



**Evaluating Planned Parenthood’s  
services and their influence on the  
health and wellness of 2SLGBTQIA+  
individuals using an intersectional lens**

May 2025

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**EXECUTIVE SUMMARY**

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## Honoring Indigenous Lives & Living in Solidarity

We would like to acknowledge that we are on stolen land. The province of Newfoundland and Labrador should be returned to its rightful guardians, the Mi'kmaq, Inuit, and Innu people.

Healthcare in Canada as an institution upheld by colonial force, has been built off the unconsulting bodies of Indigenous and Black women.

Reproductive health in particular has a distinct and cruel history rooted in the eugenics and forced sterilization of our bodies. Indigenous and other women of colour are more likely to not receive proper healthcare, which contributes to the ongoing genocide of our people.

We will continue to work in solidarity against colonial oppression that continues to carry out racist injustices and the genocide of BIPOC people. We will, as professionals, learn to break intergenerational harms that have been passed down in order to create a more just and empathic healthcare environment.

## Acknowledgements

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This project aimed to better understand the impact our programs and services have on the health and wellness of 2SLGBTQIA+ individuals. Using an intersectionality framework we answered the following research questions:

- What are the intersectional identities of the organization’s 2SLGBTQIA+ clients and program participants?
- To what extent are the intersectional identities of the organization’s 2SLGBTQIA+ clients and program participants reflective of the intersectional identities of 2SLGBTQIA+ communities in Newfoundland and Labrador?
- What are the health and wellness benefits that 2SLGBTQIA+ clients and program participants get from accessing the organization’s community-based interventions?
- What are the barriers to and opportunities for positive physical, social, and mental health outcomes for 2SLGBTQIA+ clients and program participants through the organization’s community-based interventions?

## Intersectionality Framework

Intersectionality, a term coined by Kimberlé Crenshaw in 1989, has become a pivotal framework in social science research. It provides a comprehensive approach to understanding how various forms of social stratification, such as race, gender, and class, interconnect and impact individuals’ lives. 2SLGBTQIA+ groups have been faced with varying degrees of oppression across geographies, so the best approach in understanding their lived experiences is by adapting an intersectional approach to meet their needs.

## Design

This study’s methodology consisted of participatory-action research (PAR). PAR engages those affected by the issue at hand (i.e., 2SLGBTQIA+ individuals) to create intentional and relevant changes. During the first stage, we collected quantitative data through a survey and, in the second stage, qualitative data through semi-structured interviews. Additionally, the third stage involved the recruitment of two survey participants (Nicole and Emmitt) as community co-researchers (i.e., patient partners) who informed and supported the data analysis, development of recommendations, and dissemination of the findings.

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## Survey Highlights

- **Geography:** The majority of respondents (n=50, 79%) were located in the Avalon region.
- **Age:** Participants between the ages of 19 and 40 represented the majority of respondents (n=55, 89%).
- **Sex assigned at birth:** The majority of participants (n=54, 84%) were assigned female at birth, closely aligning with demographic information from the organization's statistics on clients (PPNLSHC, 2024).
- **Gender:** Participants' gender identities showed a diverse range of self-identification among respondents (i.e., cisgender, trans and gender diverse, woman, nonbinary, queer).
- **Sexual Orientation:** Diverse self-reporting with 10 participants identifying with more than one (i.e., queer, pansexual, bisexual, lesbian, straight).
- **Relationships model:** Four participants shared being polyamorous.
- **Race:** Most participants (n=56, 90%) identified as white.
- **Newcomer status:** Two participants identified themselves as newcomers.
- **Disability:** A significant number of participants (n=47, 77%) disclosed having a disability, with anxiety, depression, attention-deficit/hyperactivity disorder (ADHD), and autism being the most cited conditions.
- **Religion:** The majority of the respondents (n=26, 43%) said they were slightly religious with reports of diverse religious beliefs and/or spiritual inclinations.
- **Sizeism:** An overwhelming number of participants (n=50, 82%) reported experiencing negative impacts on their social, physical, and emotional wellness due to sizeism within healthcare settings (not within PPNLSHC).
- **Cost of living:** The majority of respondents (n=44, 67%) have to either cut back expenses (n=26, 39%) or cannot make ends meet (n=18, 27%).
- **Education:** The highest concentration of participants had either a trade/technical/vocational diploma or certificate (n=23, 35%), a bachelor's degree (n=22, 33%), or a high school diploma or equivalent (n=12, 18%).
- **Employment:** Most survey participants were employed full-time at the time of the survey (n=34, 52%).
- **Net income:** Most participants (n=56, 85%) earn a net income under \$75,000 a year.
- **Dependents:** the majority of participants (n=55, 83%) have either none (n=23, 35%), one (n=16, 24%), or three (n=16, 24%) dependents.
- Overall, respondents mentioned that the 16 programs and services either positively or somewhat positively impacted their physical, mental, or social wellness.

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## Interview Highlights

### Benefits:

- Planned Parenthood is seen as a safe, inclusive, and supportive environment that promotes physical, mental, and social wellness.
- Programs like the 2SLGBTQIA+ Warmline and Mending Mondays were especially valued for supporting mental health among trans and gender-diverse individuals.
- Participants appreciated the visibility and representation of the 2SLGBTQIA+ community within PPNLSHC.
- Gender-affirming care, such as Nexplanon access, was noted as beneficial in reducing dysphoria.
- Staff, doctors, and volunteers were described as respectful, affirming, and attentive to client needs, using preferred names and pronouns.
- Features like gender-neutral washrooms and free menstrual products reinforced the organization's commitment to accessibility and inclusivity.

### Barriers:

- Lack of parking was frequently mentioned as a logistical barrier.
- Racialized 2SLGBTQIA+ newcomers experienced cultural and language barriers, leading to difficulty accessing services and misunderstandings with community resources.

### Challenges:

- Participants highlighted systemic healthcare issues, such as:
  - Barriers to gender-affirming surgeries.
  - Limited understanding of racialized 2SLGBTQIA+ needs by healthcare providers.
  - Shortage of healthcare professionals, especially family doctors and specialists.
- While feedback was overwhelmingly positive, participants stressed the importance of addressing existing barriers and systemic challenges, especially for racialized 2SLGBTQIA+ newcomers.
- Enhancing education, outreach, and advocacy are key opportunities to further support the wellness of the 2SLGBTQIA+ community.

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## RECOMMENDATIONS

Based on the review of the literature, the findings from this evaluation, and our discussion, we present a number of recommendations. It is important to note that although some of these recommendations may go beyond PPNSLHC's capacity, the organization can play a big role in bridging the solutions to these challenges that can better the health and wellness experiences of diverse 2SLGBTQIA+ communities.

### **1. Strengthen Community Outreach and Engagement with Racialized 2SLGBTQIA+ Communities**

- Enhance partnerships with organizations serving racialized and newcomer communities (e.g., ANC, YWCA St. John's) to increase outreach and visibility.
- Facilitate ongoing cultural competency training for staff, volunteers, and board members, incorporating best practices for engaging racialized 2SLGBTQIA+ individuals.
- Develop targeted volunteer recruitment efforts to increase racialized representation within PPNSLHC.
- Explore affordable technological solutions to reduce language barriers in service delivery.
- Ensure racialized 2SLGBTQIA+ voices are included in program planning through advisory committees or community consultations.

### **2. Enhance Medical Services and Gender Affirming Care**

- Offer drop-in clinics to increase access to sexual health services.
- Advocate for expanded gender-affirming care in collaboration with allied healthcare providers and community-based organizations. For example, by advocating for more healthcare professionals in the province to meet World Professional Association for Trans Health (WPATH)'s minimum credentials.
- Provide training and advocacy for healthcare professionals to improve cultural competency and reduce discrimination in medical settings.

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### 3. Enhance Mental Health Supports

- Strengthen partnerships with affirming mental health practitioners and organizations to improve referrals and access to services.
- Continue expanding gender and sexual diversity training for mental health professionals.
- Advocate for increased government support to improve access to mental health services for 2SLGBTQIA+ individuals.

### 4. Address Body Stigma and Sizeism in Healthcare

- Implement sensitivity training for healthcare providers on sizeism and weight bias.
- Develop partnerships with body positivity and anti-stigma organizations to support community-based education initiatives.

### 5. Enhance Digital Advocacy and Education

- Use social media to amplify 2SLGBTQIA+ health and wellness issues and promote advocacy campaigns.
- Develop accessible digital resources for youth and older 2SLGBTQIA+ individuals to address gaps in sexual health and prevention education.

### 6. Increase Outreach and Service Access Outside of the Avalon

- Promote existing Telehealth and virtual services to increase accessibility for individuals outside the Avalon region.
- Strengthen partnerships with organizations and practitioners in Central, Western, and Labrador regions to extend service outreach.

# APPENDIX: 3-YEAR WORK PLAN

Strengthen Community Outreach and Engagement with Racialized 2SLGBTQIA+ Communities			
Actions	By when	By whom	Measurement: how will you measure success?
Facilitate ongoing cultural competency training for staff, volunteers, and board members, incorporating best practices for engaging racialized 2SLGBTQIA+ individuals.	April 2028	Board of Directors, Executive Director	Implement at least one training a year with dedicated and competent training providers (e.g., Association for New Canadians, Laurabel MBA, Ontario Council of Agencies Serving Immigrants).
Develop targeted volunteer recruitment efforts to increase racialized representation within PPNLSHC.	April 2026	Client Services Coordinator, Executive Director	Change the standard recruitment message on social media to state “we especially welcome volunteer applications that reflect the diversity of or communities such as refugees, newcomers, and people who are Black, Indigenous, and People of Color (racialized)” Share Volunteer recruitment with racialized organizations and partners.
Explore affordable technological solutions to reduce language barriers in service delivery.	April 2028	Executive Director	Implement Remote Interpretation Ontario Network (RIO Network) through NL Health Services in clinic appointments. Partner with ANC’s Interpretation Services to provide this service during appointments.
Ensure racialized 2SLGBTQIA+ voices are included in program planning through advisory committees or community consultations.	April 2026	Project Coordinator	Conduct a Needs Assessment for Racialized Communities

**Enhance Medical Services**

<b>Actions</b>	<b>By when</b>	<b>By whom</b>	<b>Measurement: how will you measure success?</b>
Offer drop-in clinics to increase access to sexual health services.	April 2026	Client Services Coordinator, Executive Director	Offer one drop in clinic per quarter
Provide training and advocacy for healthcare professionals to improve cultural competency and reduce discrimination in medical settings.	April 2028	Education Coordinator, Wellness Coordinator, Executive Director	Offer one training session per quarter

**Enhance Digital Advocacy and Education**

<b>Actions</b>	<b>By when</b>	<b>By whom</b>	<b>Measurement: how will you measure success?</b>
<p>Use social media to amplify 2SLGBTQIA+ health and wellness issues and promote advocacy campaigns.</p>	<p>April 2028</p>	<p>Wellness Coordinator</p>	<p>Implement an advocacy campaign on seizism and how it affects sexual and reproductive healthcareImplement an advocacy campaign on improving access to mental health services for 2SLGBTQIA+ individuals.Implement an advocacy campaign on improving gender-affirming care in collaboration with allied healthcare providers and community-based organizations in NL.</p>
<p>Develop accessible digital resources for youth and older 2SLGBTQIA+ individuals to address gaps in sexual health and prevention education.</p>	<p>April 2028</p>	<p>Wellness Coordinator, Project Coordinator</p>	<p>Enhance the website to include up to date information on harm reduction, healthy relationships, and violence prevention.Resume regular posting (once a quarter) on Tiktok that educates on a variety of sexual and reproductive health, healthy relationships, and violence prevention.</p>