



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

May 2025

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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GLOSSARY

2SLGBTQIA+: Two-Spirit, lesbian, gay, bisexual, trans, queer, questioning, intersex, asexual, and plus. For more comprehensive definitions of diverse sexual orientations and gender expressions visit <https://egale.ca/awareness/terms-and-definitions/>

BIPOC: Black, Indigenous, People of Colour.

Racialized: In this project, it refers to people who experience various forms of marginalization as a result of being perceived to belong to a certain race or have certain ethnic affiliations based on skin color, origin, religion, language and more.

Well-being: Well-being can be understood as encompassing individuals' feelings and functioning on both personal and social levels, as well as how they assess the overall quality of their lives (Michaelson, Mahony and Schifferes, 2012).

Wellness: Wellness is a deliberate and ongoing process aimed at realizing one's full potential, characterized by self-direction and the integration of various aspects such as lifestyle, mental and spiritual balance, and environmental factors (National Wellness Institute (NWI), 2023). Wellness is inherently positive and life-affirming, contributing to longevity and health. Moreover, wellness is seen as a multicultural and holistic concept, encompassing multiple dimensions (NWI, 2023).

Physical Wellness: the ability to maintain a healthy lifestyle that allows you to get through your daily activities without undue fatigue, physical stress, or pain/discomfort (Princeton University, 2024; NWI, 2023).

Mental/Emotional Wellness: the state of well-being in which you can realize your own abilities, can cope with the regular stresses of life, can work productively and fruitfully, and are able to make a contribution to your community (Princeton University, 2024; NWI, 2023).

Social Wellness: the ability to develop a sense of connection, belonging, and a well-developed support system with other people (Northwestern University, 2025).

INTRODUCTION

Planned Parenthood Newfoundland and Labrador Sexual Health Centre (PPNLSHC) recognizes the unique and diverse barriers that 2SLGBTQIA+ individuals face in their day-to-day due to their intersecting identities (e.g., gender, sexual orientation, race, ability), which impact their health and wellness experiences differently from one person to another, but also to a greater extent than their cisgender and heterosexual counterparts (e.g., Pang & James, 2022; Scheim et al., 2013; Williams et al., 2017; Gessner et al., 2012). For instance, the disproportionate impacts of COVID-19 on the 2SLGBTQIA+ community, specifically for those who are racialized (e.g., BIPOC), have worsened their physical and mental health to this day (Egale Canada, ACCEC, & Innovative, 2020).

PPNLSHC is a non-profit charitable organization that promotes positive sexual health for all and the social determinants of health for 2SLGBTQIA+ individuals through education, community partnership, information, and services within an environment that supports and respects individual choice. Our organization provides targeted clinical and social services, as well as programs designed for and by the 2SLGBTQIA+ community, which supports our clients' health and wellness. However, we do not want to take for granted that our programs and services are having the desired impact or that the impact we make on the health and wellness of 2SLGBTQIA+ individuals is being experienced in the same way. We strive for transparency and accountability in all aspects where we might be falling short in supporting our 2SLGBTQIA+ communities. We know that our client base has increased exponentially in the last three years; however, little is known about the degree to which our programs and services are supporting their health and wellness as pertaining to their intersecting identities.

Although we have received promising feedback about our programs and services, we have not collected enough data to understand how these experiences are reflected under an intersectional lens (Crenshaw, 1991; Evans & Lepinard, 2020). This research evaluation project started developing in January of 2023 with funds from the Canadian Institutes of Health Research (CIHR). While developing our evaluation strategies, we became aware that to properly assess our impact on the 2SLGBTQIA+ community equitably and fully, the study would need to be expanded.

In particular, we wanted to engage our study participants in a more meaningful way in this project as partners beyond data collection. Thus, we engaged two 2SLGBTQIA+ study participants as community co-researchers (patient partners) in the second stage of this project (i.e, data analysis), as well as in the development of recommendations and knowledge translation and dissemination products; this ensured that any changes or improvements within the organization were led and informed by lived experiences and expertise of the local 2SLGBTQIA+ community. This is to ultimately generate the knowledge needed to update and improve our programs and clinical services to better support 2SLGBTQIA+ individuals and their intersecting identities in their overall health and wellness.

This project is of particular importance since PPNLSHC is the only community sexual and reproductive health centre in Newfoundland and Labrador directly offering community-based interventions to 2SLGBTQIA+ individuals; as such, we have a crucial responsibility to this community's sexual health and wellness.

Therefore, this project aimed to better understand the impact our community-based interventions have on the health and wellness of 2SLGBTQIA+ individuals by evaluating our programs and services through an intersectionality framework.

LITERATURE REVIEW

Understanding the barriers and opportunities for positive health outcomes among 2SLGBTQIA+ populations requires an intersectional approach. Canada became the first country to collect and provide census data on transgender and non-binary people during the 2021 census (Statistics Canada, 2022). The census statistics suggest that 1.3 million (4%) of the Canadian population aged 15 years and older reported being part of the 2SLGBTQ+ population (Statistics Canada, 2022). Given that a significant portion of the Canadian population identifies as 2SLGBTQIA+, it is crucial to make substantial strides in addressing their wellness needs. For instance, one-third of non-binary individuals have reported that their primary healthcare providers lack the necessary knowledge to adequately address trans and non-binary health needs (Navarro et al., 2021). In Newfoundland and Labrador in particular, 1,345 people reported being transgender and/or non-binary according to Statistics Canada (2022, April 27). Although there is not any specific data related to the proportion of the population who are 2SLGBTQIA+ in Newfoundland and Labrador it can be assumed that 4% (based on the national data) of the province's total population may identify as such.

Barriers and Opportunities for Physical Wellness

Physical wellness, defined as the ability to maintain a healthy lifestyle without undue fatigue or discomfort (Princeton University, 2024; NWI, 2023), is significantly hindered for 2SLGBTQIA+ populations. For instance, Indigenous and gender diverse individuals face substantial unmet healthcare needs, such as hormone therapy and trans-related surgeries, which are crucial for their physical well-being (Scheim et al., 2013; Schilt & Lagos, 2017). Additionally, stigma and discrimination from healthcare providers, often influenced by religious beliefs, misogyny, heterosexism, and cisgenderism, deter these individuals from seeking necessary services (Joudeh et al., 2021). The lack of affirming healthcare further complicates the ability of 2SLGBTQIA+ folks to maintain physical wellness, leading to a higher prevalence of untreated physical health issues.

To improve physical wellness, healthcare providers must undergo specific training to address the needs of 2SLGBTQIA+ communities (Scheim et al., 2013; Schilt & Lagos, 2017).

Implementing comprehensive sexual education and advocacy in schools and workplaces can also curb homophobia and heterosexism, creating more inclusive environments (Ryan, 2003). Policies and practices need to be reformed to ensure that healthcare settings are inclusive and respectful of 2SLGBTQIA+ identities, eliminating inbuilt heterosexist practices such as inappropriate questioning and presumptions of heterosexuality (Fish, 2006).

Barriers and Opportunities for Mental/Emotional Wellness

Mental wellness, characterized by the ability to cope with regular stresses, work productively, and contribute to the community, is influenced by the healthcare experiences of 2SLGBTQIA+ individuals (). High levels of depression, anxiety, and stress are prevalent due to stigma, discrimination, and marginalization (Ash & Mackereth, 2013). The lack of affirming healthcare adds another layer of difficulty, making it harder for these individuals to access necessary mental health services. For instance, transgender individuals often face harassment and violence, which contribute significantly to mental health problems (McCann & Brown, 2017).

Additionally, provider incompetence has created a sense of hopelessness for many 2SLGBTQIA+ individuals, as they struggle to find therapists who truly understand the complexities of their identities (Schilt and Lagos, 2017). The presence of unqualified therapists often leads to the cessation of care, which, in turn, has significant mental health implications. For individuals who must pay out of pocket, waiting for many weeks to months for services from providers such as therapists and psychologists, which is often very expensive and sometimes not fully covered by insurance, can have profound and compounding mental health impacts (Schilt and Lagos, 2017).

Integrating spirituality and religiosity with personal identity has shown to alleviate internal conflicts and improve mental health outcomes (Meanley, Pingel & Bauermeister, 2016). Acceptance from family, friends, and the community enhances mental wellness, underscoring the importance of supportive environments. Addressing mental health disparities requires targeted interventions that consider the unique experiences of intersecting identities. Research should focus on understanding how environmental dynamics, such as geographical location, impact mental well-being (Davies, Lewis & Moon, 2018).

Barriers and Opportunities for Social Wellness

Social wellness, which involves developing a sense of connection and belonging (Princeton University, 2024; NWI, 2023), is challenged by intersecting identities that can lead to marginalization even within safe spaces since racialized individuals often face challenges in predominantly white spaces (Vo, 2021).

Homophobia and heterosexism also hinder social wellness, affecting education, employment, healthcare access, and other societal opportunities (Ryan, 2003).

To foster social wellness, intersectional approaches must be included in the creation and composition of healthcare providers, ensuring that racialized individuals' needs are comprehensively considered and met (Vo, 2021).

Advocacy for inclusive policies and practices in all societal and institutional domains, including schools and workplaces, is essential. Implementing comprehensive sexual education and training health providers on LGBTQ-specific care can promote social wellness by reducing stigma and discrimination (Ryan, 2003).

The barriers to physical, mental, and social wellness for 2SLGBTQIA+ populations are multifaceted and deeply rooted in systemic discrimination and stigma. However, by adopting intersectional approaches and implementing targeted interventions, significant improvements can be made. Training healthcare providers, advocating for inclusive policies, and creating supportive environments are crucial steps towards enhancing the overall well-being of 2SLGBTQIA+ individuals. Understanding and addressing these barriers and opportunities through an intersectional lens is vital for fostering a more inclusive and equitable society.

Intersectionality: A Theoretical Perspective and Empirical Examination

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. The application of intersectionality in research reveals not only the lived experiences of marginalized groups but also the hegemony embedded in societal standards and structures (Abrams, Tabaac, Jung, & Else-Quest, 2020).

Athena Carastathis' *Intersectionality: Origins, Contestations, Horizons* (2016) critically examines the concept of intersectionality as both a theoretical framework and a practical tool for addressing complex social inequalities. Carastathis (2016) explores the origins, development, and implications of intersectionality in feminist theory and social justice movements. Carastathis (2016) analyzes the challenges and potentials of intersectionality, particularly in its application to activism and policy-making, and underscores the importance of understanding intersecting identities and systems of oppression to foster inclusive and effective social change, positioning this framework as a double-edged sword. Abrams et al. (2020) highlight how intersectionality exposes the dominance inherent in societal norms, making visible the unique challenges faced by individuals at the intersections of multiple marginalized identities. 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.

Addressing Health Inequalities

Intersectionality's role in addressing health inequalities extends beyond examining race, gender, and socioeconomic status to include factors such as geographical location. Bambra (2022) emphasizes the significance of geographical location in contributing to marginalization and oppression. By incorporating an intersectional approach, researchers can address multiple components and contributory factors to oppression, ensuring a comprehensive understanding of health disparities. Bambra (2022) argues that maximizing the use of intersectionality may uncover and address the various dimensions of oppression that impact health outcomes.

Mental Health and Intersectionality

Intersectionality has been instrumental in unmasking the factors contributing to unique experiences within different groups, particularly concerning mental health. The interplay of intersecting identities creates distinct experiences that significantly affect mental health outcomes (Budge, Thai, Tebbe, & Howard, 2016). For instance, the experiences of a gay, middle-class Black individual differ markedly from those of a gay, middle-class white individual. Budge et al. (2016) illustrate how intersectionality makes these unique experiences visible, challenging the homogenization of experiences within marginalized groups.

Barriers to Healthcare for LGBTQIA+ Individuals

In exploring barriers to healthcare access among 2SLGBTQIA+ individuals, intersectionality proves invaluable. Chan and Henesy (2018) discuss how intersectionality dissects multiple identities and compounded experiences, shaping individuals' identities and influencing their interactions with healthcare systems. They advocate for holistic care that incorporates spirituality and culturally competent practices, recognizing the varied individual experiences and needs of 2SLGBTQIA+ clients.

Policy Formulation and Systemic Inequalities

The role of intersectionality in comprehending the dynamics inherent in social structures is crucial, particularly in policy formulation. Incorporating intersectional perspectives in policymaking identifies systemic injustices and inequalities, fostering inclusivity (Cho, Crenshaw & McCall, 2013).

Crenshaw (1991) highlights that intersectionality is a crucial tool for empowering marginalized groups by exposing the systemic forces that contribute to their oppression. It allows for an exploration of how social structures disadvantage individuals and groups based on their intersecting identities. For example, women of color face multiple layers of marginalization due to the convergence of gender, race, and class. Therefore, policies addressing these challenges must be comprehensive and account for the intertwined factors shaping these experiences, as a one-size-fits-all approach is insufficient to meet the diverse needs of marginalized populations including 2SLGBTQIA+ communities.

Intersectionality in Feminist Movements

Feminist movements have strategically utilized intersectional approaches to advance their activism. Evans and Lépinard (2020) note that while significant changes have been achieved, much work remains in engaging in intersectional spaces that requires confronting privileges and embracing diversity. However, controversy arises regarding the involvement of privileged individuals in activism on behalf of marginalized populations, so Evans and Lépinard (2020) stress the importance of navigating these dynamics to ensure authentic and effective advocacy.

Understanding Multifaceted Identities

Intersectionality plays a critical role in understanding the multifaceted nature of identity. Parent, DeBlaere, and Moradi (2013) highlight how this framework sheds light on the various aspects and experiences of individuals without focusing on a single category. They call for more research to uncover the complex relationships between intersecting identities and their impact on mental health. This understanding is crucial for developing interventions and policies that address the specific needs of individuals with intersecting identities.

The use of intersectionality in research has profoundly impacted our understanding of marginalized groups, health inequalities, and systemic injustices. By revealing the complex interplay of intersecting identities, intersectionality provides a comprehensive framework for addressing the multifaceted nature of oppression and inequality. As research and policy continue to evolve, the incorporation of intersectional perspectives will remain crucial in fostering inclusivity and equity across various domains.

METHODOLOGY

This project sought to gain insight into how our community-based interventions affect the health and wellness of 2SLGBTQIA+ individuals by assessing the organization's interventions through an intersectionality lens. Thus, this evaluation aimed to answer the following research questions:

1. What are the intersectional identities of the organization's 2SLGBTQIA+ clients and program participants?
2. 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?
3. What are the health and wellness benefits that 2SLGBTQIA+ clients and program participants get from accessing the organization's community-based interventions?
4. 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?

Design

This study's methodology consisted of participatory-action research (PAR) using mixed methods, where we combined quantitative and qualitative data collection methods in three stages. PAR is an appropriate methodology for this study since the purpose of this study is change or transformation (Baum et al., 2006). 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 Emmit) as community co-researchers (i.e., patient partners) who informed and supported the data analysis, development of recommendations, and dissemination of the findings.

Data Collection and Analysis

Survey. The survey aimed at answering research questions 1 and 3. Participants responded to an online Qualtrics survey. In order to respond to research question 1, participants were asked about their intersecting identities by asking about several variables: age, sex assigned at birth, gender, gender expression, sexual orientation, relationship status, race/ethnicity, dis/ability, body stigma, religion, geographical location, immigration status, and socio-economic status (i.e., cost of living, education, net income, and dependants). As well, in order to respond to research question 3, subsequent items in the survey asked about the services and/or programs recently accessed in the last two years. Using a Likert Scale response format, participants were asked specific questions related to the influence of such programs and/or services on their physical, social, and mental wellness experiences. Descriptive statistics (i.e., average, range, frequency) will be used to analyze and interpret the data.

Semi-structured Interviews. The semi-structured interviews took place via phone call or video conferencing after the survey collection period. At the end of the survey, participants were asked to provide their contact information if interested to take part in a follow-up interview. Although we aimed to interview between nine and 15 participants, only seven participated in the follow-up interviews to discuss further their health and wellness experiences (i.e., benefits, barriers, challenges, and opportunities) when accessing our community-based interventions. Thus, responding to research questions 3 and 4. The semi-structured interviews were audio recorded to allow adding to the interview notes after the interview ended. Interview notes were analyzed using a hybrid deductive-inductive thematic analysis coding approach, which refers to a coding process that starts with a deductive approach; for instance, based on the research questions and interview questions (e.g., health and wellness benefits, barriers to and opportunities for positive health and wellness). Finally, the inductive coding will follow by identifying emerging patterns and themes based on that initial deductive coding.

Data Collection and Analysis

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Participant Recruitment and Informed Consent

For the first stage of data collection (i.e., survey), 2SLGBTQIA+ clients and program participants, at or over the age of 15, accessing our programs and clinical services, were recruited in person and online February through May 2024. In-person recruitment took place using a poster shared at our centre; online recruitment took place using paid advertising on our social media platforms. Inclusion criteria for study participants involved identifying as 2SLGBTQIA+, being at least 15-years old, having accessed our services in 2022 and/or 2023, and residing in Newfoundland and Labrador. Prospective participants had an available QR code and/or survey link for them to scan and respond at their convenience. Our community co-researchers were recruited at the end of the survey.

All survey participants were prompted at the beginning of the survey with an Informed Consent section in which they provided a detailed explanation of their participation, options to withdraw from the study, and the risks and benefits of participating in the project. There was an incentive for answering the survey, which was to enter a draw for one of two \$50 VISA Cards. By selecting “Yes, I consent” on the initial section, and by completing and submitting the survey, participants provided consent to this aspect of the study.

For the second stage (i.e., interview), participants were asked to share their contact information (e.g., email address) at the end of the survey if they wished to participate in a follow-up interview.

Part two of this study included one-on-one interviews with 9–15 participants to continue learning about their wellness experiences at Planned Parenthood; however, only seven participants were interviewed. Each participant received a \$50 honorarium for their time.

The survey and interviews included participants between 15 and 18 years old who had not yet achieved the capacity to provide free and informed consent. Thus, our recruitment and informed consent process included youth assent to participation in the interview using a modified parental consent model. This model asks 2SLGBTQIA+ youth 15-18 to provide parental consent for their participation in interviews unless they believe that asking their parent or guardian for consent would mean compromising their health and safety at

home. In these situations, youth could provide their own consent and instead have a trusted adult sign the form indicating that they believe the youth understands the risks of the project and has the ability to consent on their own. Nonetheless, only one youth participant was interviewed and their parents provided consent for their participation.

Participatory Action Activities

With this project, we engaged in two main knowledge-sharing activities to inform our communities about our evaluation, our results, and our recommendations to implement scale-up changes to our community-based interventions and/or changes to our policies and procedures. During the months of July and August 2024, the project team finalized a first draft of the report which included the main findings and recommendations. The two activities included an internal presentation to PPNSLHC's Executive Director, staff, and volunteers; and, the second involved a community presentation to 2024 Camp Eclipse participants.

The first activity took place on August 29, 2024 and aimed to engage in a comprehensive presentation of the findings and recommendations, as well as a discussion of how these findings and recommendations can be implemented at the organization. The project team engaged in a discussion with the Executive Director to design a sustainable 3-year Work Plan (See Appendix A) based on the report to apply the recommendations most relevant to the organization's scope and capacity.

The second activity took place on August 31, 2024 during the introductory session for Camp Eclipse; attendees involved approximately 25 participants including youth campers (ages 16-24); youth leaders (ages 18-24), or mentors (ages 25 and up) who were participating in Camp Eclipse during September 5-8, 2024. Camp Eclipse: Out in the Woods is a yearly four-day leadership retreat for 2SLGBTQIA+ youth and their allies from across Newfoundland and Labrador. Through a variety of workshops and activities, campers, youth leaders, and mentors develop and enhance their leadership skills and their knowledge of 2SLGBTQIA+ history, activism, and healthy living. The nature of the workshops, facilitated by the mentors and youth leaders, varies from year to year, while maintaining a focus on leadership, recreation, personal growth, activism, and advocacy. Camp Eclipse 2024 welcomed 51 participants in total which included 20 campers (ages 16-24), 10 youth leaders (ages 18-24), 19

mentors (ages 25 and up), and 2 staff (Camp Coordinator and the Executive Director).

The executive summary, full report, and 3-year Work Plan are published on PPNSHC's website (<https://www.plannedparenthoodnlshc.com/evaluation-project.html>) as mobilization products to communicate with the public, governments, and the community of the findings of this evaluation.

SURVEY RESULTS

The online survey was conducted over 3 months between February and May 2024. A total of 66 2SLGBTQIA+ participants (N=66) 15 years of age and older responded to the survey. Demographic information was collected through the survey to better understand participants' intersecting identities which included geography, age, sex assigned at birth, gender identity, sexual orientation, race/ethnicity, dis/ability, religion, body discrimination, and socio-economic status. The second section of the survey included questions about participants' experiences of physical, mental, and social wellness from accessing Planned Parenthood's programs and services. Here, participants rated their wellness experiences on a scale from 1-5.

Participant Demographics

Geography, Age, Gender, Sexual Orientation, Race, Dis/ability, and Religion

Age. As shown in Figure 1, participants between the ages of 19 and 40 represented the majority of respondents (n=55, 89%), with 25 to 30 years of age being the highest age bracket representation with 37% (n=23), followed by 31-40 (n=18, 29%), and 19-24 (n=14, 23%) respectively. Only one participant was between the ages of 15 and 18 and six participants were over the age of 40.

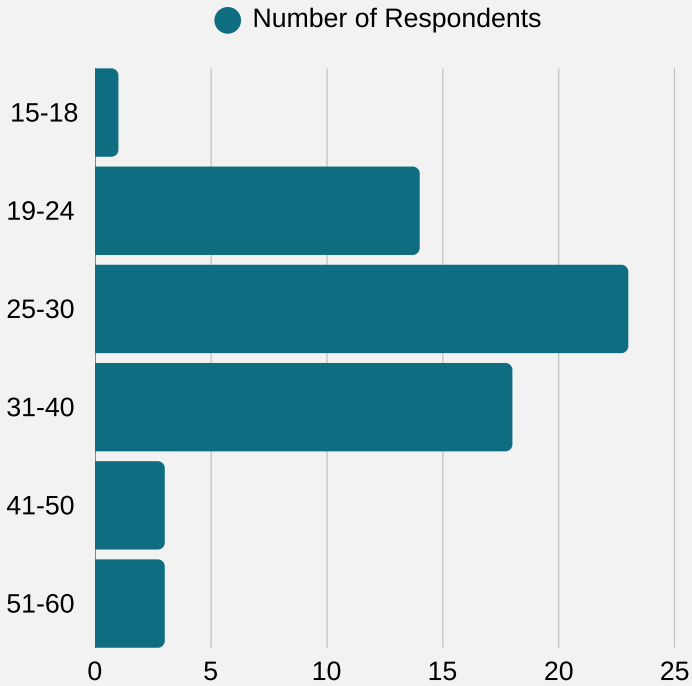


Figure 1. Age

Geography. The majority of respondents (n=50, 79%) were located in the Avalon region, indicating a concentration of service usage in this area with the remainder of participants located in the Central region (n=6, 10%) and the Western region (n=7, 11%). Alternatively, most participants (n=63, 95%) were located in a provincial urban center such as St. John's, Conception Bay South, Bay Roberts, Corner Brook, Gander, Grand Falls-Windsor, Clarenville, Deer Lake, Happy Valley-Goose Bay, Labrador City, Marystown, or Stephenville, with only 5% (n=3) of them located in a rural or remote area.

Gender. The results show that the majority of participants (n=54, 84%) were assigned female at birth, closely aligning with demographic information from the organization’s statistics on clients accessing Planned Parenthood’s clinic services (PPNLSHC, 2024). However, participants’ gender identities showed a diverse range of self-identification among respondents (See Figure 2).

Sexual Orientation. Similarly, there was diverse self-reporting of participants’ sexual orientation (See Figure 4). Among the 61 participants who responded to this question, 10 identified with more than one sexual orientation. This highlights the fluidity and diversity within the community regarding sexual orientation.

Similarly, a few participants reported on their relationship model—for instance, four participants shared being polyamorous. In terms of relationship status, most participants were either single (31%) or cohabitating with a partner (31%), followed by 18% who were in a relationship (or more than one thereof), but not living with their partner(s); three participants reported being divorced or separated, and one participant reported being engaged.

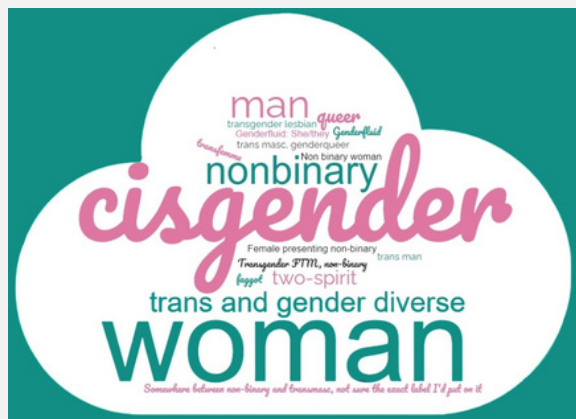


Figure 2. Gender Identity



Figure 3. Sexual Orientation

Race or Ethnicity. Most participants (n=56, 90%) identified as white. This demographic trend reflects regional population statistics but also underscores the need to address healthcare experiences and disparities among racialized individuals. Two participants identified as newcomers, highlighting a small but significant portion of the population that may face unique challenges in accessing healthcare and community support.

Dis/ability. A significant number of participants (n=47, 77%) disclosed having a disability, or physical or mental health condition(s) that temporarily or permanently affect their day-to-day life, 11 (17%) did not, and eight (12%) were unsure. Notably, 35 participants (68%) out of 51 reported more than one condition, with anxiety, depression, attention-deficit/hyperactivity disorder (ADHD), and autism being the most cited conditions (See Table 1).

Table 1. Disability/Health Conditions

Condition	Frequency	Percentage
*Attention-deficit/hyperactivity disorder (ADHD)	30	45.45%
*Anxiety disorders	28	42.42%
*Depression	26	39.39%
*Autism spectrum disorders	12	18.18%
Post-traumatic stress disorders	10	15.15%
Obsessive Compulsive Disorder	7	10.61%
Borderline Personality Disorder	6	9.09%
Other (not listed above)	≤3	4.55%

*most cited conditions

Note: Participants reported more than one condition so the total will represent more than 100%

Religion: Survey participants also responded to the degree to which they consider themselves religious or spiritual. As seen in Figure 4, the majority of the respondents (n=26, 43%) said they were slightly religious; followed by those who were not religious at all (n=17, 28%), moderately religious (n=14, 23%), very religious (n=2, 3%), and unsure (n=2, 3%). In addition, participants reported a diversity of religious beliefs and/or spiritual inclinations (or lack thereof) (See Figure 5) in which spiritual, atheist, and Catholic, were the most predominant. Equally important, six participants (10%) also shared having experienced discrimination or judgment based on their religious and/or spiritual inclinations, which included those who reported being Jewish, traditional Indigenous spirituality, Muslim, Antitheist, Catholic, and Christian.

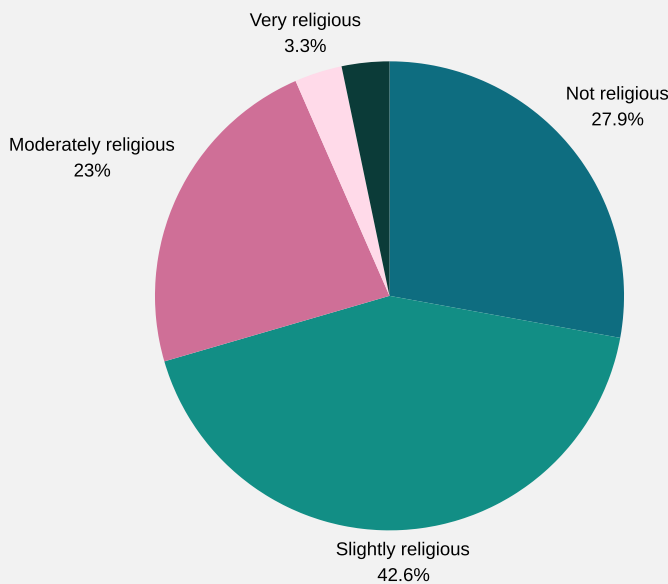


Figure 4. Degree of Religious Inclinations

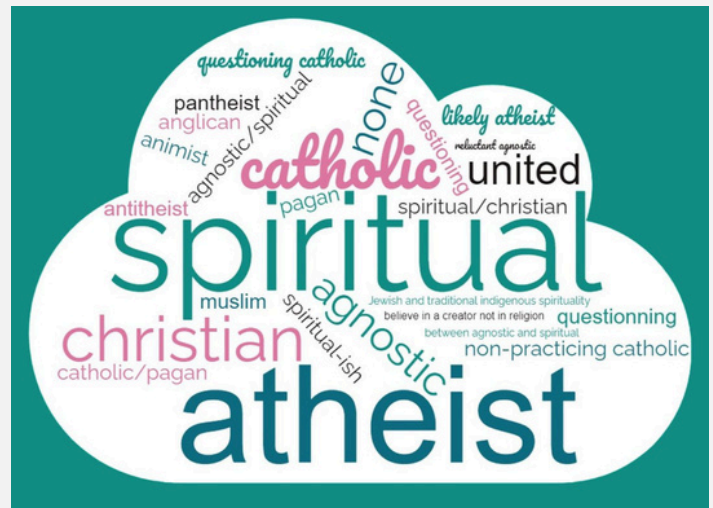


Figure 5. Religious Inclinations

Body Stigma

An overwhelming number of participants (n=50, 82%) reported experiencing negative impacts on their social, physical, and emotional wellness due to sizeism. While most self-reported instances involved discrimination and judgment for being fat, particularly from family, friends, acquaintances, and healthcare professionals, some participants also experienced discrimination for being perceived as too skinny. The participants shared various negative experiences, which can be categorized into key themes such as healthcare dismissal, social judgment and body shaming, and pressure to conform to media standards:

Healthcare Dismissal. Several participants reported that their health issues were often dismissed solely due to their weight. One participant shared, “All of my medical issues have been deemed due to my weight with no support other than to lose weight before all else.” Another echoed similar challenges: “Where to begin? Relevant to health services, my weight ballooned in puberty due to the onset of severe PCOS... I was always told by my childhood GP that my problems were exclusively due to my weight and that losing weight would be the cure-all.”

Social Judgment and Body Shaming. Many participants described experiencing social violence in the form of judgment, body shaming, and discrimination. One participant noted, “I’m obese, and this has come with many challenges and judgment from people. I’ve had teenagers make comments as I walk past them, and have had adults (mostly family) make snide comments about my weight.” Another added, “I get demonized for existing in a larger body and have for the entirety of my life. Mainly men criticize my shape, size, etc., and tell me I’d be more beautiful if I lost weight.” Such experiences were also reported by participants who were perceived as too skinny. As one shared, “When I was younger, I was told I was too skinny and needed to eat a burger. I’ve since gained weight and had family and friends point it out.”

Pressure to Conform to Media Standards. The pressure to conform to media-driven body standards was also a significant issue. One participant remarked, “For most of my life, I have had an average body type, and many individuals have made comments that indicated I would look better if I had fit the media-presented cis gay man with a six-pack.”

These findings highlight a prevalent issue within the 2SLGBTQIA+ community and beyond that requires attention through supportive and inclusive healthcare practices. Although these experiences were not directly linked to Planned Parenthood NL, they are valuable for the thoughtful planning of wellness intervention scopes for 2SLGBTQIA+ communities in the future.

Socio-Economic Status

The survey collected data to measure the socio-economic status of participants based on their cost of living, education, employment, net income, and number of dependents on their care.

Cost of living. Cost of living experiences were measured by asking participants to report on their “money situation,” in other words, how they felt about their buying power within their current situation. Although one participant preferred not to respond to this question, the majority of respondents (n=44, 67%) have to either cut back expenses (n=26, 39%) or cannot make ends meet (n=18, 27%). In addition, 21% of participants (n=14) responded having enough, but not extra, and a small portion of them felt they lived comfortably with extra (n=7, 11%).

Education. As it can be appreciated from Figure 6. 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 status. Most survey participants were employed full-time at the time of the survey (n=34, 52%), 18 were employed part-time (27%), 17 were students (26%), four were looking for work (6%), three (5%) were not employed and not looking for work, two (3%) were self-employed, two (3%) selected disabled and unable to work, two (3%) were doing unpaid or voluntary work, two (3%) were sex workers, one (2%) selected “prefer not to say,” and one (2%) selected “Other: Casual or contractual work.”

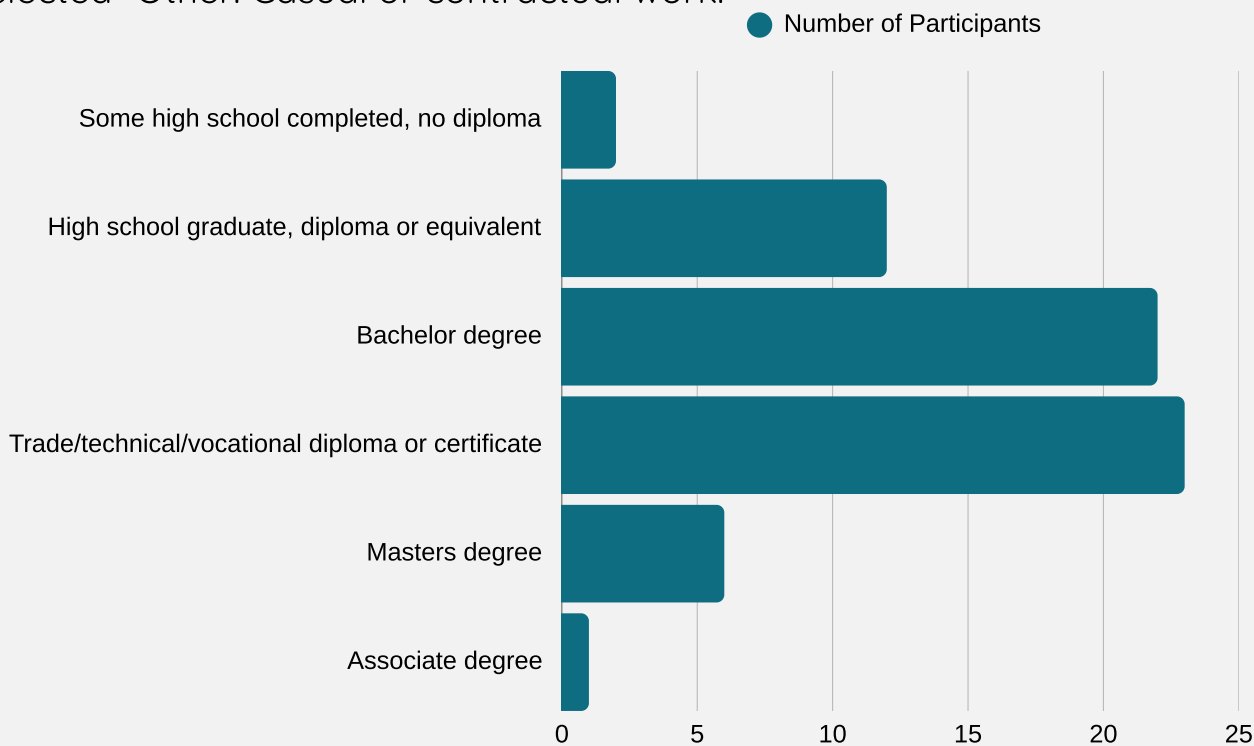


Figure 6. Level of Education

It is important to note that participants could select more than one category, and 16 (24%) participants did so (See Table 2). From those who selected more than one employment category (n=16), the majority of them (n=12) were students working part-time (n=8), full-time (n=2), doing casual/contractual work (n=1), or looking for work (n=1). Of the remaining four of these participants, one was employed full-time and part-time; another was also employed full-time, but they were also self-employed and did voluntary work; another participant was disabled and unable to work, but also worked as a sex worker; and the other participant worked part-time and also did voluntary or unpaid work.

Table 2. Employment Status, Multiple Categories

Employment Category	Number of Participants	Percentage
Students working part-time	34	52%
Students working full-time	18	27%
Students doing casual/contractual work	17	26%
Students looking for work	4	6%
Employed full-time and part-time	2	3%
Employed full-time, self-employed, and doing voluntary/ unpaid work	2	3%
Disabled and unable to work, also doing sex work	2	3%
Employed part-time and doing voluntary/unpaid work	2	3%

Net Income. Although only one of the respondents chose not to disclose their income (i.e., prefer not to say), the data indicates that most participants (n=56, 85%) earn a net income under \$75,000 a year. In contrast, a small portion of respondents (n=10, 16%) earn \$75,000 or over. The greatest concentration of participants earns between \$10,000 and \$74,999 (n=49, 74%). See Figure 7.

Dependents. Finally, survey respondents also reported on the people who rely on them for financial support. One participant preferred not to say (2%), however, the majority of participants (n=55, 83%) have either none (n=23, 35%), one (n=16, 24%), or three (n=16, 24%) people that depend on them for financial support. The minority of the respondents had four (n=3, 5%), and five or more (n=2, 3%) dependents.

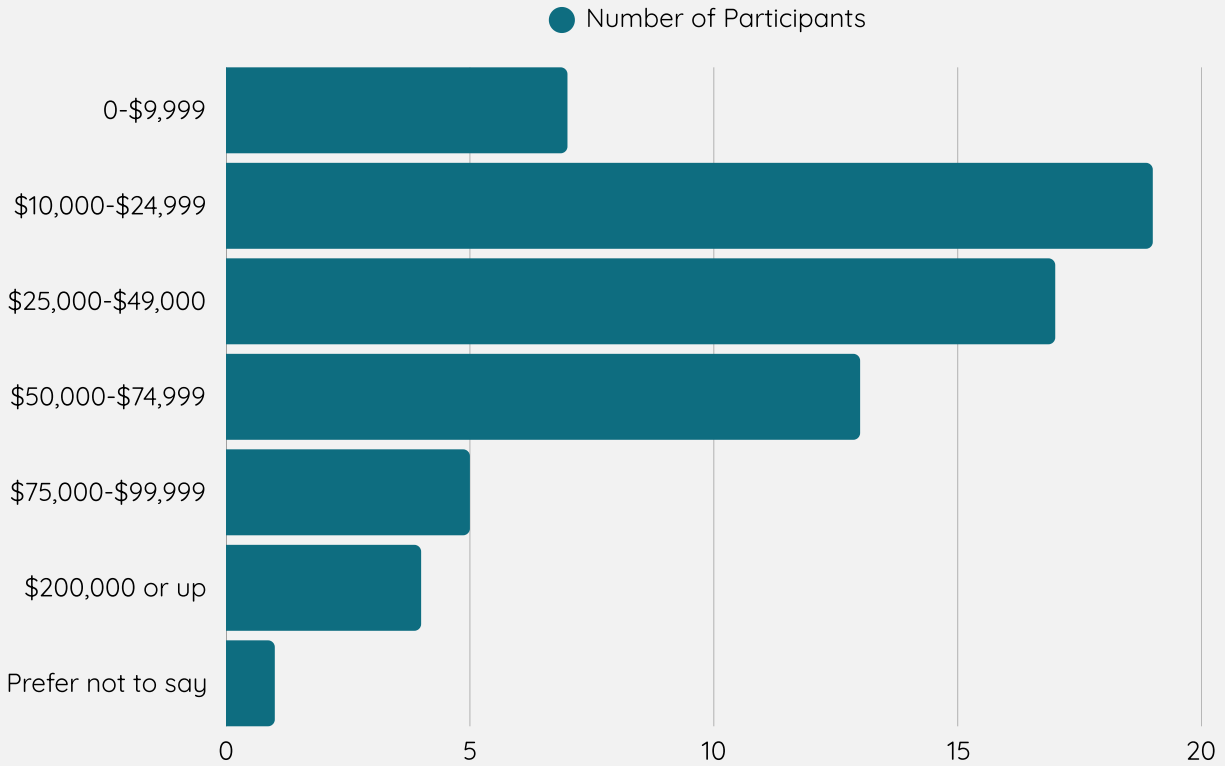


Figure 7. Net Income

Physical, Mental, and Social Wellness

In the second section of the survey, participants were asked to report on the degree to which PPNLSHC's services influence their physical, mental, and social wellness. Participants were asked to rate each of the services (See Table 3 for the full list of services) in relation to the influence that accessing them has had on their wellness experiences. Participants were asked to rate each service as positive, somewhat positive, no impact, somewhat negative, negative, or not applicable (if they did not use/access the service).

Overall, respondents mentioned that the 16 programs and services either positively or somewhat positively impacted their physical, mental, or social wellness. Although, on average, six respondents (9% of participants) indicated accessing PPNLSHC's 2SLGBTQIA-specific services such as Camp Eclipse and the 2SLGBTQIA+ Warmline.

Negative or somewhat negative influences from services and programs to participants' physical, social, and emotional wellness were minimal: only one participant (on average) reported either a negative or somewhat negative influence on most of the list of services from Table 3. From the list of services and programs, numbers 4, 5, 8, 9, and 14 were not reported to impact participants negatively or somewhat negatively in any of the instances.

In summary, the survey data results reveal a diverse 2SLGBTQIA+ population of participants with intersecting identities who navigate various social, economic, and health-related challenges. The findings underscore the importance of providing tailored support and services that recognize the unique needs of different demographics, including those related to gender identity, sexual orientation, race, disability, religion, and socio-economic status. Addressing these complexities is crucial in fostering an inclusive and supportive wellness environment, particularly within healthcare and community services. These insights also highlight areas for further analysis and intervention to improve the well-being of marginalized and underrepresented groups within the 2SLGBTQIA+ community.

Table 3. List of PPNLSHC’s services and programs

1. Telehealth or in-person appointment regarding contraception options: oral contraceptives, Depo shot, EVRA patch, Nuvaring, IUD, and Nexplanon consult.
2. In-person physical appointment ONLY regarding IUD or Nexplanon insert, check, exchange, or removal.
3. In-person physical appointment regarding pelvic/genital exams, testing, and treatments, such as Pap smear, BV/Yeast swab, Urinary Tract Infections, STI Swab (excluding blood testing), liquid nitrogen, other pelvic exam concern (EXCLUDING IUD or Nexplanon related concerns), testicular exam.
4. Telehealth or in-person appointment regarding STBBIs urine and blood testing.
5. Telehealth or in-person appointments regarding gender-affirming care such as HRT (hormone replacement therapy), educational advice and counseling, supplies, etc.
6. Telehealth or in-person appointment for PreP (Pre-exposure prophylactic for HIV).
7. Telehealth or in-person appointment for specialist referral appointments and services: fertility, gynecology, urology, abortion, vasectomy, colposcopy, dermatology, ultrasound, X-Ray, mammogram, etc.).
8. Telehealth or in-person prenatal appointment.
9. Sexual and Reproductive health-related questions and information.
10. Information about abortion services.
11. Pregnancy testing and options counseling around pregnancy.
12. Other Harm reduction services: safe drug use supplies, needles, information, food/snacks, condoms, dental dams, pamphlets, lube, etc.
13. Educational presentations, workshops, and programs: healthy relationships, presentations in schools and events, information booths, etc.
14. Camp Eclipse: Out in the Woods
15. 2SLGBTQIA+ Warmline
16. Information on Planned Parenthood NL’s social media (Instagram, Facebook, TikTok)

INTERVIEW FINDINGS

Following the survey, seven participants were interviewed to gain deeper insights into their wellness experiences as members of the 2SLGBTQIA+ community, particularly in relation to accessing Planned Parenthood’s programs and services. The interviews revealed overwhelmingly positive feedback regarding the organization’s role in supporting physical, mental, and social wellness. However, participants also highlighted several barriers, challenges, and opportunities for improvement that could enhance the well-being of the 2SLGBTQIA+ community, both within the organization and across the province.

Benefits

Participants consistently described Planned Parenthood as a safe, inclusive, and supportive environment that significantly contributes to their overall wellness. For trans and gender-diverse individuals, the mental health support offered by PPNLSHC, such as the 2SLGBTQIA+ Warmline and the Mending Mondays program (in collaboration with TSNL and St. John’s Women Centre), was particularly beneficial. One participant encapsulated this sentiment by stating, “You are safe in Planned Parenthood.”

The visibility and representation of the 2SLGBTQIA+ community at PPNLSHC was also praised. For example, one participant mentioned accessing Nexplanon as a form of gender-affirming care, which reduced their dysphoria and improved their physical comfort during menstruation. Additionally, participants highlighted the friendly and supportive nature of the doctors, staff, and volunteers, who consistently respected clients’ wishes, needs, and privacy. The use of preferred names and pronouns, the presence of gender-neutral washrooms, and the prioritization of accessibility, such as offering free menstrual products, further reinforced PPNLSHC’s commitment to inclusivity.

Barriers

Despite the positive experiences, participants identified several barriers to accessing Planned Parenthood’s services. A recurring issue was the lack of parking facilities, which posed a significant inconvenience. Additionally, racialized 2SLGBTQIA+ newcomers faced cultural and language barriers that hindered their ability to fully utilize the programs and services offered.

These barriers, coupled with misunderstandings when accessing community services, often deterred newcomers from seeking the care they needed.

Challenges

Participants noted that while Planned Parenthood provides crucial support, broader systemic challenges persist within the healthcare system that affects the 2SLGBTQIA+ community. Trans and gender-diverse individuals, for instance, continue to encounter obstacles in accessing gender-affirming surgeries. Racialized 2SLGBTQIA+ newcomers face additional difficulties due to healthcare providers' limited understanding of their specific needs, compounded by a shortage of healthcare professionals in the province. The lack of family doctors and lengthy waits for specialist care were also mentioned as significant hurdles.

Opportunities

Participants identified several opportunities for Planned Parenthood to enhance its services and better support the 2SLGBTQIA+ community. Key suggestions included improving community outreach and education, enhancing communication about PPNLSHC's services and limitations, and providing more information and support on pain management options for procedures like IUD insertions.

Participants also suggested increasing the organization's visibility in public and community spaces, particularly to benefit racialized 2SLGBTQIA+ newcomers who may be less familiar with available services. Expanding training and education efforts, not only for healthcare providers but also for the broader community, was seen as essential. Participants emphasized the importance of building stronger relationships with community partners and allies to mobilize support and resources.

Other opportunities included destigmatizing STBBI testing, offering more targeted medical services such as pap clinics and specialized drop-in clinics, and advocating for policy changes that support the health and wellness of the 2SLGBTQIA+ community. This advocacy could extend to areas such as health coverage for gender transition-related care and broader social media campaigns to raise awareness and promote inclusivity.

These interview findings highlight the crucial role Planned Parenthood plays in supporting the wellness of the 2SLGBTQIA+ community. While participants generally expressed positive experiences, they also identified areas where the organization could improve its services and outreach. Addressing the barriers and challenges faced by racialized 2SLGBTQIA+ newcomers and enhancing community education and advocacy efforts are key opportunities for Planned Parenthood to further strengthen its support for this diverse and vibrant community.

DISCUSSION

This evaluation has highlighted key areas where PPNLSHC can enhance its impact on the health and wellness of 2SLGBTQIA+ individuals through an intersectional and community-based approach. Findings from surveys and interviews emphasize barriers to accessing inclusive healthcare, challenges related to racial and cultural diversity, and the need for expanded gender-affirming and mental health services. Additionally, participants highlighted the importance of digital advocacy, outreach to communities outside the Avalon region, and addressing body stigma within healthcare spaces. The discussion that follows will delve into these critical points, emphasizing the importance of tailored, intersectional approaches to health and wellness that consider the unique and diverse challenges within 2SLGBTQIA+ communities.

Challenges Faced by Racialized 2SLGBTQIA+ Communities

Newcomers to Canada, and to Newfoundland and Labrador, especially those who are racialized and LGBTQIA+, face multiple barriers and challenges when navigating healthcare and community systems (Chih et al., 2020; Giwa et al., 2021). These barriers make it difficult for these communities to engage with available services in the province (Giwa et al., 2021). Chan and Henesy (2018) and Chih et al. (2020) emphasize the importance of advocacy in advancing the rights and access to services for marginalized communities.

While PPNLSHC has made strides in fostering an inclusive environment, there is a need to further engage racialized community members in shaping services and ensuring representation among clients, staff and volunteers. The findings suggest that the centre is perceived as friendly and welcoming, however, its client base remains predominantly white, indicating the need for increased outreach and support for racialized potential clients who may feel hesitant or uncomfortable in reaching out and expressing their needs. These observations align with Vo (2021), and with Giwa and colleagues (2021) who discuss how the predominance of whiteness in safe spaces can affect the experiences of racialized individuals in Canada and in Newfoundland and Labrador.

Additionally, the current volunteer and staff composition at PPNLSHC may not adequately reflect the diversity of the communities it serves, which can limit trust and engagement among racialized populations. According to

Ramsoondar, Anawati, and Cameron (2023), race is a significant determinant of healthcare outcomes which shapes how racialized individuals navigate care-seeking environments and how they engage in future behaviors when seeking care. Additionally, as our findings suggest, language barriers present a significant challenge for newcomers, often preventing them from fully accessing the centre's services. Bazargan, Cobb, and Assari (2021) underscore that medical mistrust is strongly correlated with race/ethnicity and perceived discrimination, driven by complex historical, social, and cultural dynamics which involve language and communication.

Racialized and newcomer 2SLGBTQIA+ communities have intersecting needs that demand critical attention (Duran, 2020; Carastathis, 2016; Giwa et al., 2021). Generalized services often fall short in addressing the specific wellness needs of these communities, underscoring the need for their direct involvement in planning and implementing tailored interventions. Carastathis (2016), Gessner et al. (2020), and Chih et al. (2024) emphasize that an intersectional approach is crucial for identifying and addressing the unique challenges faced by marginalized minorities, ensuring the delivery of appropriate and competent care.

Expanding Specialized Medical and Mental Health Services

The current healthcare services for 2SLGBTQIA+ communities lack comprehensive and specialized care that is meaningful and tailored to their needs (Chih et al., 2024). For example, participants reported that the existing healthcare system in the province heightens the challenges and barriers to access specialized services such as gynecology, urology, pregnancy support, and ultrasounds. These barriers are further exacerbated by the reluctance of some healthcare providers to offer gender-affirming care due to personal beliefs or the lack of training thereof (Joudeh et al. 2021; Navarro et al., 2021).

Additionally, the shortage of healthcare providers with up-to-date training in the unique health and wellness needs of 2SLGBTQIA+ individuals, creates additional obstacles for those seeking specialized care (Schilt and Lagos, 2017; Navarro et al., 2021). Despite the existence of universal health coverage, individuals with the 2SLGBTQIA+ population still have unmet healthcare needs (Trans Pulse Canada, 2020). While PPNLSHC is not a direct provider of many specialized medical services, the organization plays a vital role in advocating for systemic improvements, supporting clients navigating healthcare systems, and collaborating with allied providers.

PPNLSHC has been instrumental in supporting trans and gender-diverse communities by providing inclusive gender-affirming care. Services such as hormone replacement therapy (HRT) refills, inclusive facilities (e.g., gender-neutral washrooms), and free HRT supplies are some of the ways PPNLSHC has addressed, to an extent, the needs of this population. However, there remains a need for the trans and gender diverse community to access gender affirming surgical procedures. The current provincial guidelines require multiple assessments, creating delays and roadblocks for trans and gender diverse individuals seeking these surgeries.

Navarro et al. (2021) underscores the significant frustration experienced by trans and non-binary individuals due to prolonged wait times for gender-affirming services. These delays are often so extensive that many 2SLGBTQIA+ community members are compelled to travel considerable distances to access care, reflecting systemic inadequacies in the timely provision of these essential services (Scheim et al., 2024).

Furthermore, the diversity of gender identities and sexual orientations among participants highlights the critical need for inclusive and culturally sensitive healthcare practices that acknowledge and respect this diversity (Pullen-Sansfaçon et al., 2022; WPATH, 2011). PPNLSHC has made strides in promoting gender and sexual diversity awareness through initiatives like “Queering the Compass” in collaboration with the Community Based Research Centre, however, there remains a pressing need for more frequent and broadly accessible training programs to cultivate a deeper understanding of gender and sexual diversity and to ensure that healthcare and community services are equitable and affirming for all.

Finally, PPNLSHC has made significant progress in addressing the mental health needs of the 2SLGBTQIA+ community, particularly through initiatives like the 2SLGBTQIA+ Warmline and Mending Mondays (in collaboration with Trans Support NL and the St. John’s Women’s Centre). However, the demand for mental health services far exceeds current provisions in the province. Schilt and Lagos (2017) argue that unaddressed gaps in mental healthcare for marginalized groups can foster a pervasive sense of hopelessness, with wide-ranging negative impacts. Ash and Mackereth (2013) further highlight that stigma and discrimination are key drivers of elevated stress and anxiety within these communities. Given that mental health is fundamental to overall well-being, inadequate care can severely hinder individuals’ ability to achieve stability and productivity.

Addressing these gaps is essential to empowering 2SLGBTQIA+ individuals to lead healthy and fulfilling lives.

Opportunities to Physical and Emotional Wellness

Survey findings indicate that 2SLGBTQIA+ community members seeking services from PPNSLHC have complex needs that go beyond physical and social wellness. The significant number of religious or spiritual respondents underscores the importance of addressing religious and spiritual needs when planning and offering wellness interventions for 2SLGBTQIA+ individuals. Meanley, Pingel, and Bauermeister (2016) note that religious and spiritual identities can profoundly affect mental health, particularly within 2SLGBTQIA+ communities. Some aspects of religiosity and spirituality may provide resilience, while others could cause stress due to potential conflicts between sexual and religious identities. Meanley, Pingel and Bauermeister (2016) emphasize the role of supportive community environments and inclusive religious spaces in enhancing the mental health of these individuals. Holistic wellness services should therefore encompass elements that fulfill the spiritual and religious needs of some 2SLGBTQIA+ individuals as spirituality and religiosity intersect with other aspects of identity such as race, disability, and socioeconomic status.

Furthermore, an important aspect that emerged from the survey findings is the prevalence of sizeism and body stigma, which are significant barriers to wellness and wellbeing. Participants reported feeling judged or dismissed by healthcare providers due to their body size, which negatively impacts their willingness to seek care. This aligns with existing literature, such as Puhl and Heuer (2010), which highlights the pervasive nature of weight bias in healthcare settings.

Brewster et al. (2019) highlight the pressure faced by sexual minorities to conform to unrealistic sociocultural standards of attractiveness. Specifically, their research underscores the impact of body image remarks on the mental health of those who identify as 2SLGBTQIA+. Notably, sexual objectification based on body size significantly influences self-perception (Brewer et al., 2019). The enduring effects of these experiences manifest in how individuals embodying these diverse identities approach health and wellness seeking behaviours. While PPNSLHC has addressed educational aspects related to fatphobia, the emergence of sizeism in the survey as a distinct concern suggests a need for intensified public education efforts in this domain.

Addressing this issue requires the implementation of training programs for healthcare providers to foster a non-judgmental, body-positive environment at PPNLSHC and beyond. Moreover, the organization could advocate for broader systemic changes in healthcare to reduce sizeism and promote equitable treatment for all individuals, regardless of body size.

Digital Advocacy and Education

PPNLSHC has for years used social media as an engagement tool with the communities it serves. In recent years, its presence on platforms such as TikTok has increased significantly with its 47K followers and 2M likes. Digital advocacy, particularly through social media, offers an effective platform to reach and engage key populations (Stern, 2011). The majority of PPNLSHC's 2SLGBTQIA+ clients are young people between the ages of 19-30, many of whom are active on TikTok. Platforms like TikTok, Facebook, Instagram, and PPNLSHC's website are widely accessible and have become essential tools for spreading awareness and driving social change. By leveraging these platforms, PPNLSHC can easily connect with its target audiences, share information, and promote initiatives that address the unique challenges faced by 2SLGBTQIA+ individuals.

Digital spaces also provide opportunities for users to contribute feedback on the services they receive, helping to tailor offerings to better meet the community's needs (Stern, 2011). Additionally, by sharing relevant information and amplifying 2SLGBTQIA+ voices through digital channels, PPNLSHC can enhance the visibility of this community and foster greater understanding and inclusivity (Stern, 2011).

Outreach and Servicing Outside the Avalon Region

Baillie (2014) and Bambra (2022) highlight how geographical locations can contribute to discrimination, health inequalities, and exclusion for certain groups. According to Scheim et al. (2024), residing in rural and isolated areas poses greater challenges in accessing care compared to residing in urban regions. The report further indicates that these disadvantages experienced by individuals in rural and small-town settings have significant implications for the health and well-being of trans and non-binary people (Scheim et al., 2024). The concentration of respondents from the Avalon region suggest significant gaps in outreach and support for 2SLGBTQIA+ individuals in other parts of Newfoundland and Labrador. Expanding outreach and services beyond the

Avalon-Metro area is crucial to ensure that 2SLGBTQIA+ individuals across the province have equitable access to the care and support they need. For those living in remote communities, accessing physical services provided by PPNSHC can be challenging due to long travel distances and associated financial burdens. These barriers make it difficult for 2SLGBTQIA+ individuals in rural and remote areas to access the health and wellness services they need (Bambra, 2022; Scheim et al., 2024).

The limited awareness and promotion of PPNSHC's Telehealth services further contribute to these challenges, leaving many people outside the Avalon region unaware of the medical services that could be accessed remotely. Enhancing the use of Telehealth could improve visibility and inclusion for these communities, facilitating equitable access to healthcare and meeting their wellness needs. Decentralizing services by offering off-site in-person support and fostering community partnerships with organizations and healthcare professionals in Central, Western, Labrador, and coastal communities could help bridge these gaps. By working with local providers and enhancing virtual service offerings, PPNSHC can create more inclusive and accessible support systems for 2SLGBTQIA+ individuals across the province.

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 PPNLSHC'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 PPNLSHC.
- 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.

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.

CONCLUSIONS AND LIMITATIONS

This evaluation of Planned Parenthood Newfoundland and Labrador Sexual Health Centre's (PPNLSHC) programs and services underscores the critical role of intersectional approaches in supporting the health and wellness of 2SLGBTQIA+ communities. The survey and interview findings highlight both the successes and gaps in PPNLSHC's service delivery, particularly in addressing the diverse needs of its clientele. Participants overwhelmingly recognized the centre as a safe and inclusive space, providing crucial support for physical, mental, and social wellness. However, there are opportunities for improvement.

This evaluation has provided valuable insights that can guide future organizational changes, emphasizing the importance of culturally competent care, community outreach, and the need to advocate for systemic changes within the healthcare landscape. By adopting these recommendations, PPNLSHC can continue to be a leader in providing affirming care that meets the complex needs of 2SLGBTQIA+ individuals.

This study has several limitations that should be considered when interpreting the findings. First, the sample size was relatively small and may not fully represent the diversity within the broader 2SLGBTQIA+ communities in Newfoundland and Labrador. The majority of participants were located in the Avalon region, which may limit the generalizability of the findings to those living in rural or remote areas.

Additionally, the survey relied on self-reported data, which can be subject to response biases, including social desirability bias and recall bias. Furthermore, the study's reliance on digital and in-person recruitment methods may have excluded individuals who do not have regular access to these platforms or who may feel uncomfortable participating in such surveys due to privacy concerns.

Finally, the qualitative interviews provided rich, in-depth insights but were limited in number, which may restrict the ability to generalize these findings to the broader community. Future research should aim to include a more diverse

and larger sample size, employ a mixed-methods approach to validate findings across different data sources, and explore additional barriers and facilitators to accessing health services within the 2SLGBTQIA+ communities.

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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

Actions	By when	By whom	Measurement: how will you measure success?
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

Actions	By when	By whom	Measurement: how will you measure success?
<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>