

**Shifting Our Outlook Symposium:
Draft Report**



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Introduction

The OutLook Study is a comprehensive needs assessment of the lesbian, gay, bisexual, transgender, queer (LGBTQ) communities in Waterloo Region. The purpose of the study was to acquire data to assist the Rainbow Community Council (RCC) and its constituent members in impacting regional policies, programs and services, by:

- Providing a baseline of the experiences of LGBTQ individuals in relation to social and personal well-being and primary health care needs in Waterloo Region;
- Generating reports that can be used by the RCC and its constituent members to apply for core funding to address the needs highlighted in the data; and
- Publish articles, e-bulletins, and support other knowledge transfer activities of the results to the LGBTQ communities in Waterloo Region.

The OutLook Study includes topics such as harassment, discrimination, intimate partner violence, community supports, and one's sense of belonging. The study is being coordinated by researchers at Wilfrid Laurier University, WLU's Centre for Community, Research, Learning and Action (CCRLA), Region of Waterloo Public Health and Emergency Services (RWPHEs), The AIDS Committee of Cambridge, Kitchener, Waterloo & Area (ACCKWA), LGBTQ community members and the Co-chairs of the RCC, Jeremy Steffler and Charlie Davis. It should be noted that not all research partners of the OutLook Study were members of the RCC.

Symposium

The "Shifting our OutLook" Symposium was held on October 11th, 2018 to deliver findings from the Outlook Study to individuals and organizations working towards improving the wellbeing of LGBTQ communities within the Waterloo Region. The symposium had a specific focus on healthcare and wellbeing, with both results and attendees catered to this perspective. Attendees included local community organizations that had both a health or wellbeing focus and also served the LGBTQ community, such as representatives from Grand River Hospital, Sexual Health Options Resource Centre, RWPHEs, ACCKWA, Community Justice Initiatives, Waterloo Wellington Local Health Integration Network, etc.

The day began with 5 brief presentations of OutLook data around five content areas: 1) Racialized LGBTQ Individuals, 2) Trans Access to Healthcare, 3) LGBQ Access to Healthcare, 4) Mental Health, and 5) Discrimination and Inclusion. Following the research reports, participants broke-off into smaller groups to discuss the different subject areas to better understand the issues raised by the data, approaches for addressing these issues, and resources that exist in the community which are already working in these areas.

"Shifting our OutLook" was structured around three main objectives:

1. Connecting the research findings to community stakeholders and improving capacity for community stakeholders to utilize the research findings
2. Assessment of community resources, assets, and needs within the Waterloo Region's LGBTQ communities
3. Exchanging knowledge and expertise between stakeholders and discussing best-practices for responding to the gaps and needs identified

This report is intended to provide a summary of the data presented and topics discussed during the "Shifting our OutLook" Symposium. The hope is that this report will provide symposium attendees a summary of the event as well as provide an opportunity for further discussions that benefit the LGBTQ community within the Waterloo Region. This document is also intended to provide structure to the mandate of the RCC as it endeavours to address health and wellbeing issues facing the LGBTQ community through community collaboration. It is important to note that since the symposium had a health and wellbeing focus, most of the discussions and recommendations are within this domain.

The document includes sections outlining the data, discussions, and three recommendations relating to each of the five content areas. Following the five content areas is a summary of overarching themes and recommendations, particularly as they relate to next-steps for addressing the issues raised and structuring an RCC work plan. Finally, an annotated list of resources identified by participants at the Symposium is included. Some of these resources have been edited (e.g. correcting program name) or added by the authors of this report.

Issues for Racialized LGBTQ Individuals

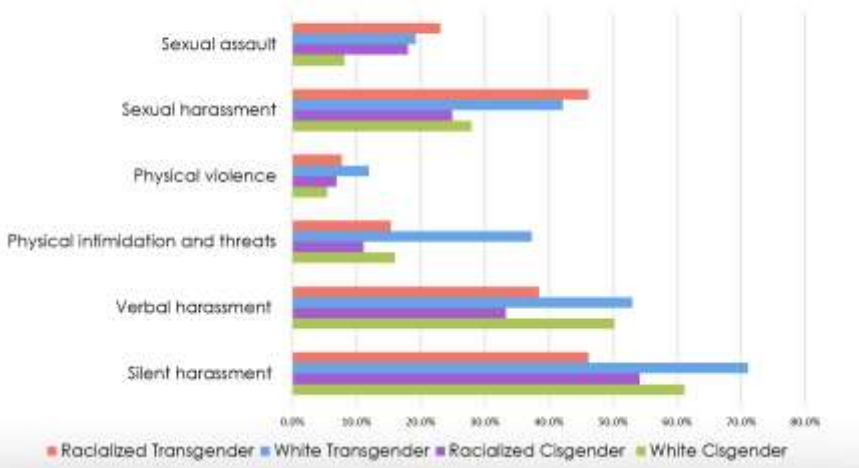
Background

Examining the experiences of racialized LGBTQ individuals centered on two main topics: experiences with social inclusion/exclusion and experiences accessing primary and mental health services. These analyzes examined the intersections of gender, race, sexual orientation and newcomer status, as these different identities all play a significant role in shaping experiences in the broader Waterloo Region.

Racialized LGBTQ respondents perceived higher rates of homophobia and transphobia than their non-racialized counterparts. Overall, only 40% of LGBTQ newcomers are likely to attend a pride event, 16% are likely to attend a LGBTQ community centre and only 13% a LGBTQ support group. Racialized newcomers have a weaker connection to the local community than non-racialized newcomers, with the largest percentage of racialized newcomers indicating they have a very weak connection to the local community (36%).

Similarly, racialized cisgender LGBTQ people have lower social support scores than non-racialized, cisgender people. Among newcomers, 74% of non-racialized and 60% of racialized people have supportive parents. However, 66% of non-racialized and 79% of racialized newcomers have felt that being LGBTQ has hurt their family (compared to 17% of Canadian-born respondents).

Racialized LGBTQ experiences of victimization



Racialized trans participants reported the highest rates of sexual assault (roughly 25%) and sexual harassment (roughly 45%) than racialized cisgender or non-racialized trans participants. However, non-racialized trans participants reported the highest rates of physical violence, verbal harassment and silent harassment. These findings suggest that when racialized trans respondents did experience harassment/violence, it is most likely to be sexual in nature rather than verbal or silent harassment.

The majority of racialized LGBTQ respondents reported having a primary healthcare provider, although racialized respondents were less likely to report having a primary healthcare provider and

than their non-racialized counterparts (racialized cis 79% vs racialized cis 87%, racialized trans 77% vs non-racialized trans 93%). When asked if they had experienced at least one of the nine negative experiences with their care provider, at least 50% had said yes (Cisgender non-racialized: 54.2%, Cisgender racialized: 62.5%, Transgender non-racialized: 59.2%, Transgender racialized: 50.0%). Among newcomers, only 11% of racialized and 31% of non-racialized newcomers talk to their regular healthcare provider about health issues specific to sexual orientation. Similarly, newcomers are also less likely to access mental health services (47% vs 60% of Canadian-born respondents).

Discussion

Key Themes

- Racialized cis and trans LGBTQ people face many challenges in accessing health care services
- Newcomers, especially racialized newcomers, have lower levels of social connectedness to parents, family and community
- Racialized newcomers are less likely to have a primary care provider and less likely to have come out to a provider if they have one than non racialized newcomers and Canadian-born counterparts.

The group discussions regarding the specific concerns and needs of racialized LGBTQ people covered a lot of ground due to the broad nature of the defined population, and as such addressed both high-level systems issues as well as topic-specific issues. Much of the conversation centered around the unique barriers to accessing services that contribute to wellbeing at the intersection of racial and LGBTQ identity.

With regards to healthcare, the burden of self-advocacy placed on patients was highlighted as an issue to care access. For newcomers, the insufficient legal representation for immigration and refugee claimants and that many of the existing services are not geographically accessible for all newcomers within Ontario was cited as a significant barrier to wellbeing. It was also raised that settlement workers are often not equipped with the skills and tools to serve the specific needs of LGBTQ newcomers. Newcomers are also often called upon to “prove” their LGBTQ identity to successfully claim refugee status which is, not only disconnected from the ways that LGBTQ people experience their identities but also puts those newcomers at greater risk of violence and discrimination. The intersectional discrimination within the LGBTQ community causes additional barriers for racialized LGBTQ folks to access services as patterns of colonial and racial violence often play out in LGBTQ spaces that mostly centre White experiences. International students were identified as having multiple barriers to accessing services, particularly regarding UHIP-covered healthcare. Another issue students face is the lack of services on campus and a disconnection from off-campus communities and services. Other sectors that came up were family-support services and housing.

What emerged is a need for anti-racism and de-colonial training within LGBTQ spaces, greater financial and other supports for racialized organizations and racialized folks who are working to honor their lived experiences and knowledge, improving the racial diversity of boards within organizations, and improving the way that organizations and service providers collect race-related demographic data to more accurately represent people’s identities. The discussion groups noted a need for intentional focus on decolonization and reconciliation within social services but also in the LGBTQ community writ-large.

Recommendations

1. There is a lack of representation at the executive levels of organizations (i.e. board members) and in the legal profession. There should be a broader effort to share and collaborate between organizations that serve racialized LGBTQ individuals. In-depth training regarding immigration is necessary for all organizations/agencies serving this community.
2. Racialized voices may gather together to honour their knowledge, experiences, and activism.
3. Recognizing that intersectional discrimination within the LGBTQ and Two Spirit communities exists.

Resources

Carizon Refugees and Newcomer Services

Carizon provides newcomer supports through outreach programs, group counselling for refugees, and educational workshops to build community capacity. Many service fees are based on a sliding scale. <https://www.carizon.ca/community-services/refugees-newcomers/>

HCEIT Ontario (Hate Crimes Extremism Investigative Teams)

Provincially funded network of 15 police services coordinating intelligence and specialized support on investigations into hate-motivated crimes, including terrorism and extremism. Hosts hate crime awareness programming and projects. Includes Waterloo Regional Police Services.

KW Multicultural Centre

Dedicated to addressing barriers for new Canadians in Waterloo Region, the KWMC assists with settlement, job search, interpretation and translation, community connections, and advocacy. Service users may be able to request a settlement worker with an LGBTQ2S+ focus.
<https://kwmulticultural.ca/>

K-W Unity Mosque

A progressive Muslim social and prayer group that is LGBTQ+ inclusive.
<http://ourspectrum.com/business-directory/kw-el-tawhid-circle/>

Mennonite Coalition for Refugee Support

Assists asylum seekers navigate Canada's refugee claim process, settlement, and support.
<https://mcrs.ca/>

Rainbow Community Council's Solidarity Alliance

A working group of the RCC dedicated to addressing gaps in services and resources for LGBTQ+ newcomers, refugees, and immigrants to Waterloo Region.
<https://yourwrrc.ca/rcc/solidarity-alliance/>

Refugee Claimant Services

There is a variety of existing local services for refugee claimants, list compiled by Immigration Waterloo Region <https://www.immigrationwaterlooregion.ca/en/settle-and-belong/refugees.aspx>

Sanctuary Refugee Health Centre

Provides free healthcare, mental healthcare, and other services to refugees. SFHC runs as a non-profit and is located in Kitchener. <https://sanctuaryrefugee.ca/about-us/>

SHORE Centre's Newcomer Health Programs

Provides Sexual Health Options, Resources, and Education with reduced barriers for newcomers. Offers services relating to pregnancy options, sexual health education. Operates under a pro-choice, sex positive, inclusive, and accessible framework.
<https://www.shorecentre.ca/newcomer-health-programs/>

SPECTRUM's Rainbow Immigrant and Refugee Services

Waterloo Region's Rainbow Community Space provides a number of free services that may support LGBTQ+ immigrants and refugees.
<http://ourspectrum.com/projects/immigrant-and-refugee-services/>

Converse and Connect Group

This group provides an opportunity to talk, share and connect with others in the LGBTQ+ community aged 19+ in a safe, positive, and supportive environment. The group meets once or twice a month and focuses on a predetermined topic.

Rainbow Multicultural Connect

This social group brings together LGBTQ+ individuals from a variety of cultural backgrounds to expand their network of support.

Trans Access to Healthcare

Background

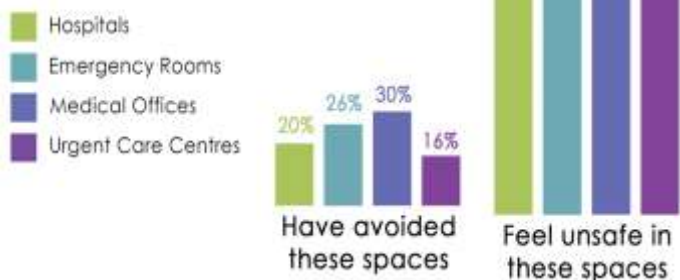
Another area of focus is access to healthcare for the local trans community. Access to healthcare was analyzed by examining negative experiences in healthcare settings as well as patterns of avoiding medical services and perceptions of safety in healthcare settings. The trans sample was 112, of which 91% who had a primary care provider (PCP). When asked if they were comfortable speaking to their PCP about trans-related topics, 56% had shared their gender with their provider, however, 55% do not discuss gender-related information with the PCP. Additionally, 62% felt comfortable discussing their gender with their PCP. These findings suggest that the vast majority of trans respondents had a PCP, with many feeling comfortable to discuss gender-related topics with them. When asked if respondents had to educate their PCP on trans-specific needs, almost half (47%) indicated they had to.

The respondents who had a PCP were asked if they have had a negative experience when interacting with them. Twenty-three percent had been told by their PCP that they did not know enough about trans-related care to provide it and 11% had refused to discuss or address trans-related health concerns. Additionally, 13% reported their PCP used hurtful or insulting language about trans identity or experience. Age may also play a factor in comfortability in speaking with PCPs, as 25-39 year olds were five times more likely to disclose and feel comfortable discussing gender identity with doctor, compared to younger age group.

A quarter of the respondents indicated they had avoided going to the emergency room when they needed it because they are trans. Further analysis revealed that social support from family and friends associated with lesser likelihood of avoiding emergency care. Conversely, previous transphobic experiences in medical settings were associated with greater likelihood of avoiding emergency care. Furthermore, trans respondents with prior experiences with physical violence and verbal harassment were 7 and 9 times more likely to report avoiding emergency care when they needed it.

If respondents had accessed medical services at a hospital, they were asked if they had encountered any negative experience. Roughly a quarter of respondents, were told that the hospital staff did not know about trans-related care to provide it (25%) and had hospital staff use hurtful or insulting language about trans identities or experiences (23%). Similarly, 20% of trans respondents reported hospital staff refused to discuss or address trans-related health concerns and 3% had a provider refuse or end care because they are trans.

General medical experiences



Examining healthcare access broadly, we asked respondents if they felt unsafe in medical settings and if they had ever avoided them. Roughly three-quarters of trans respondents felt unsafe in: urgent care centres (76%), medical offices (73%), emergency departments (72%), and hospitals (72%). When asked if they had avoided these healthcare spaces, 30% have avoided medical offices, 25% have avoided the emergency room, 20% have avoided hospitals and 16% have avoided urgent care centres.

% of trans people who reported having to educate healthcare providers about gender identity



A healthcare barrier unique to trans people is having to provide medical personnel on gender-related topics before receiving care. When asked if trans respondents had to educate a type of healthcare provider, the results ranged from 19% - 53%. Seventy-six percent of trans respondents had to educate at least four different healthcare providers.

This barrier can be especially challenging for trans individuals who wish to medically transition, as this process requires referrals from various

specialists (e.g. primary health care provider, psychologist, endocrinologist, etc.). These findings may suggest that trans respondents are experiencing barriers to accessing the necessary healthcare services to transition.

Discussion

Key Themes

- Lack of sharing GI/discussing. GI health concerns with PCP
- Avoidance of Emergency Rooms, and Medical Offices and Hospitals.
- High number of negative experiences with providers

The group discussions focusing on Trans Healthcare largely concerned issues with navigating the healthcare system. Many of the points of discussion that emerged spoke to gaps between healthcare providers and trans people who are in need of diverse kinds of healthcare. Among the trans community, the discussion groups highlighted that often word-of-mouth is a common way that people learn about services and this gap in knowledge could be filled with a comprehensive list of services available locally. Rainbow Health Ontario (RHO) and the Waterloo-Wellington Local Integrated Health Network (WWLHIN) both have different resources of this variety but they are often either under-utilized, under-maintained, or simply cannot be as responsive as needed. These barriers, which are addressed in an ad hoc way by individuals in the trans community, contribute to the high rate of burnout among trans activists in this space. On the healthcare side, the lack of knowledge about trans healthcare came up as an overarching theme impacting service provision. Specific concerns mentioned were the long wait-lists for trans-friendly doctors, lack of comfort providing trans care even if the provider is qualified to do so, and a lack of interconnectedness between practitioners working intentionally on trans healthcare. Some methods to address these gaps within the healthcare system were: enhancing communication and collaboration between providers about best practices, enhancing collaboration between services regarding patient care, educating existing care providers through formal courses as well as peer-to-peer support, and finally more robust education of new healthcare providers up-stream through medical schools.

Recommendations

1. Existing healthcare services/resources for trans individuals should be registered with Rainbow Health Ontario and promoted.
2. Education for medical professionals should be enhanced.
3. Existing organizations/agencies that provide healthcare to trans individuals should collaborate and establish communication to share and develop resources/services.

Resources

Gender Journeys

A 10 week group for ages 18+ offering support in exploring the social, emotional, and physical changes related to gender transition. In partnership with Lang's, Kitchener Downtown Community Health Centre, and Inclusive Counselling, Consulting & Training. <https://www.langs.org/programs-services/all-programs-and-workshops/chart-filterable-by-type-location-age/programs-and-services/~710-Gender-Journey>

Gender Variant Working Group (GVWG)

The GVWG is a grassroots group of trans and gender variant individuals in Waterloo Region. They conduct training and consultations for service providers within Waterloo Region to improve their capacity to create trans-inclusive work environments and better serve trans and gender variant individuals who are accessing their services.

<https://www.facebook.com/pg/WVGenderVariance/about/>

Hope for Families Counselling Centre

Located in Waterloo and provides a range of inclusive services, including support for people dealing with issues related to being transgender or supporting a trans family member. Sessions are available with a registered psychotherapist for a set fee or with a masters student on a sliding fee scale. <http://www.hopeforfamilies.net/>

Trans Fams

A fun social event for families with trans and gender independent kids in KW, hosted by staff of Hope for Families. <http://ourspectrum.com/business-directory/trans-fams/>

SHORE Centre

The Sexual Health Options, Resources and Education Centre provides non-binary and trans-inclusive care. Offers services relating to pregnancy options, sexual health education. Operates under a pro-choice, sex positive, inclusive, and accessible framework. <https://www.shorecentre.ca/about-shore-centre/>

SPECTRUM Transgender Peer Support Group

This is an informal, discussion based, drop-in group for anyone that identifies within the trans or gender variant umbrella and meets four nights a month. <http://ourspectrum.com/trans-services/>

University of Waterloo Health Services

Health Services provides transgender-inclusive care. Services at the clinic encompass general health care and assessments, surgery and hormone therapy, nutrition services and mental health support. <https://uwaterloo.ca/campus-wellness/health-services>

Youth Sexual Health Action Group (YSHAG)

YSHAG is a group of LGBTQ and Ally youth in Waterloo Region, ages 14-24, who are passionate about sexual health, relationship health, and improving LGBTQ inclusion. They conduct community projects, edit youth-focused resources for organizations, and improve sexual health information access for youth in Waterloo Region. YSHAG is a collaboration between SHORE and ACKWA. <https://www.facebook.com/yshag.wr/>

LGBQ Access to Healthcare

Background

Non-trans LGBQ respondents were also asked about their experiences accessing healthcare in the Waterloo Region. Subsequently, LGBQ respondents' access to healthcare was also analyzed by examining negative experiences in healthcare settings as well as patterns of avoiding medical services and perceptions of safety in healthcare settings. The LGBQ sample was 414, of which 90% had a primary care provider (PCP). When asked if they were comfortable speaking to their PCP about sexual orientation-related topics, 56% had shared their sexual orientation with their PCP and 74% are comfortable sharing their sexual orientation with their PCP. Furthermore, 34% discuss sexual orientation issues.

The respondents who had a PCP were asked if they have had a negative experience when interacting with them. Overall, 54% indicated they had at least one negative experience with their PCP. Almost half (47%) reported their PCP assumed they were straight and 15% reported their PCP had made assumptions about them or their health. Additionally, 9% reported their PCP assumed they had a lot of sexual partners because of their sexual orientation. Roughly 5% had made negative comments about LGBQ people, 2% were belittled or made fun of because of their sexual orientation and 2% reported their PCP refused to discuss health concerns related to sexual orientation. None of the respondents reported they had been refused care because of their sexual orientation.

Sixty-two percent of respondents had accessed medical services at a hospital in Waterloo Region, with 49% indicating they had a negative experience in a hospital setting. Thirteen percent reported hospital staff made assumptions about them because of their sexual orientation, and 3% were belittled or made fun of. Nine percent said that hospital staff assumed they had a lot of sexual partners because of their sexual orientation and 5% reported negative comments made by staff about their sexual orientation. No one reported they had been refused care in a hospital because of their sexual orientation. However, 3% had reported they avoided going to the emergency department because of their sexual orientation.

Discussion

The group discussion around healthcare for Cisgender Lesbian, Gay, Bisexual, and Queer folks focused on identifying community resources as well as gaps in healthcare system access and navigation. One idea mentioned was LGBQ specific awareness and prevention campaigns to address community-specific issues. The challenge with these is that with the relatively small size of the community, concerns about confidentiality can limit attendance. These challenges are further exacerbated in rural communities where the number of practitioners may be limited and confidentiality can be an even more pressing risk.

Another piece which was identified as a gap was education for healthcare providers on inclusive healthcare as well as healthcare system navigation for LGBQ people. Self-advocacy tools are lacking for LGBQ people generally, specifically newcomers and youth/young adults who lack familiarity with the healthcare system as well as encountering discrimination within that system. Collaboration between different parts of the healthcare system was highlighted as an opportunity to ensure that care is being provided in a holistic and wrap-around way including mental health services.

Recommendations

1. Self-advocacy development for LGBQ patients:
 - physical resources (i.e. brochures, informative pamphlets, online resources, etc.) developed by community organizations for patients
 - support with navigating healthcare system as LGBQ person
 - one-on-one patient advocates for LGBQ patients with complex needs
 - education provided to patients about healthcare rights and local healthcare context
2. Practitioner training for those helping LGBQ patients:
 - funding

- continuing education for current health care providers (HCPs) and embedded in training of new practitioners
3. Champion HCPs who are LGBQ competent:
- referral list of LGBQ friendly/competent providers/services
 - reformation of consultation model
 - lived experience/allies HCPs

Resources

AIDS Committee of Cambridge, Kitchener, Waterloo and Area

ARCH Clinic- Specialized HIV care

HIV & STI Testing- Free and confidential drop-in clinic

Healthcare Hub- Walk-in primary care

PrEP Clinic- Care related to pre-exposure prophylaxis, a daily medication to prevent HIV

<https://www.acckwa.com/>

Kitchener Downtown Community Health Centre

Provides primary care through their physical location in Kitchener and their mobile outreach team.

The KDCHC has shown continued effort to ensure their services are LGBTQ inclusive and are working to reduce barriers to healthcare access for a variety of vulnerable groups. Efforts include the creation of community Advisory Committees.

<http://kdchc.org/primary-health-care/our-services/>

OK2BME (KW Counselling)

OK2BME is a set of free, supportive services for LGBTQ2+ identified children, teens and their families in Waterloo Region. The OK2BME program consists of three unique areas including confidential counselling services (in person, or online), OK2BME Youth Groups for individuals 12-18, as well as public education, consulting and training around LGBTQ2+ issues.

<https://ok2bme.ca/>

Rainbow Bereavement Support Group

A safe and inclusive Bereavement and Support Group specifically designed for LGTBQ folks and the people we love. Open to ALL LGTBQ caregivers, spouses, family and friends who have experienced the loss of someone close to them.

<http://www.hospicewaterloo.ca/programs/rainbow-bereavement-support-group/>

Region of Waterloo Public Health

Provides non-judgemental and confidential sexual health services, including counselling and sexually transmitted infections testing. Most services are free and do not require a health card. Operating on varying days out of the Public Health office in Waterloo, ACCKWA in Kitchener, and a variety of Waterloo Region District School Board secondary schools. A youth-only clinic is also available at the Downtown Community Centre in Kitchener.

<https://www.regionofwaterloo.ca/en/health-and-wellness/public-health-services.aspx>

Sanguen Health Centre

Provides hepatitis testing, nursing support, primary care support, peer support, access to PrEP, and outreach services via their physical location in Waterloo and their mobile service van at a variety of locations. Uses a harm reduction approach to support those in our community experiencing the highest degrees of marginalization.

<https://sanguen.com/about-sanguen-health-centre/>

SHORE Centre

The Sexual Health Options, Resources and Education Centre offers services relating to pregnancy options, sexual health education. Operates under a pro-choice, sex positive, inclusive, and accessible framework. <https://www.shorecentre.ca/about-shore-centre/>

University of Waterloo Health Services

Provides a variety of healthcare services, including STI testing, mental health services, and primary care, both by appointment and walk-in. Staff may receive ongoing professional development to prepare for service to LGBQ students.

<https://uwaterloo.ca/campus-wellness/health-services>

UW Glow Centre for Sexual and Gender Diversity

Glow is the oldest continually-running university-based LGBTQ group in Canada. Run entirely by dedicated student volunteers, it offers a wide variety of discussion groups, social events, advocacy opportunities, awareness campaigns, resources, and information. <https://uwaterloo.ca/waterloo-undergraduate-student-association/services/glow-centre-sexual-and-gender-diversity>

Wilfrid Laurier University's Rainbow Centre

Student-run safe space that provides awareness training, programming, research, education, advocacy, and support.

<https://students.wlu.ca/student-life/diversity-and-equity/lgbtq-associations.html>

Youth Sexual Health Action Group (YSHAG)

YSHAG is a group of LGBTQ and Ally youth in Waterloo Region, ages 14-24, who are passionate about sexual health, relationship health, and improving LGBTQ inclusion. They conduct community projects, edit youth-focused resources for organizations, and improve sexual health information access for youth in Waterloo Region. YSHAG is a collaboration between SHORE and ACKWA. <https://www.facebook.com/yshag.wr/>

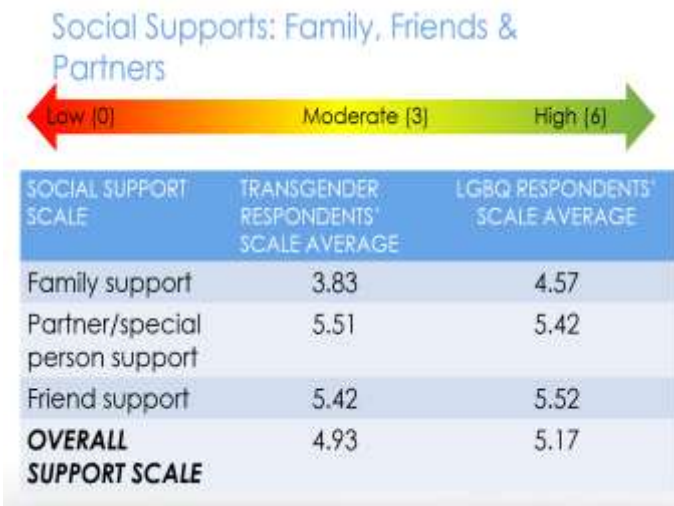
Mental Health

Background

To examine the mental health and wellbeing of the survey respondents, analyses of social supports, sense of belonging to the Waterloo Region and self-esteem were conducted. On a scale of 0-3, with '0' indicating 'strongly disagree' and '3' indicating 'strongly agree', the self-esteem of both cisgender LGBQ and trans respondents were low. When examining a specific question on the self-esteem measure, 'I take a positive attitude toward myself', the average for trans respondents was 1.64 and for cis LGBQ was 1.93. Another question, 'On the whole, I'm satisfied with myself', the average for trans respondents was 1.52 and cisgender LGBQ respondents was 2.10. These results suggest that the average self-esteem for the respondents was close to 'neutral', with trans respondents having lower self-esteem.

Similar trends were found when examining social support, which included family, partner and friend support. On average, trans respondents had lower scores for family, friend and overall support, with slightly higher partner supports. Both groups had the lowest scores for family support than the other forms of social supports.

The majority of the respondents had reported accessing mental health services in the Waterloo Region within the last 2 years. Fifty-one percent of cisgender LGBQ and 75% of trans respondents have accessed mental health services with private counsellors being the most commonly reported service. Over 25% of trans respondents and roughly 15% of cisgender LGBQ respondents reported accessing the hospital, which would include crisis services and withdrawal management.

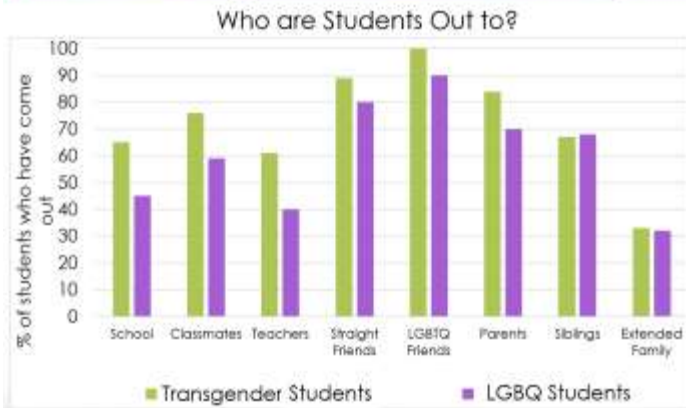


Among cisgender LGBQ respondents, 9% reported their mental health providers made assumptions based on their sexual orientation, 8% reported their providers had assumed they had a lot of sex partners and 32% indicated their mental health provider assumed they were straight. There was a significant relationship between reporting their mental providers assumed they were straight and self-esteem. Those whose providers made this assumption were less satisfied with oneself, less likely to see oneself as a person of worth and less likely to have a positive attitude toward oneself.

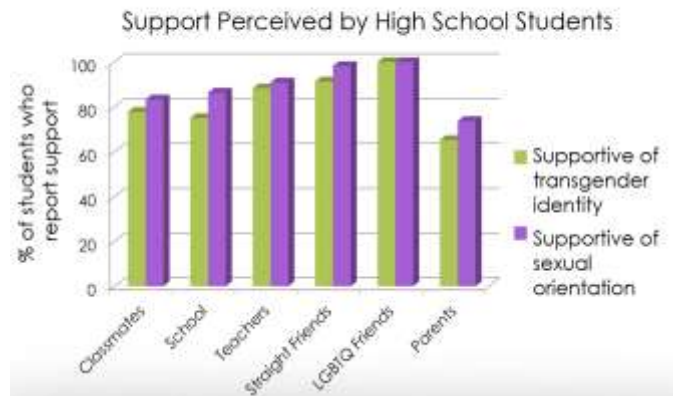
The well-being and mental health experiences of LGBTQ high school students and youth were also examined. This sample included 63 youth (ages 16-19) who were either in high school at the time of the study or likely to have graduated from high school in the previous year. Similarly, trans youth had significantly lower self-esteem scores than cis LGBQ youth. Overall, youth self-esteem scores were lower than the average scores for the full sample, with scores of 1.35 for trans youth and 1.47 for LGBQ youth.

Trans youth are more likely than cis LGBQ youth to be "out" to people in their lives, including schools, classmates, parents, and friends. However, cisgender LGBQ youth were more likely to perceive these groups as supportive. Overall, parents had the least amount of youth reporting them as supportive.

Focus on High School Student Wellbeing



Focus on High School Student Wellbeing



Discussion

Key Themes

- Only moderate level of well-being (self-esteem), especially for high school students
- How can we improve access to culturally sensitive, free mental health services?
- Relatively low family support

The group discussions regarding mental health needs for LGBTQ folks largely focused around gaps in services. Additional capacity building for service providers regarding LGBTQ specific mental health concerns as well as raising the profile of community-based services within the community at large were indicated as ways to improve service access. Services specific to seniors and children, counselling in multiple languages, financial accessibility of services, and family support services were highlighted as needs within the community. The discussion groups mentioned wellbeing in the workplace, recreation and neighbourhood community-building initiatives, as factors outside of clinical services that impact mental health for LGBTQ folks. Improved collaboration between schools and families regarding mental health was mentioned as a gap. It was also highlighted that there is a need to address mental illness stigma in ways that are culturally accessible and provide services in ways which are representative of the internal diversity of the LGBTQ community.

Methods that the discussion groups suggested for addressing mental health outcomes for LGBTQ people in the region included regional and city-level strategic planning, expanding existing PFLAG programming, and better utilizing UW Making Spaces programming.

Recommendations

1. Existing organizations/agencies that serve the LGBTQ community should establish communication and connection to share and collaborate on services/resources.
2. Expand the umbrella of well-being to include recreation, public health and the workplace.
3. Supports should be developed/available for parents and families of LGBTQ individuals experiencing mental health challenges.

Resources

ACCKWA Mi Talk Program

For Gay, Bisexual, Trans, and other men who have sex with men to have conversations regarding sex, sexual health, and relationships, and to identify positive changes they wish to make to reduce

risks and harm. As part of the AIDS Committee of Cambridge Kitchener Waterloo and Area's Gay Men's Sexual Health Department. <https://www.acckwa.com/msm/>

Conestoga College Counselling

Provides free confidential professional counselling to students.

<https://studentsuccess.conestogac.on.ca/myWellness/levelsofcare>

Gender Journeys

A 10 week group for ages 18+ offering support in exploring the social, emotional, and physical changes related to gender transition. In partnership with Lang's, Kitchener Downtown Community Health Centre, and Inclusive Counselling, Consulting & Training.

<https://www.langs.org/programs-services/all-programs-and-workshops/chart-filterable-by-type-location-age/programs-services/~710-Gender-Journey>

KW Counselling Services

Provides a variety of counselling services for individuals, couples, families, and groups, including video counselling and walk-in appointments.

<https://www.kwcounselling.com/counselling-programs/>

OK2BME

Free, supportive services for LGBTQ2+ identified youth (ages 5-29) and their families in Waterloo Region, provided by KW Counselling Services. Offers in person and online counselling, youth groups for ages 12-18, and public education, consulting, and training around LGBTQ2+ issues. Hosts an annual GSA Conference in collaboration with the Waterloo Region District School Board.

<https://ok2bme.ca/>

OK2BME hosts an Annual Pride Prom for high school students ages 13-18, in partnership with the City of Kitchener and the Kitchener Youth Action Council.

<https://ok2bme.ca/events-calendar/pride-proms/>

PFLAG Canada

Pflag Canada is a national charitable organization, founded by parents who wished to help themselves and their family members understand and accept their LGBTQ2S children.

pflagcanada.ca

SPECTRUM

Transgender Peer Support Group

This is an informal, discussion based, drop-in group for anyone that identifies within the trans or gender variant umbrella and meets four nights a month.

<http://ourspectrum.com/trans-services/>

Aging with Pride Committee

Supports the needs of the older LGBTQ+ community through creating events, support, and providing education. <http://ourspectrum.com/projects/aging-with-pride/>

University of Waterloo

UW Counselling Services

Offers free confidential counselling services to students through both appointment and walk-in basis. <https://uwaterloo.ca/campus-wellness/counselling-services>

Student Run Peer-Support Services <https://feds.ca/feds-services/>

UW MATES

Glow Centre for Sexual and Gender Diversity

Women's Centre

Racial Advocacy for Inclusion, Solidarity and Equity (RAISE)

Making Spaces

The Making Spaces program is a framework for creating affirming spaces on campus and fostering interpersonal relationships through education and training on aspects of social

identity. UWaterloo community members partake in training and a registration process to become Space Makers, ambassadors of equity.

<https://uwaterloo.ca/human-rights-equity-inclusion/making-spaces>

Waterloo Region District School Board Initiatives

Gay-Straight Alliances/ Gender Sexuality Awareness

School groups dedicated to providing a safe and supportive environment for LGBTQ+ students. Supported by the Waterloo Region District School Board. Schools are legally mandated to allow and support the creation of GSAs.

Annual GSA Semi-Formal Dance hosted at Cameron Heights Collegiate Institute.

Rainbow flag-raising for Pride Month

Increase in all-gender washrooms and a policy that allows students to use their preferred washroom.

Wilfrid Laurier University

Student Wellness Centre

Provides short-term mental health services for students. <https://students.wlu.ca/wellness-and-recreation/health-and-wellness/services/mental-health.html>

The Rainbow Centre

Student-run safe space that provides awareness training, programming, research, education, advocacy, and support.

<https://students.wlu.ca/student-life/diversity-and-equity/lgbtq-associations.html>

Victimization, Discrimination and Inclusion

Background

To examine LGBTQ peoples' experiences with discrimination in the Waterloo Region, we examined experiences with discrimination, feelings of safety in various locations and perceived acceptance of LGBTQ people.



When examining discriminatory experiences, respondents were asked about experiences ranging from silent harassment to physical violence and sexual assault. The results indicate that LGBTQ people experience more subtle, non-assaultive discrimination than overt violence, with trans respondents reporting higher rates for each type. Similar patterns were found when examining the experiences of university students.

Further analysis revealed that 21% of trans and 16% of LGBTQ respondents report experiencing police harassment. Additionally, 26% of trans and 10% of LGBTQ respondents report being hit or beaten. Trans respondents were also asked if they had been objectified or fetishized and 65% indicated they had.

To protect themselves from discriminatory experiences, many LGBTQ individuals in the Waterloo Region would intentionally hide their identities or avoid locations because of fear they would be read as LGBTQ.

The results indicate that locations that have stronger reliance on gender norms or gender segregation, such as gyms, washrooms, or social clubs, have higher rates of avoidance. Consistent with previous analyzes, trans respondents reported higher rates of avoidance for the majority of locations.

Respondents were asked if they had ever had to move away from friends and family because of their identity. Forty-one percent had to move from family or friends because their gender identity and 30% had to move because of their sexual orientation.

	Trans (%)	Cis (%)
Public washrooms	57	8
Malls/clothing stores	38	3
Gym	38	15
Public transit	29	5
Public spaces	19	5
Medical offices	29	4
Hospitals	20	2
Emergency departments	14	1
Church/temple/mosque	22	25
Cultural or community centers	18	6
Municipal government buildings	18	2
Clubs/social clubs	33	18

Respondents were asked how accepted they perceived different subsets of LGBTQ community are within Waterloo Region. These questions were rated on a scale of '1', meaning 'not at all' accepted to '9', meaning 'very accepting'. The range of scores were 3.62 - 5.73, with trans women perceived the least accepted and lesbian women perceived the most accepted. Since the highest average score was 5.75 out of 9, even the group with the highest score for perceived acceptance (lesbian women), had an average score barely above neutral.

Discussion

Key Themes

- Trans and cisgender LGBTQ people experience more subtle, non-assaultive discrimination than overt violence

- Trans people experience more discrimination than cisgender LGBTQ people
- Both groups avoid particular spaces, including health care settings, higher among trans people
- High school, university students experience high rates of discrimination and violence, especially trans students
- Perceptions of acceptance are low, with non-acceptance of trans people

The groups discussing the increased experiences of victimization that LGBTQ people face within our community focused on listing organizations and programs that are either actively working against homophobic and transphobic violence, or creating spaces that build community for or including LGBTQ folks in intentional ways. The discussion groups identified that the children and older adults are underserved overall by the current services addressing victimization. The discussion groups identified that emergency shelters, recreation programming, and emergency medical services are all areas which might be in need of LGBTQ-specific training to best reach and serve community members.

In terms of next steps, visible signs indicating safe spaces were mentioned as a step in a positive direction, particularly when the visible signage is supported by training for staff as well as robust inclusion policies. Workplace campaigns about identity-specific harassment were raised as an intervention which used to be much more common but seems to have gone out of fashion in more recent years. Some unanswered questions remain around how to support folks who are not comfortable accessing any services? And how do we prevent hate crimes with an up-stream approach?

Recommendations

1. An awareness and education campaign for the region may be developed, particularly regarding policy commitment and tactics.
2. Comprehensive training and support may be offered to regional organizations/agencies, with certification given upon completion, that incorporates policies and procedures.
3. A focus on built environments that provide safer spaces (i.e. washrooms and change rooms).

Resources

Aging with Pride Training

Aging with Pride (AWP) is a committee of SPECTRUM, Waterloo Region's Rainbow Community Space. AWP is committed to creating events, supports and providing education in response to the needs of our community. The committee works with local senior serving organizations to make them aware of the needs of LGBTQ+ older adults. To that end, AWP advocates and collaborates with stakeholders to ensure that new and existing supports or services are inclusive and responsive. <http://ourspectrum.com/projects/aging-with-pride/>

Breaking the Silence (subcommittee of RCC)

The subcommittee is made up of members and allies of the LGBTQ2+ community. A key goal of the Breaking the Silence Working Group (BTS) is to prevent and reduce violence against the LGBTQ2+ community in Waterloo Region by making the link between community safety and inclusion and belonging. <https://yourwrrc.ca/rcc/breaking-the-silence/>

Faith-based inclusive services

KW Unity Mosque

A progressive Muslim social and prayer group that is LGBTQ+ inclusive. <http://ourspectrum.com/business-directory/kw-el-tawhid-circle/>

Salaam Canada

Salaam Canada is dedicated to creating space for people who identify as both Muslim and queer/trans. We acknowledge the diverse experiences of our community and support queer/trans people who identify with Islam ritually, culturally, spiritually, or religiously. Salaam is a volunteer-run organization that advocates for social justice and addresses the intersecting issues around homophobia, transphobia, and Islamophobia/racism.

(website lists OK2BME, Spectrum, and Glow as inclusive services in Waterloo Region)
Grand River Unitarian Congregation

<https://www.grandriverunitarian.ca/mission-and-vision>

Parkminster United Church

<http://www.parkuc.ca/about-us/who-are-we/>

Emmanuel United Church

<https://www.emmanueluc.ca/about-us/>

Gender Journeys

A 10 week group for ages 18+ offering support in exploring the social, emotional, and physical changes related to gender transition. In partnership with Lang's, Kitchener Downtown Community Health Centre, and Inclusive Counselling, Consulting & Training.

<https://www.langs.org/programs-services/all-programs-and-workshops/chart-filterable-by-type-location-age/programs-and-services/~710-Gender-Journey>

HCEIT Ontario (Hate Crimes Extremism Investigative Teams)

Provincially funded network of 15 police services coordinating intelligence and specialized support on investigations into hate-motivated crimes, including terrorism and extremism. Hosts hate crime awareness programming and projects. Includes Waterloo Regional Police Services.

OHD-UW Inclusivity Series

Organizational & Human Development's (OHD) award winning series of Inclusivity workshops acknowledge, communicate, and promote an understanding of the complexity and uniqueness of the University of Waterloo's campus community, presenting the ideals by which campus members should engage one another – with respect, sensitivity, and fairness.

<https://uwaterloo.ca/organizational-human-development/learning-development-programs/inclusivity-series>

OK2BME (KW Counselling)

OK2BME is a set of free, supportive services for LGBTQ2+ identified children, teens and their families in Waterloo Region. The OK2BME program consists of three unique areas including confidential counselling services (in person, or online), OK2BME Youth Groups for individuals 12-18, as well as public education, consulting and training around LGBTQ2+ issues.

<https://ok2bme.ca/>

Plan B Co-op KW

An alternative queer community space that is a not-for-profit, multi-stakeholder cooperative by queer folks for queer folks. The organization aims to provide sliding scale printing, a community zine library, alternative education and programming, and offer items such as binders and ethical harnesses for queer bodies. A previously run social group entitled Plan ENBY was for non-binary, gender non-conforming, or otherwise gender variant folk in the Region of Waterloo. The group aimed to bridge gaps and create an affirming social space for those whose genders lie beyond the scope of a binary. <https://planbcoopkw.com/about-plan-b-co-op-kw/>

Rainbow Diversity Express

SPECTRUM's Rainbow Diversity Training is a service that helps organizations along the path towards becoming more open and welcoming, as well as equitable and accessible to persons of all sexual and gender diversities, both to clients and employees of the organization.

<http://ourspectrum.com/rainbow-diversity-training/>

Sexual Assault Support Centre (SASC)

Their support line is a resource for anyone who has experienced sexual violence as a child or adult, and their friends and families. We provide emotional support and intervention, options, information, referrals, as well as advocacy and accompaniments. Phone support is available in more than 200 languages through an interpreter service.

<http://www.sascwr.org/>

Support line: 519-741-8633

SHORE Centre

The Sexual Health Options, Resources and Education Centre offers services relating to pregnancy options, and sexual health education. Operates under a pro-choice, sex positive, inclusive, and accessible framework. <https://www.shorecentre.ca/about-shore-centre/>

SPECTRUM

Waterloo Region's LGBTQ+/Rainbow volunteer-based community space that provides a safe, supportive and positive space for people of all ages; services include programming, social groups, special projects, research, events, resources, and a DVD library. <http://ourspectrum.com/>

Aging With Pride Committee

Supports the needs of the older LGBTQ+ community through creating events, support, and providing education. <http://ourspectrum.com/projects/aging-with-pride/>

UW Glow Centre for Sexual and Gender Diversity

Glow is the oldest continually-running university-based LGBTQ group in Canada. Run entirely by dedicated student volunteers, it offers a wide variety of discussion groups, social events, advocacy opportunities, awareness campaigns, resources, and information. <https://uwaterloo.ca/waterloo-undergraduate-student-association/services/glow-centre-sexual-and-gender-diversity>

Wilfrid Laurier University's Centre for Student Equity, Diversity and Inclusion

Works to cultivate a culture on campus that respects and promotes equity, diversity, inclusion, and social justice in all aspects of Laurier – from classrooms to residence communities. The Centre provides support, education and spaces for students to find community and engage in equity, diversity and inclusion initiatives. <https://students.wlu.ca/student-life/diversity-and-equity/index.html>

Wilfrid Laurier University's Rainbow Centre

Student-run safe space that provides awareness training, programming, research, education, advocacy, and support. <https://students.wlu.ca/student-life/diversity-and-equity/lgbtq-associations.html>

Common Themes & Recommendations

Across the five topic areas for the Shifting the OutLook Symposium, some common themes emerged from the participant discussions regarding gaps and possibilities for addressing those gaps. These themes highlight commonalities among the experiences of LGBTQ people in the Waterloo Region, and it is our hope that these themes will improve understanding of connections between the topic areas. The themes which have been identified are: self-advocacy, accessibility, seniors and children, holistic services, and training and skill building.

Additionally, we have pulled together two lists of recommendations to direct action of organizations and service providers in the Waterloo Region to begin addressing the topic areas and themes identified in this document. The first set of recommendations is specific to the Rainbow Community Council (RCC) and its constituents to focus and direct its energy towards achieving some of these goals. The second set of recommendations is for any service providers or community members within the Waterloo Region as they are outside of the current purview of the RCC.

Self-Advocacy

The burden of self-advocacy was identified in the discussions around healthcare access for trans and LGBTQ folks generally, as well as for racialized LGBTQ. Regarding trans healthcare, discussion groups mentioned the common use of word-of-mouth within the trans community to improve individual healthcare access and health outcomes. This creates an ad hoc, community-based approach to addressing barriers to accessing the healthcare system and burdens trans folks with the labour of solving their own systematic exclusion from healthcare systems. For LGBTQ people, the discussion identified that more could be done to resource LGBTQ individuals with information and tools for improving their ability to navigate the healthcare system and to self-advocate. For racialized folks, the burden of self-advocacy writ large was mentioned as a challenge related to healthcare outcomes. Both LGBTQ newcomers and racialized LGBTQ folks experience additional barriers to navigating the healthcare system compared to cis, straight newcomers and non-LGBTQ racialized folks, but often there are not sufficient or inclusive supports in place to help them with systems navigation. Therefore, the burden of resolving the access issues falls on individuals themselves.

The common thread of the burden of self-advocacy highlights the impacts of homophobia, transphobia, racism, classism, and other structural discrimination within service provision and how they lead to poorer wellbeing and access to services for LGBTQ folks. This theme provides a basis for understanding the structural causes of the issues in the following themes.

Accessibility

Accessibility was raised as a concern in the discussions regarding racialized LGBTQ folks, mental health, and LGB Healthcare. Within the discussion regarding racialized LGBTQ people, geographic and language accessibility for newcomers seeking legal and immigration services was identified as an issue. Additionally, there were unique concerns raised for international students, such as: accessibility to services not directly offered on-campus, barriers to finding out about and/or utilizing services off-campus, as well as the limited coverage of student healthcare benefits. Regarding mental health, financial and language accessibility of services were raised as concerns across the LGBTQ community. Additionally, having mental health services which are culturally accessible and representative of the internal diversity of the LGBTQ community was flagged as important. Regarding LGB Healthcare, confidentiality of services, particularly those provided to rural communities, was raised as a key issue for access to services.

Seniors & Children

Seniors and Children were mentioned as needing specific attention and care, or experiencing unique gaps in the discussions regarding mental health, victimization, and LGB healthcare. Accessibility of mental health services as well as supports around experiences of victimization for children and seniors was flagged

as needs in Waterloo Region. With regards to LGB healthcare access, youth were identified as needing specific supports as they lack familiarity with navigating the healthcare system.

The question of access to services, in particular for seniors and children, continues to be an ongoing issue in our region. In particular, this theme asks us to think about accessibility in terms of identifying and reducing the systemic and structural barriers to providing services to the most vulnerable members of our community. This theme calls us to look at who is accessing services, who is missing, and begin to address the barriers to access for those who are missing.

Holistic Services

Holistic service provision and services which work together across organizations and sectors, came up in the discussions regarding mental health as well as LGB and Trans Healthcare. In addressing mental health outcomes for LGBTQ folks, engaging family support services, workplace supports, neighbourhood initiatives and recreation spaces were flagged as opportunities to improve mental health. Furthermore, collaboration between schools and families was highlighted as an opportunity for collaboration for improving youth mental health. In addressing healthcare access for LGBTQ folks, the interconnectedness or lack thereof between different providers within the healthcare system was raised as an issue as well as an opportunity for improving healthcare access and outcomes. Interconnectedness of healthcare providers was mentioned as a gap regarding referrals for patients across different specific healthcare needs, as well as an opportunity for peer-support between healthcare providers to expand the pool of professionals who are confident and competent at providing LGBTQ inclusive healthcare.

Interconnectedness of services for LGBTQ people in our community is one approach to breaking down access barriers to services and improving wellbeing for the most vulnerable members of our community. We hope that our community can work towards a network of service providers where there is no wrong door to walk through when someone is in need.

Training & Skill Building

Finally, training and skill building was raised in all five breakout group discussions. To anyone familiar with the LGBTQ community, this will come as no surprise as it is often an essential component to beginning and continuing work towards inclusion and breaking down access to services within agencies and organizations. To begin moving the needle on wellbeing and service access for LGBTQ folks, we must commit time and resources to ongoing learning and skill-building regarding the LGBTQ community and their unique needs.

During the discussion regarding racialized LGBTQ folks, the need for anti-racism and decolonial training for LGBTQ spaces was mentioned. LGBTQ competency training was also raised as a need for newcomer services, mental health services, emergency shelters, recreation programming, emergency medical services, and experienced and new healthcare providers. A combination of training for all staff as well as robust inclusion policy was mentioned in the discussion about victimization supports. The discussion group regarding Trans Healthcare flagged the need for addressing the lack of knowledge about trans-specific healthcare needs with healthcare providers.

Recommendations to the Rainbow Community Council

The following recommendations have been compiled by the authors of this report, with the caveat that the following recommendations were derived from the symposium discussions and were considered the most aligned with and within the scope of the RCC's mandate. This report is not necessarily an agreement that the RCC will address all recommendations.

These recommendations were compiled with the intention of providing RCC members with guidelines to further improve their services and capacities in supporting the LGBTQ+ community, including those within the community who are refugees and newcomers:

1. Promote collaboration between service providers in serving LGBTQ individuals in the healthcare sector specifically, but across all public and social services broadly.
2. Promote the use of and reference to Rainbow Health Ontario and Waterloo-Wellington Local Health Integration Network inclusive service provider lists.
3. Raise the profile of existing LGBTQ+ community services through RCC member networks.
4. Advocate for identity-specific harassment and LGBTQ+-specific mental health trainings and capacity-building sessions within respective.
 - a. Signage signifying successful completion of trainings may be made visible and organizational policy may reflect inclusivity and cultural competency.
5. Better utilization of the University of Waterloo's 'Making Spaces' program, as well as other community trainings and workshops.

Recommendations to the Waterloo Region

The following recommendations are either too specific or too broad in nature to fall under the purview of the RCC and its membership. As such, these recommendations pertain to the community of the Waterloo Region as a whole to address these unique gaps for improving the wellbeing of LGBTQ people.

1. Address racism within LGBTQ-specific services and increase support for organizations serving and run by racialized and LGBTQ people
 - a. Increase the racial diversity of governance boards and staff
 - b. Confront the relationship between colonization, indigenous communities, and our services or organization
 - c. Allocate financial and staff resources to better understanding and addressing the needs of indigenous LGBTQ, and Two-Spirit people and the unique barriers they experience to accessing services
 - d. Conduct anti-racism & decolonial training in LGBTQ spaces for all staff and volunteers
 - e. Supporting funding applications and allocations for organizations who are run by and provide services to racialized people
 - f. Improve race-related demographic data collection within organizations to better represent the demographics of people served as well as to better understand the relationship between race, service access, and program outcomes
2. Address service gaps for sub-populations of LGBTQ people within Waterloo Region
 - a. Develop services and social spaces specific to LGBTQ+ seniors and children
 - b. Increase the diversity of languages in which people can access mental health and counselling services
 - c. Decrease the financial cost of services, including payment for the service as well as transportation, childcare, and other associated costs
 - d. Increase availability of PFLAG services for straight and cisgender-identified allies
3. Healthcare
 - a. Provide more robust education opportunities for new healthcare providers through up-stream approaches at medical schools
 - b. Develop family supports focused on LGBTQ+-specific mental health challenges
 - c. Reflect LGBTQ+-specific mental health outcomes in regional and city level strategic planning
 - d. Offer formal trainings and peer-to-peer support for medical providers