studies exploring cannabis use among the LGBTQ2 community, there is some evidence from US studies indicating that cannabis use tends to be higher among non-heterosexual youth and adults and trans and gender diverse individuals.

In light of available evidence, the Government of Canada is taking steps to ensure that its cannabis public education and awareness efforts are targeted to the needs of the LGBTQ2 community. More specifically, Health Canada is exploring opportunities to better engage LGBTQ2 community members and organizations in the development of public education messages, advertising campaigns and outreach efforts. Lastly, the Department is exploring ways of better leveraging funding through the Substance Use and Addictions Program to address the needs of the LGBTQ2 community across a number of substance areas.

### **The Public Health Agency of Canada (PHAC)**

PHAC has undertaken a number of initiatives to support the health and well-being of LGBTQ2 populations. PHAC has adopted a broad approach to LGBTQ2 health, which considers social determinants of health, health behaviours and a broad range of health outcomes, as well as HIV and other sexually transmitted and blood-borne infections (STBBI).

PHAC's commitment to address the health needs of LGBTQ2 populations is also supported by the Government of Canada-wide mandatory use of sex and gender-based analysis plus (SGBA+) in all research, program and policy development. SGBA+ is a tool to assess the potential impacts of policies, programs, and initiatives on diverse groups of men and women, boys and girls, and to mitigate those impacts. Using SGBA+ while considering other identity factors, such as sexual orientation, supports PHAC's commitment to health equity, and allows for coordinated action to address health inequalities of LGBTQ2 populations.

## 1. Monitoring Inequalities for LGBTQ2 Populations and Building the Evidence Base

Evidence on inequalities in health status, health behaviours, and determinants of health for lesbian, gay and bisexual Canadians is produced through the Health Inequalities Reporting Initiative, led by PHAC in collaboration with the Pan-Canadian Public Health Network, Statistics Canada, and the Canadian Institute for Health Information. Products from this initiative include an interactive Health Inequalities Data Tool launched in 2017<sup>1</sup>, which contains over 70 indicators of health outcomes and health determinants disaggregated across a range of socio-demographic and economic population groups, including sexual orientation, at the national, provincial and territorial levels. It provides a systematic portrait of the state of health inequalities in Canada and represents the most comprehensive pan-Canadian data resource on health inequalities currently available. There presently are 32 indicators in the data tool that are disaggregated by sexual orientation. The tool also provides baseline data across a wide variety of health outcomes and health determinants that will support the monitoring of health inequalities over time, constituting an important data source for measuring progress in inequalities reduction. In addition, the report *Key Health Inequalities in Canada: A National Portrait* was released in June 2018<sup>5</sup>. This comprehensive narrative report provides information related to inequalities experienced by lesbian, gay and bisexual Canadians. A video, as well as infographics, have also been produced (<https://www.canada.ca/en/public-health/services/video/health-inequalities-canada.html>) and provide additional information on inequalities among bisexual populations for diverse audiences.

The development of the Data Tool in 2017 reflects PHAC's ongoing work to strengthen measurement and monitoring of health inequalities by sexual orientation to inform the development, implementation and evaluation of programs and policies. For example, the Data tool shows that:

- Bisexual men report fair or poor mental health nearly four times as often as heterosexual men;
- Bisexual women report three times more, and gay men report twice the rate of fair or poor mental health compared to their heterosexual counterparts;
- Lesbian and bisexual women each reported 1.64 times higher rates of heavy alcohol use compared to heterosexual women;
- Compared to heterosexual women, bisexual women report almost twice the rate of smoking and lesbians report 1.7 times the rate;
- Lesbians reported 1.4 times higher rates of obesity compared to heterosexual women;
- Bisexual Canadians report three times higher rates of food insecurity compared to heterosexual Canadians, with more than 1 in 4 bisexual women reporting food insecurity, and nearly 1 in 5 bisexual men reporting food insecurity; and
- Lesbian, gay, and bisexual men and women reported workplace stress 1.3 times more often than heterosexual men and women.

The tool can be accessed via <https://infobase.phac-aspc.gc.ca/health-inequalities/data-tool/>.

Additionally, PHAC has been collaborating with other government departments such as Statistics Canada, Women and Gender Equality (WAGE), and Privy Council Office (PCO) LGBTQ2 Secretariat to enable coordinated action in identifying and addressing gaps in data, evidence, policy and practice related to LGBTQ2 health. For example, PHAC is hosting a plenary panel at Emory University's upcoming National Conference on LGBTQ Health with Statistics Canada, WAGE, PCO Secretariat and Rainbow Health Ontario regarding Canada's response to LGBTQ2 Health Inequities on May 31st. (see <https://lgbtqconference.dryfta.com/en/85-program-schedule>)

## **2. Strengthening LGBTQ2 Populations' Access to Community-Based Programs**

PHAC has also integrated components specifically designed to address needs of LGBTQ2 populations within a number of its community-based Grants and Contribution Programs. These program components are intended to improve health promotion and disease prevention approaches for LGBTQ2 populations that are informed by an equity-promoting, anti-stigma, and anti-discrimination lens.

For example, PHAC's Mental Health Promotion Innovation Fund (MHP-IF) invests in promising interventions that address mental health promotion across multiple levels and populations. It provides multi-year funding and support to population health interventions across Canada using a population health intervention research approach. The MHP-IF and its funded projects aim to discover what programs and policies work, for whom and in what context. The MHP-IF's most recent funding call required that applicants highlight health equity considerations and engage specific subpopulations such as LGBTQ2 communities in Canada.

In addition, explicit components for LGBTQ2 populations have been built into programs related to family and gender-based violence. LGBTQ2 Canadians report higher rates of exposure to violence than non-LGBTQ2 Canadians. PHAC's Family Violence Prevention Investment focuses a portion of the funding on preventing and reducing the health impacts of family violence for these populations. While all of the projects funded through this investment deliver and evaluate health promotion interventions designed to improve the health outcomes for survivors of family violence, two projects focus specifically on trans, non-binary, and Two-Spirit people. Additionally, PHAC is presently reviewing applications for the Preventing Gender-Based Violence: the Health Perspective - Teen/Youth Dating Violence Prevention Fund which aims to support the implementation and testing of programs and initiatives to prevent dating violence among teens and youth. Both of these funding investments include opportunities to build the evidence base and capacity of organizations that focus on preventing family and gender-based violence, with a specific focus on interventions that engage and support LGBTQ2 populations.

Promoting healthy living is an important area of public health action for LGBTQ2 population. PHAC's Healthy Living and Chronic Disease Prevention Multi-sectoral Partnerships program (MSP program) tests and scales up community-based projects focusing on physical activity, healthy eating, healthy weights and tobacco cessation and prevention that promote positive behavioural change as well as physical and social conditions for better health. Since its launch, this program has invested \$112 million and leveraged an additional \$92 million in non-governmental funding in projects that aim to increase the reach and impact of evidence-based approaches that support healthy choices and behaviours. Recognising that sub-groups of Canadians are at higher risk of developing chronic diseases such as diabetes, cardiovascular disease and cancer and experience higher prevalence of their risk factors, the MSP program is focusing its efforts on these high-risk groups, including the LGBTQ2 population, who experience higher rates of tobacco use.

## **3. HIV and other Sexually Transmitted and Blood-Borne Infections**

The Government of Canada invests \$81.5 million annually to support the prevention and control of HIV and other STBBIs. In addition, the Government of Canada has announced new investments in Budgets 2017 and 2018 that will augment these efforts. These investments include:

- \$30 million over five years for the Harm Reduction Fund to support community based harm reduction projects across Canada to enhance street outreach, build capacity

- among service providers, expand the mobile outreach and reduce rates of HIV and hepatitis C among people who share drug use equipment;
- \$5 million under the new Centre for Innovation in Infectious Diseases Diagnostics at the National Microbiology Laboratory to develop and deploy technological solutions to deliver infectious disease testing programs to underserved communities using novel, culturally safe and community-led methods; and
- \$37.5 million over five years for STBBI programs and services for First Nations and Inuit.

In June 2018, PHAC released A Pan-Canadian Framework for Action: Reducing the Health Impact of Sexually Transmitted and Blood-Borne Infections in Canada by 2030 after it was endorsed by federal, provincial and territorial Ministers of Health. This Framework provides an overarching approach for how Canada can contribute to achieving global targets for the elimination of AIDS, viral hepatitis and sexually transmitted infections. The goals of the Pan-Canadian STBBI Framework for Action include: reduce the incidence of STBBI in Canada; improve access to testing, treatment, and ongoing care and support; and reduce stigma and discrimination that create vulnerabilities to STBBI.

The STBBI Framework four pillars are: prevention, testing, initiation of care and treatment, and ongoing care and support, with a focus on key populations disproportionately affected by STBBI: people living with HIV or hepatitis C and related conditions; Indigenous Peoples; gay, bisexual and men who have sex with men; people who use drugs; transgender persons; people with experience in the prison environment; people from countries where HIV, hepatitis B, and hepatitis C are endemic; and people engaged in the sale or the purchase of sex.

PHAC continues to invest \$26.4 million annually to support communities across Canada implement innovative and evidence-based STBBI prevention interventions through the HIV and Hepatitis C Community Action Fund (Community Action Fund). PHAC currently supports 122 organizations through 85 projects, including projects which focus on preventing new infections and facilitating access to testing and treatment for gay, bisexual, transgender and queer men. For example, the Community Action Fund is supporting:

- A five-year, \$7 million investment to support the Advance: Pan-Canadian Community Health Alliance, to increase access for gay, bisexual, two-spirit and transgender populations to the equitable and effective health services they need, and to increase the uptake of new HIV prevention technologies in an effort to reduce the rates of new HIV infections. This includes the implementation of pilot interventions to address access and uptake priorities for GBTQ2 men related to STBBI and mental health including: STBBI testing and treatment; pre-exposure prophylaxis (PrEP) and non-occupational post exposure prophylaxis; vaccinations for the human papilloma virus, hepatitis A and hepatitis B; and, counselling services for mental health, substance use, and addictions.

### ***Stigma and Discrimination***

In Canada, it is well understood that HIV and STBBI disproportionately affect certain populations. To reduce the health impact of HIV and STBBI in Canada, it is critical to deliver the most effective interventions, tailored to the needs of people at greatest risk for infection in communities where STBBI are most concentrated. To help reduce STBBI-related stigma PHAC has developed tools for health professionals and is prioritizing its investments for community-based interventions that provide evidence-based information to affected populations and equip health and other service providers to offer services in a safe and non-stigmatizing environment.

In addition, a Pan-Canadian anti-stigma campaign, investment of \$550,000 over 2018-2019 and 2019-2020 that seeks to reduce stigmatizing attitudes towards people living with HIV, increases

knowledge about new effective HIV prevention strategies, specifically PrEP and the Undetectable=Untransmittable (or U=U) message. The campaign is aimed at gay, bisexual, queer and two-spirit men, and transgender people.

#### **4. Summarizing Evidence on Effective Interventions and Gaps**

PHAC is undertaking a series of evidence reviews to increase understanding of current practices, gaps, and promising approaches to address the unique needs of LGBTQ2 populations in order to understand promising practices in Canada. This work is a collaboration with academic and organizational experts. It will serve to inform research, programs and policies aimed at better understanding and improving interventions to better meet the needs of LGBTQ2 populations. For example, a recent review of interventions that address the social determinants of health among LGBTQ2 populations in Canada revealed important gaps in programming. These gaps include: a lack of interventions that target employment, food security, housing and education, in addition to limited programming for LGBTQ2 persons living with a disability, and targeted interventions for cisgender, lesbian, bisexual, and queer women specifically.

#### **5. Substance Use**

##### ***Substance Use and Addictions Program (SUAP)***

This is a Health Canada grants and contributions program that delivers funding connected to the Canadian Drugs and Substances Strategy as well as Health Canada's cannabis, controlled substances (opioids) and tobacco control programs.

One of the core SUAP principles is promoting equity and reducing health inequities by targeting populations that experience disproportionate levels of substance use issues, including the LGBTQ2 community. Further, to support sex and gender-informed programming, the SUAP embeds SGBA considerations throughout the solicitation, review, approval and ongoing monitoring processes of the program. This includes a continuum of gender considerations, posted publically, that the SUAP uses to solicit and review for projects that are gender transformative.

Currently funded multi-year SUAP projects that help to address the health needs of LGBTQ2 communities in Canada include:

- a project with the University of British Columbia studying subgroups of individuals with severe substance use and mental health issues, including LGBTQ2 people, to gain knowledge about the individual and organizational factors that support transition from treatment back to community and reduce related overdose risks;
- a community-based project with St. Stephen's Community House in Toronto focused on building a peer support model for youth with problematic cannabis and prescription drug issues, including LGBTQ2 youth;
- a stigma reduction project with Community Addictions Peer Support in Ottawa that includes development of gender and LGBTQ2 sensitivity training; and,
- cannabis research initiatives with the Mental Health Commission of Canada and the Canadian Centre in Substance Use and Addictions that include focused research on cannabis use in the LGBTQ2 community.

##### ***Controlled Substances Directorate***

The Canadian Drugs and Substances Strategy (CDSS), announced on December 12, 2016, represents a public health focussed, evidence based approach to drug policy. The CDSS helps inform federal drug policy, including helping to guide Canada's approach to the ongoing opioid overdose crisis.

Under the CDSS, Gender Based Analysis Plus (GBA+) is used to help identify and target at-risk populations, and to develop and support policies and programs to respond to their specific needs. GBA+ goes beyond a sole focus on sex and gender to explore how these factors intersect with other factors, including ethnicity, race, age, geographic location and mental or physical abilities.

### ***Opioid Response Team***

As part of the response to the opioid overdose crisis we are taking a compassionate, comprehensive, collaborative, and evidence-based approach towards implementing policies that address growing concerns related to substance use in Canada. As such, LGBTQ2 issues are part of all considerations prior to policy implementation.

An important component of the federal response to the opioid crisis is the engagement of people with lived and lived experience, including people who use or used drugs, or who have lost a loved one to an overdose. Health Canada works with organizations such as the Canadian AIDS Society, the Canadian Association of People Who Use Drugs, Moms Stop the Harm and the Community Addictions Peer Support Association, to help the perspectives of those directly impacted by the opioid crisis, including members of the LGBTQ2 community, to inform policy and program decisions.

### ***Tobacco Control Directorate***

Data have shown elevated smoking rates among various LGBTQ2S+ communities in Canada. The smoking prevalence rates range from 24% to 45% across the different sexual orientation and gender identity groups, with bisexual women and bisexual men reporting the highest smoking rate at 45%. Canada's Tobacco Strategy (the Strategy) will seek to address the challenges through targeted efforts.

The Strategy recognizes that not all Canadians are at the same risk of being enticed to use or continue to use tobacco and vaping products. Even within traditional demographic segments, not all Canadians are at the same level of risk and not every individual will respond to the same anti-smoking message or intervention in the same way. As a result, Health Canada has commissioned new innovative public opinion research to support the development of new public education and outreach campaigns for youth and young adults that are targeted at those that are more likely to be at risk of tobacco or vaping product inducements. Similar targeting has been successful in addressing use rates for LGBTQ2S+ youth in other jurisdictions and could be implemented in Canada.

Emerging GBA+ impacts will be monitored by Health Canada through two biennial surveys that use gender-differentiated data for indicators, the Canadian Students Tobacco Alcohol and Drugs Survey (CSTADS) and the Canadian Tobacco and Nicotine Survey (CTNS). The questions about sex and gender have been updated in the latest CSTADS. The survey now contains a two-step sex and gender question, and a question regarding sexual orientation/identity. The same changes will be implemented in the CTNS. Future results will be compared with baseline data from CTADS and CSTADS to analyze GBA+ trends and emerging impacts. Health Canada will also continue to monitor data commissioned by other governmental departments and by academic institutions across Canada that may provide other relevant ways of addressing GBA+ inequities.

## 6. Supporting PHAC LGBTQ2 Workforce

The federal public service is a diverse workforce that includes employees of all sexual orientations and gender identities. PHAC and Health Canada are taking concrete steps to support and promote diversity and inclusion in its workforce. One of these initiatives is the Gender and Sexual Diversity Network (GSDN) which consists of Health Canada and PHAC employees representing the full spectrum of gender identities, gender expressions, and sexual orientations. The GSDN enables employees to connect regarding initiatives, activities, events, studies, and reports that pertain to the health and wellbeing of LGBTQ2 communities in Canada. The GSDN has also launched the Positive Space Initiative, which has an overarching goal of creating a safer, more inclusive environment. A Positive Space is a welcoming and supportive environment for everyone, including members of LGBTQ2 communities.

### References:

1. Pan-Canadian Health Inequalities Data Tool, 2017 Edition. A joint initiative of the Public Health Agency of Canada, the Pan - Canadian Public Health Network, Statistics Canada, and the Canadian Institute of Health Information. Available from <https://infobase.phac-aspc.gc.ca/health-inequalities/>
2. Tjepkema M. Health care use among gay, lesbian and bisexual Canadians. *Health reports*. 2008 Mar 1;19(1):53.
3. Plöderl M, Tremblay P. Mental health of sexual minorities. A systematic review. *International review of psychiatry*. 2015 Sep 3;27(5):367-85.
4. Clarke MP, Coughlin JR. Prevalence of smoking among the lesbian, gay, bisexual, transsexual, transgender and queer (LGBTQQ) subpopulations in Toronto—the Toronto Rainbow Tobacco Survey (TRTS). *Canadian Journal of Public Health/Revue Canadienne de Sante'e Publique*. 2012 Mar 1:132-6.
5. Key Health Inequalities in Canada: A National Portrait, 2018 Edition. A joint initiative of the Pan-Canadian Public Health Network (PHN), the Public Health Agency of Canada (PHAC), Statistics Canada, Canadian Institute of Health Information (CIHI), and the First Nations Information Governance Center (FNIGC). Available from [https://www.canada.ca/content/dam/phac-aspc/documents/services/publications/science-research/hir-full-report-eng\\_Original\\_version.pdf](https://www.canada.ca/content/dam/phac-aspc/documents/services/publications/science-research/hir-full-report-eng_Original_version.pdf)