

# Newsletter

## March 2021

**Greetings from your executive!**

You may contact us through our **website**: <https://chapters-igs.rnao.ca/interestgroup/58/about>

Follow us on **Facebook**: <https://www.facebook.com/groups/RainbowNursing/>

or contact the President directly: [pgauthier@rnao.ca](mailto:pgauthier@rnao.ca)

Our Mission:

- To foster and advocate for nursing practice and environments that support people of all sexual orientations and gender identities and expressions.



**Message from Paul-André, President of RNIG-Rainbow**

**Active and Alive !**

Dear colleagues,

When I became President 1.5 years ago, I indicated that I was going to help increase the visibility of our association. I undertook to speak up and raise issues that we see as pertinent to our Executive and to our LGBTQ2S+ community in Ontario. I have been asked why I add *Rainbow* to RNIG (**RNIG-Rainbow**) – I do so because it helps the readers and others to differentiate between RN - registered nurses –and our association regarding the Rainbow Nursing.

I continue to be busy in representing nursing and our LGBTQ2S+ community at various levels. On the regional clinical ethics network that I chair, COVID has taken up a lot of time over the past months. In my **regional** RNAO chapter, COVID, vaccination, the opioid crisis, and many more issues are being discussed. On the **provincial** and **national** scenes, we are looking at providing support to nurses in direct or indirect contact with individuals affected or infected by COVID-19. Not an easy work to do, while some colleagues are getting infected themselves. Also, I have been attending the **Canadian Nurses Association**' network meetings

for the past 3 years. We have heard that CNA is going to have a committee approved in a few weeks to host LGBTQ2S+ discussions. *Great news !!* On the **international** level, I am one of two Canadian nurses representing the Clinical Nurse Specialists of Canada involved in discussions with our US counterpart (NACNS).

Both myself as your president, and us as an association, have been busy. As mentioned by our Policy and Political Action ENO, I took the lead with an RNAO staff person in the review of the **Position Statement** of RNAO regarding the LGBTQ2S+ that will be approved by the provincial BOD of RNAO in a few weeks. Furthermore, I was involved last December as an external reviewer for the **BPG on LGBTQ2S+** that will be coming out this summer (2021); members of our association are involved as panel members in the development of this BPG. I worked in developing, with the assistance of our Policy and Political Action ENO, a **Resolution** to be presented in June at the RNAO AGM (see the details at the end of this Newsletter).

I attended the **Queen's Park** zoom meeting on February 25<sup>th</sup>, along with other ENO members of our interest group (Chris and Ruth). I was able to ask a few questions to the Minister of Health of Ontario, the NDP Health Critic, and other MPPs presenting at our meeting. I am concerned about the lack of support and development in LTC and the increased funding to paramedics for home care... while the government of Ontario is not investing enough in home care provided by nurses in our province. Nurses have far way more knowledge and expertise in providing the nursing care needed to the elderlies, for example. And, we should avoid the duplication of services. During the zoom meeting, I was trying to get a question to Premier Ford, but none were allowed !

I participated in an Ontario consultation from Queen's Park on **Bill 3** - "Compassionate Care Act (2020)." The hour discussion was quite fruitful in presenting a nursing perspective in palliative care and about MAID. Furthermore, I participated in a zoom discussion with a federal Senator who wanted my perspective on MAID, **Bill C-7** and palliative care before amendments were sent to the House of Commons in Ottawa.

We are also supporting the federal Bill – against conversion therapy – **Bill C-6: An Act to amend the Criminal Code (conversion therapy)**. We noted on our Facebook that some MPs voted against this bill which we find unacceptable.

I would like to extend my sincere thanks to our Executive members for their support and work in the past few months. You will see more in the next pages.

You can reach us... RNIG Executive- by writing an email to [Rainbow-RNIG@hotmail.com](mailto:Rainbow-RNIG@hotmail.com)

**Increasing visibility** – that helps to bring attention to issues from our community.

Respectfully submitted,

Paul-André Gauthier, (he/ him).

Provincial President RNIG (RN - LGBTQ+)

Rainbow Nursing Interest Group (Registered Nurses' Association of Ontario).

Association des infirmières et infirmiers arc-en-ciel de l'Ontario.

**Email** contact : [Rainbow-RNIG@hotmail.com](mailto:Rainbow-RNIG@hotmail.com)

**Facebook:** <https://www.facebook.com/groups/RainbowNursing/>

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- [https://lop.parl.ca/sites/PublicWebsite/default/en\\_CA/ResearchPublications/LegislativeSummaries/432C6E](https://lop.parl.ca/sites/PublicWebsite/default/en_CA/ResearchPublications/LegislativeSummaries/432C6E)
- <https://www.canada.ca/en/departement-justice/news/2020/09/federal-government-reintroduces-legislation-to-criminalize-conversion-therapy-related-conduct-in-canada.html>



- Christopher Draenos, Policy and Political Action, ENO (he/him)

I'm excited to provide four updates on policy and political action that we are undertaking as a RNIG Executive Team.

### **RNAO Position Statement on Gender/Sexual Minorities:**

Working closely and collaboratively with the RNAO policy department, we have updated RNAO's position statement on Gender/Sexual Minorities. This had not been updated in more than a decade and presented progressive (for the time) views, but did not reflect current best practices. This area is ever evolving and is in many ways based on our lived experiences. We welcome feedback on additional changes.

### **Resolution on competencies for working with Gender/Sexual Minorities within nursing education:**

We are proud to have submitted a resolution for consideration at the upcoming RNAO AGM in June 2021. This resolution will ask for RNAO to advocate with our licensing body, the College of Nurses of Ontario, and other key stakeholders to include Gender/Sexual Minority competencies as an entry-to-practice standard. We are hopeful that this resolution will be accepted by the RNAO membership and it will create a strong voice for the needs of our

community members. This has the potential to turn into meaningful policy change in Ontario and potentially be adopted across Canada and internationally.

### **RNAO Queen's Park Day:**

This year, our President and myself attended Queen's Park Day on February 25<sup>th</sup>. I was able to ask our Minister of Health, Christine Elliott, about government action on access to sexual health services and the devastating impact that COVID restrictions have had on already insufficient services. Minister Elliott did not address the concerns but discussed access to surgeries, which I pointed out to her are not comparable and require different government responses. This shows how this is a non-existent priority to our current government on our issue. We are not satisfied with this response and a meeting has already been scheduled with the RNAO home office to discuss strategies to update Minister Elliott on the situation and action she and the government can undertake.

### **RNAO BPG on providing care to Gender/Sexual Minorities:**

We are eagerly awaiting the release of the BPG on providing care to Gender/Sexual Minorities. Recently there was a consultation amongst interested stakeholders. Stay tuned for details from the RNAO on the release of this BPG.

Respectfully sent from (Chris) an uninvited guest living on the traditional territories of the Wendat, the Anishnaabeg, Haudenosaunee, Métis, and the Mississaugas of the New Credit First Nation.



➤ Linda Holm – Finances ENO (she/her)

This past month, I became aware that The Global Interfaith Commission on LGBT+ Lives invited religious leaders across the global faith community to sign a declaration calling for an end to violence and criminalization against LGBTQ2SIA+ people and for a global ban on conversion therapy.

On December 16, 2020, over 400+ religious leaders from over 35 countries signed the declaration, “Declaring the Sanctity of Life and Dignity of All” as launch signatories. A video of the declaration, a list of signatories and more information can be found when you visit: <https://globalinterfaith.lgbt/>

You may wish to invite a religious leader(s) to sign the declaration, if they haven't already done so.

The following are books that I have read and recommend:

- “The ABC’S of LGBT+” by Ashley Mardell (2016) - A book for teens/adults looking for extra knowledge and a deeper understanding of gender and sexual identity through in-depth definitions, personal anecdotes, helpful infographics, resources, and more.

- “Stella Brings the Family” by Miriam B Shiffer (2015) - This book for children, 5-7 years old, explores and embraces different kinds of families and family structures.
- “Love Lives Here, a Story of Thriving in a Transgender Family” by Amanda Jette Knox (2019) (Canadian) - Amanda in her memoir writes about her family and how their lives changed when her child in 2014 and her spouse in 2015 came out as transgender. She shares the transitions, frustrations, supports, acceptance and love experienced.



➤ Ruth Trinier – Communications ENO (they/them)

On December 21<sup>st</sup>, our president shared a video on Facebook of Jamie West, the Sudbury MPP speaking in parliament against the support of the Provincial Government, led by Doug Ford, for Canada Christian College and School of Graduate Theological Studies, whose president is Charles McVety.

This Christian college has applied to the Postsecondary Education Quality Assessment Board for use of the designation “University”. They have also applied for an organizational review with a proposal to offer Bachelor of Arts and Bachelor of Science degree programs. Bill 213, which was passed in December 2020, contains a provision that allows this institution the change in designation and the ability to grant these degrees. The Ontario government has since stated that this will not be effective until the independent review is complete.

If you look at the applications (<http://www.peqab.ca/CurrentApplications.html>), you will find no mention of discriminatory policies towards the LGBTQ2+ community. In fact, they state in their Faculty, Staff and Student Code of Conduct that they expect everyone to:

“ 2. Obey Jesus’s commandment to His disciples (Jn. 13:34-35) echoed by the Apostle Paul (Rom. 14; 1 Cor. 8, 13) to love one another. In general, this involves showing respect for all people regardless of race or gender and regard for human life at all stages. It includes making a habit of edifying others, showing compassion, demonstrating unselfishness, and displaying patience.”

Why is this important? Charles McVety has an impressive history. I would encourage you to look.

This college (<https://canadachristiancollege.com/>) currently offers programs in counselling with areas of specialization including addiction, marriage, family and youth focus. What message will counsellors from these programs bring to our community?

This is not a rebuttal of the Christian community. Faith leaders of all denominations worldwide have recognized the damage of the past and many now offer solace and hope for the future. Linda's article provides one such example. Other religious academics, such as David Seljak, Chair of the University of Waterloo's Department of Religious Studies, has clearly articulated the concerns of granting this provision to this institution in his article, *Four Reasons to Deny University Status to Canada Christian College* (<https://academicmatters.ca/four-reasons-to-deny-university-status-to-canada-christian-college/>).

In a number of endeavors RNIG has promoted/championed the need for education of all those who serve the LGBTQ2+ community. The hope is for an honest evaluation of this particular institution, its programs, its leaders, their relationship with our current governing body, and their potential impact on our community.



➤ Dakota Carrie, Social Media ENO (she/her)

### **Service Spotlight: MAX Ottawa, Comprehensive Support for Guys into Guys.**

As healthcare providers in a pandemic, it can be easy to get stuck in our shift-work rhythm and become disconnected from our community. The aim of this article is to take a minute to celebrate on-the-ground support for LGBTQ2SIA+ folks, and the creation and protection of safe spaces that benefit queer service providers and queer service users alike. Read on for an inspirational snap-shot of MAX Ottawa, a **“community-based organization that focuses on maximizing health and wellness for guys into guys,”** as described by Khaled Kchouk, communications coordinator at MAX.

Khaled met me for an interview via video chat one cold February morning, each of us huddled around our respective devices, gently angling the camera above the mess on our desks. Seeing the faces of our colleagues, friends and family backlit by the blue light of “the screen” is an increasingly familiar sight for us all, and video chat is just one tool that MAX has used to innovate services to keep them accessible during the pandemic. Peer support groups for BIPOC guys into guys, guys into guys coping with anxiety, and guys into guys struggling with body image - to name a few - have been moved online since the first lockdown. Psychotherapist-lead Cognitive Behavioural Therapy (CTI) groups, and the MAX referral network have also been moved online, so that skill-building and connection to LGBTQ2SIA+ allied healthcare providers can continue when our community's mental and physical health needs have been placed into a further state of precarity.

From Khaled's perspective, the pandemic hasn't changed the health and wellness needs of the Ottawa/ Gatineau guys into guys population per se, but it has made existing struggles even more stressful. Khaled described, for example, how the process of accessing PEP has changed in the context of the pandemic. As I'm sure many of you know, PEP is an HIV prevention

medication that must be taken immediately after an unprotected sexual encounter in order to be most effective, **“but when you get to the hospital sometimes you have to wait in the emergency room for hours, for days... you’re there, you’re alone.”**

In the context of the pandemic, this means that people are waiting in the emergency room with the knowledge that they might be exposing themselves to Covid in order to prevent HIV, and that each passing minute, increases their risk of contracting both. Frustration with mainstream medical care has made the comprehensive harm reduction services MAX offers crucial to the health of the community. **“These services will help some people, but they will save other peoples’ lives,”** Khaled emphasized.

Harm reduction services are available online and in person when lockdown restrictions allow.

Equity and accessibility are core values at MAX and are reflected in how services are provided, and the partnerships MAX cultivates to meet community needs. All services are available in English and French, and the 24-hour peer-support call or text help-line can provide written support in any language.

An upcoming partnership with the University of Ottawa and the Ottawa Hospital will bring free, self-administered HIV tests to the harm reduction hub as part of the GetaKit initiative. According to the GetaKit website, the initiative uses a “status-neutral approach” that connects you to resources “whether your result is reactive or non-reactive” (<https://getakit.ca/>, 2020). MAX is also partnered with Migrant Rights Network to advocate for the “Vaccines for All” campaign, which aims to “ensure full access to the Covid-19 vaccine to all migrants regardless of immigration status” (<https://migrantrights.ca/>, 2021).

In this moment, being a “healthcare hero” can sometimes feel like we’re the last line of defense between the health of our country’s citizens and the pandemic. Organizations like MAX Ottawa help us remember that our hospitals and community health offices are fighting shoulder to shoulder with community lead organizations, their employees and their volunteers to close healthcare gaps and keep our communities safe.

MAX Ottawa <https://maxottawa.ca/> their history <https://maxottawa.ca/about/history/>



➤ Kieran Thiara (he/him), B.Sc.N. student Representative

### **Reflecting upon Being a Trans Patient and Nurse**

Earlier this year I had the experience of being a patient at the hospital and it has given me much to reflect about in regard to the gaps within our healthcare system. Navigating the hospital is always a daunting experience for trans individuals, as we are entering environments



knowing that staff will most likely be uncertain with how to interact with us. The gender binary is deeply engrained within nursing education and clinical settings, however, is not often challenged enough. From washroom signage to only being provided two checkboxes for gender on intake forms, trans individuals are constantly being reminded of how there is no box for them. A knowledge gap that is often unaccounted for is how the administrative staff both perceive and address trans patients. Due to not having a gender marker on my health card, the business clerk was unsure of how to address me and voiced this frustration along with confusion. This interaction was harmful and led to me having to advocate for myself by filing a patient experience complaint. This narrative is unfortunately not uncommon for folks within the community when accessing healthcare.

Trans patients are often put in situations where they must both be a patient and an educator for the staff taking care of them. In my experience, the added layer of being an RPN can result in the assumption that I do not require health teaching or that it is acceptable for more invasive questions to be asked. I believe that fostering a trans inclusive environment begins with education and training which most settings have the capacity to provide that for all staff members, including those that perform initial intakes such as administrative staff. As equity, diversity and inclusion continues to be embedded into policy and practice, it is my sincerest hope that this results in creating a safer and affirming environment for all LGBTQ2S+ patients and clients.



## Resources

### LGBTQ2S+

**Rainbow Health Ontario** (RHO) has a wealth of resources and educational offerings, most of which are free or at minimal cost, available in English / en Français:

- <https://www.rainbowhealthontario.ca/>
- <https://www.rainbowhealthontario.ca/lgbt2sq-health/service-provider-directory/>.

RHO about inclusive clinical language:

- <https://cyndigilbert.ca/wp-content/uploads/2020/05/Neutralizing-Clinical-Language.pdf>

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## Covid resources:

**App** official from the Government of Canada / **Application** officielle du Gouvernement du Canada — Coronavirus

- <https://ca.thrive.health/> (EN & FR) \* excellent \*

### Health Canada (EN & FR)

- <https://www.canada.ca/en/public-health/services/diseases/coronavirus-disease-covid-19.html>

### Ministry of Health of Ontario (EN & FR)

- <https://www.ontario.ca/page/2019-novel-coronavirus>

### Canadian Nurses' Association (EN & FR)

- <https://cna-aiic.ca/en/nursing-practice/evidence-based-practice/infectious-diseases/novel-coronavirus>

### Registered Nurses' Association of Ontario

- <https://rnao.ca/news/information-2019-novel-coronavirus-covid-19>

### Mental Health / Santé mentale:

- <https://cmha.ca> (EN & FR) <https://cmha.ca/fr/>





## **Resolution submitted by RNIG-Rainbow - February 22, 2021.**



from the Rainbow Nursing Interest Group (RNIG-Rainbow)

### **Sexual and Gender Minorities Content in the Nursing Standards.**

**WHEREAS** Given that sexual and gender minorities in Ontario experience prejudice, stereotyping, discrimination, harassment and barriers in accessing health services and experience higher rates of mental health concerns, lower rates of preventive screening for chronic health issues and cancer, higher rates of HIV and other sexually transmitted infections, higher rates of substance use (Health Equity Impact Assessment LGBT2SQ Populations, Sherbourne Health & Rainbow Health Ontario), and;

**WHEREAS** Consistent with the recommendation in the Standing Committee on Health Report *the Health of LGBTQIA2 Communities in Canada* that "the Government of Canada work with the provinces, territories and provincial health professional and regulatory bodies to establish a working group to identify ways to promote training and education of health care professionals about the health needs of sexual and gender minorities," and;

**WHEREAS** RNAO is in the process of completing the development of a Best Practice Guideline (BPG) "Reconciling 2SLGBTQI+ Health: Best practices for advancing health equity in sexual orientation and gender identity minority communities (working title) Best Practice Guideline;" and;

**WHEREAS** RNAO and RNIG-Rainbow have reviewed the "Position statement: Respecting sexual and gender minorities" in February 2021.

**THEREFORE, BE IT RESOLVED** that the Registered Nurses Association of Ontario advocates with the Ministry of Health of Ontario (MOH), the College of Nurses of Ontario (CNO), and the Canadian Association of Schools of Nursing (CASN) to include, the health needs of sexual and gender minorities into entry-to-practice competencies and a nursing practice standard.

**FURTHER BE IT RESOLVED** that the Registered Nurses Association of Ontario works with the Rainbow Nursing Interest Group (RNIG) in the lobbying in regard to the health needs of sexual and gender minorities, with other organisations, such as the Ministry of Health of Ontario (MOH), the College of Nurses of Ontario (CNO), and the Canadian Association of Schools of Nursing (CASN), in ensuring that our LGBTQ2S+ community is well represented in the process.



## **Background information**

As healthcare is historically heteronormative, many of the biases within the system against members of the LGBTQ2 community, may not be readily apparent (Enson, 2015). When there is a lack of discussion regarding gender identity and sexual practice with a health-care provider, for the majority, the assumption is that the client is cisgender and heterosexual (Baker & Beagan, 2014). This may induce fear and discomfort felt by some members of the LGBTQ2 community when accessing health services. Some of this discomfort is linked to a fear of discrimination from the health-care provider which can cause stress to the patient (Bidell & Stepleman, 2017; Von Doussa et al., 2016), and may lead to nondisclosure. Nondisclosure influences quality of care as those health-care issues prevalent in this population are neither discussed nor investigated (Baker & Beagan, 2014).

It has been known for some time that LGBTQ2 related health-care education for all health-care professionals is inadequate (Carabez et al., 2015; Charles et al., 2015; Greene et al., 2018; Lim & Hsu, 2016; Parameshwaran et al., 2017; Singer, 2015). There must be recognition of LGBTQ2 health in all aspects of normal human behaviour and health care provision. Time and emphasis in curricula for LGBTQ2 relevant health needs should be on par with the degree given of cisgender and heterosexual centric issues.

Although children in grades K-12 have little influence on current healthcare practice, early education influences student thoughts and behaviours and can impact future societal change (Westheimer, 2017). Despite the recognition that Canadian schools have been shown to be unsafe for LGBTQ2 youth (Taylor et al., 2011), encouraging teachers to integrate recognition of LGBTQ2 marginalization in the curriculum and to develop empathic concern has been associated with a reduction in homophobic behaviours in heterosexual youth (Baams, Dubas, Aken, 2017; Espelage et al., 2019). Proactive responses to harassment based on sexual and gender non-conformity can create a positive learning environment for LGBTQ2 youth and educators (Enson, 2015).

People who identify as LGBTQ2 experience high rates of discrimination in health care, including being refused health care, health-care providers refusing to touch them, use of harsh/abusive language, physical abuse, or blame for their health status (Lambda Legal, 2010).

In consideration of this, there should be an expectation that all who work in the system have received adequate education in respectful care of LGBTQ2 clients, through the use of formal, substantive education and training.

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