



Ontario Public Health Association  
l'Association pour la santé publique de l'Ontario  
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# Improving the Access to And Quality of Public Health Services For Lesbians and Gay Men

Executive Summary, Resolutions,  
Implementation Strategy

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**The complete position paper is available at <http://www.opha.on.ca>**

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## Executive Summary

Public Health services must be responsive to the needs of people from diverse backgrounds and to those who may face specific discrimination or disadvantage. The Public Health Alliance for Lesbian, Gay, Bisexual, Transsexual Equity (PHA) developed *Improving the Access to and Quality of Public Health Services for Lesbians and Gay Men* to provide the membership of the Ontario Public Health Association with documentation of the impacts of societal and systemic discrimination. The paper outlines the individual and family health impacts and then provides recommendations for change and action. The Public Health Alliance has as its goal: to eliminate homophobia and heterosexism through the improvement of public health services for gay men and lesbians and by becoming advocates for social change.

This paper makes explicit the health impacts on lesbians and gay men associated with the multi-level nature of oppression, homophobia and heterosexism within the structural and cultural foundations of discrimination. The paper draws out the interconnected patterns at four levels of impact; individual, community, systemic and societal.

Homophobia is defined as the irrational fear of gays and lesbians and the hatred, disgust and prejudice, which that fear, brings. Heterosexism is defined as the belief that heterosexuality is inherently superior to any other form of sexual orientation. This is accompanied by the assumption that everyone is heterosexual unless otherwise indicated. Both homophobia and heterosexism exist and are manifested at the four levels of impact.

The explicit or implicit belief in these two concepts ensures that many lesbians and gay men remain invisible (oppressed) within our communities and particularly for our purposes, invisible to health care services. This invisibility impacts individuals who may face inappropriate provision of care. By not providing a visible and welcoming environment to diverse populations and specifically lesbians and gay men, health care services act to perpetuate and reinforce the oppression of a negative societal context.

The current social context is such that the expression of a sexual orientation other than that of heterosexual still evokes much emotion and controversy. As a result, heterosexism and homophobia continue to be acceptable forms of discrimination and oppression. Oppression occurring at the institutional and the individual levels act to reinforce anti-gay and anti-lesbian actions and beliefs as well as to create and reinforce the structural-cultural context.

The evidence that the oppression of lesbians and gay men results in major impacts to the health and well-being of many Ontario citizens is considerable and outlined in the paper. The public health response to issues gays and lesbians face has been inconsistent, as shown in three Ontario based studies. As public health practitioners we are obligated to understand the diversity of the

populations to whom we provide service, including lesbians and gay men. It is time to take action on the evidence.

Culture provides a social context (social learning) of boy roles and girl roles (gender roles), child, adult and elder roles. The social context implicitly teaches us our roles and by those roles what to expect through our social interactions. This paper explains how homophobia and heterosexism implicitly act as elements of social control and social learning that have an impact on the health and well being of many Ontario citizens. The inclusion of homophobia and heterosexism into the analysis of the determinants of health has been lacking. Again, exclusion acts to maintain the invisibility of lesbian and gay sexual identity. Invisibility is a barrier to accessing appropriate public health services for children, youth, adults and families and to the healthy development of all people.

Myths and stereotypes contribute to a misinformed society. Misinformation impacts service providers, families, friends and colleagues of gay and lesbian people. They are poorly prepared to understand sexual orientation or sexual identity disclosures. This impacts the ability of a family to respond to a disclosure and can endanger a life. Family health is a public health role.

Myths and stereotypes contribute to an oppressive environment through the devaluation of social roles and negative labelling of gays and lesbians. In addition, myths and stereotypes are structurally and culturally pervasive as “common knowledge”. All these individual influences result in social stigmatization. Children learn what constitutes stigma and that stigmatization hurts because it discredits and marks individuals as outside or marginal. In order to avoid such stigma, human beings learn it is necessary to hide. Stigmatization decreases the life chances of people who are stigmatized.

The institutional systems contribute to the stigmatization by assuming that there is no difference between the health care needs of gays and lesbians and heterosexuals. Response to needs can be integrated into the general, heterosexual provision of service. This forces lesbians and gay men to decide whether they can disclose their sexual orientation to their health care providers. When they do, they may experience prejudice and loss of respect. If they do not, they may not obtain the services they need. Consequently many lesbians and gay men simply avoid health care services completely. This situation compromises gay men and lesbian access to public health services.

The service needs for lesbians and gay men are different from mainstream needs. These different needs arise because of the impacts of stigma, exclusion and invisibility which results in internal and external experiences of oppression. Lesbians and gay men need social support to reduce isolation, legitimize feelings and obtain credible information. Gay men and lesbians are at risk of health impacts including, depression, suicide, homelessness, substance abuse and the transmission of life threatening infections. Interpersonal health impacts include a higher risk for becoming victims of violence; such as anti-gay violence, family violence and domestic violence.

When responding to oppression and sexual identity formation as determinants of health, a comprehensive approach to the issues must be framed. Public health can respond by:

1. Creating opportunities for social support.
2. Initiating actions that will create social cohesion.
3. Providing education, research and appropriate programming.
4. Eliminating discrimination.

Some actions are possible at our local health units while other actions must be located at the provincial or federal level. There have been many changes to public policy with regard to gay men and lesbians, but these alone are insufficient to create an environment that is safe and healthy for all Ontario residents. Changes to public policy may have contributed to an exacerbation of current anti-gay sentiment.

### **Creating opportunities for Social Support**

Social support action at all levels, local, provincial and federal can be accomplished through the building of relationships and networks across all sectors. Other recommendations include an inventory of existing needs and services, responding to identified gaps, public knowledge programs, and visible evidence of a supportive environments. Public health can demonstrate that we are open to hearing the experiences of lesbians and gay men by initiating and collaborating in opportunities to meet service needs. Social support serves to decrease isolation as well as to impact and change social attitudes. Systemic impacts can only be realized when accessibility issues are a concern in all programs and at all levels within a health department.

### **Social Cohesion**

This is evidenced by the existence of mutual trust and respect in the community and wider society. In order to achieve this goal, the building of trusting relationships and networks in all sectors is again necessary. Ensuring that research is reported in mainstream journals and that research recommendations are supported. In addition, responding to existing needs in our communities would serve to develop social cohesion in the community.

### **Education, Research and Programming**

Knowledge development is a key concern at all levels of influence; local, provincial and federal. A national research strategy, influencing health professional education and the development of programs and services designed specifically to meet the needs of lesbians and gay men.

### **Eliminating Discrimination**

Policy actions are meaningless in a social context that continues to oppress individuals from their right to express themselves. Policy change does not impact personal, systemic and societal discrimination all on its own. Just as systemic discrimination reinforces personal impacts, working at multiple levels of influence can begin the process of eliminating discrimination. This is long range, complex work that requires all of us to advocate and educate.

### **Our Workplaces**

In our own workplaces we can begin to eliminate discrimination by providing education on homophobia and heterosexism, challenging assumptions and stereotypes, and reviewing our services. Recognition that in order to address the barriers to providing accessible services, we have to identify and become aware of our personal roles. Many dedicated staff across Ontario are working in the area of sexual health and have been continually reaching out to the lesbian

and gay community. As a result of this work, staff may experience homophobic reactions (anti-gay sentiment) regardless of their sexual identity. Two actions arise specifically that will impact workplaces:

1. All areas of public health service provision must be prepared to understand that some health care needs for lesbians and gay men are different from mainstream needs. Barriers arise when we are limited by our knowledge of and comfort with the experiences and situations of lesbians and gay men.
2. Opening up our workplaces to become safe environments for the provision of service to lesbians and gay men will contribute in a positive way to decreasing the homophobic reactions toward people (and colleagues) who are empathetic and comfortable with the experiences and situations of lesbians and gay men. Lesbians and gay men working in public health also begin to feel supported and included.

### **Finally,**

The Public Health Alliance for Lesbian, Gay, Bisexual and Transsexual Equity recognised our common experiences and feelings of isolation in the office. In *Improving the Access to and Quality of Public Health Services for Lesbians and Gay Men* we share the information from a number of Ontario-based health and social service reports on the barriers to access that lesbians and gay men face. Our hope is that it serves to further reduce the isolation because it stimulates action in the public health community. The entire paper is available on the OPHA website: <http://www.opha.on.ca>. We invite you to read the paper and we look forward to receiving your responses. We also anticipate your commitment to accessible services and these recommendations.

## **Resolutions**

**WHEREAS** the individual and systemic oppression of gay men and lesbians has a significant impact on their health;

**WHEREAS** public health services have not consistently provided accessible and appropriate service to lesbians and gay men;

**WHEREAS** public health services and professionals may be inexperienced, uninformed and uncomfortable with the experiences and situations of gay men and lesbians;

**WHEREAS** public health services are legally, professionally and ethically obligated and mandated to understand the diversity of gay and lesbian clients, including their experience, situation, ethnicity, religion, ability and age;

**WHEREAS** the experiences and situations of bisexual and transsexual/transgendered persons are different from the experiences and situations of lesbians and gay men:

**THEREFORE BE IT RESOLVED THAT** the Ontario Public Health Association adopt the Access to Services for Lesbians and Gay Men position paper.

**BE IT FURTHER RESOLVED THAT** the Ontario Public Health Association advocate for the inclusion of lesbian and gay health issues within the program standards of the Ontario Mandatory Health Programs and Services Guidelines, in all public health program areas; and

**BE IT FURTHER RESOLVED THAT** the Ontario Public Health Association work with the Ministry of Health to convene and fund a Provincial Advisory Panel on Gay and Lesbian Health Issues and to put into effect the recommendations of the position paper; and

**BE IT FURTHER RESOLVED THAT** The Ontario Public Health Association petition the Canadian Public Health Association and Health Canada to develop a national research strategy that will contribute to a body of literature that will inform public health practice; and

**BE IT FURTHER RESOLVED THAT** the Ontario Public Health Association support the development of position papers on the issues of accessibility and health service needs for bisexual and transsexual people; and

**BE IT FURTHER RESOLVED THAT** the Ontario Public Health Association advocate to include lesbian and gay issues in the standards of practice for all health professions, and support health unit education; and

**BE IT FURTHER RESOLVED THAT** the Ontario Public Health Association distribute the *Improving the Access to and Quality of Public Health Services for Lesbians and Gay Men* position paper to key provincial stakeholders; and

**BE IT FURTHER RESOLVED THAT** the Ontario Public Health Association examine the level of support from health units for the incorporation of anti-homophobic and anti-heterosexist provision of care and workplace support and develop a plan of action.

## **Implementation Strategy**

**THEREFORE BE IT RESOLVED THAT** the Ontario Public Health Association adopt the Access to Services for Lesbians and Gay Men position paper.

| Implementation Activities   | Role |
|---|------|
| The paper will be presented to the general membership of the OPHA, at the Annual General Meeting, October 2000. | PHA  |

**BE IT FURTHER RESOLVED THAT** the Ontario Public Health Association advocate for the inclusion of lesbian and gay health issues within the program standards of the Ontario Mandatory Health Programs and Services Guidelines, in all public health program areas

| Implementation Activities | Role |
|---------------------------|------|
|---------------------------|------|

|   |   |
|---|---|
| 1. Ensure that program public health professionals who are experienced, informed and comfortable with gay and lesbian issues review requirements and standards to ensure the inclusion of lesbian and gay issues. | OPHA Mandatory Core Guideline Review Committee/ PHA |
| 2. Distribution of position paper to committee (via website?)   | OPHA Office   |

**BE IT FURTHER RESOLVED THAT** the Ontario Public Health Association work with the Ministry of Health to convene and fund a Provincial Advisory Panel on Gay and Lesbian Health Issues and to put into effect the recommendations of the position paper; and

| Implementation Activities  | Role                    |
|--|-------------------------|
| 1. Collect additional information on the Lesbian and Gay Advisory groups in BC and Quebec.               | Equity Committee / PHA  |
| 2. Write a letter to the Ministry of Health proposing the establishment of the Provincial Advisory Panel | OPHA Board of Directors |
| 3. Convene such a group and develop terms of reference etcetera.   | To be determined        |

**BE IT FURTHER RESOLVED THAT** The Ontario Public Health Association petition the Canadian Public Health Association and Health Canada to develop a national research strategy that will contribute to a body of literature that will inform public health practice; and

| Implementation Activities  | Role           |
|--|----------------|
| 1. The OPHA advocate at the Board of the CPHA the need for a national research strategy. | OPHA President |

**BE IT FURTHER RESOLVED THAT** the Ontario Public Health Association support the development of position papers on the issues of accessibility and health service needs for bisexual and transsexual people; and

| Implementation Activities                            | Role                   |
|--|------------------------|
| 1. Review literature and research and develop papers | PHA / Equity Committee |

**BE IT FURTHER RESOLVED THAT** the Ontario Public Health Association advocate to include lesbian and gay issues in the standards of practice for all health professions, and support health unit education; and

| Implementation Activities   | Role        |
|---|-------------|
| 1. Develop or research as to the existence of such standards of practise. | PHA/ Equity |

|  |                             |
|--|-----------------------------|
| 2. Letters to the colleges of health professions, and the colleges and universities. | Committee<br><br>OPHA Board |
|--|-----------------------------|

**BE IT FURTHER RESOLVED THAT** the Ontario Public Health Association distribute the Improving the Access to and Quality of Public Health Services for Lesbians and Gay Men position paper to key provincial stakeholders; and

| Implementation Activities   | Role       |
|---|------------|
| 1. Develop a letter of support to accompany document.   | OPHA Board |
| 2. Key Provincial Stakeholders such as:<br>Medical Officer’s of Health, Minister of Health, Professional Education Institutions, Health Profession Governing or Regulating Bodies<br>Provincial Lesbian and Gay Organizations | OPHA       |
| 3. Obtain feedback and follow up.   | PHA/OPHA   |

**BE IT FURTHER RESOLVED THAT** the Ontario Public Health Association examine the level of support from health units for the incorporation of anti-homophobic and anti-heterosexist provision of care and workplace support and develop a plan of action.

| Implementation Activities                             | Role                   |
|---|------------------------|
| 1. Complete an exploration strategy and gap analysis. | PHA / Equity Committee |
| 2. Analyze and report results.                        |                        |

**Regarding resolutions, position papers and motions:**

**Status:** Policy statements (resolutions, position papers and motions) are categorized as:

**Active, if:**

1. The activities outlined in the policy statement's implementation plan have not yet been completed; or
2. The policy statement addresses an issue that is currently relevant to public health in Ontario.

**Archived, if:**

1. The activities outlined in the policy statement's implementation plan have been completed; or
2. The policy statement addresses an issue that is not currently relevant to public health in Ontario or is not based upon the most current evidence. The statement remains the position of the OPHA until a new statement is adopted that effectively reverses or essentially negates all or major elements of an earlier statement. In this instance, the former supersedes the latter

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