A handbook for health care providers working with clients from diverse communities

A Handbook for Health Care Providers Working with Clients from Diverse Communities

What does good health care look like? A positive health care experience can look like many things to different people. This resource is intended as a guide for health care providers to provide non-judgmental and stigma-free care, particularly for individuals from diverse communities who have had prior experiences of being stigmatized within the health care system. This guide includes easily referenceable tips and tricks, dialogue prompts, and resource lists related to care for specific communities.

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General Tips

The following tips for stigma-free care can be applied to all of your interactions with patients/clients.

Building Trust and Confidentiality

- Be clear about confidentiality (and limits to confidentiality) from the onset.
- Be mindful of your motives when asking questions. If you are asking personal questions, explain why you need that information.
- Be patient, trust may take a long time to build. Be sensitive to possible heightened anxiety from past experiences.
- Make your practice trauma-informed, non-judgemental, and based on trust.*
- Do not make assumptions about drug use, sexual choices, or mental health diagnoses based on appearance.
- Work from a harm reduction approach.*

Creating Community Partnerships

- Create and maintain a list of resources and supports within your region that meet the different needs of your patients.
- Listen for health care concerns as well as patient/client concerns that intersect with health care (e.g., employment, housing, food access, and security). If you can, try to connect your patient/client to services they need.
- Create partnerships with local drop-ins or organizations where people may already go or feel safer accessing services.

Communication

- Use plain language, make the appointment conversational, and have material ready that is accessible for diverse communities and levels of literacy.
- Be clear and concise about what they can expect during their appointments.
- Bring in an interpreter if your patient/client does not speak a language you are fluent in.
- Everyone's knowledge about their body is different. Meet patients/clients where they are at, and offer different learning styles (visuals, demonstrations, handling samples).

- Use direct and precise language, like “this medication works well for people with this problem.” Avoid language like “let’s try this medicine” which can raise fears and worries of experimentation or discrimination.

Building Trust and Confidentiality

- Forms and Referrals
- Make forms as simple as possible and offer to help fill them out if assistance is needed. Have a private place set aside for a conversational intake.
- Ensure your intake forms have space to write out longer names, gender (do not limit to male/female), chosen names, pronouns and sexual orientation.
- For in-take forms that include race, ensure opportunities to include intersections and multiple racialized heritages.
- Ask your patient/client which referrals they are looking for and provide them whenever it is appropriate.

Staff Training and Support (including reception staff and assistants)

- Train yourself and your staff in de-escalation techniques, calling law enforcement and child protection services should be a last resort.
- Make sure all staff receive ongoing support and the appropriate tools needed to provide inclusive care (e.g., intake forms that ask the right questions).
- Be mindful of your language and speak up when colleagues make comments that generalize, stigmatize or discriminate against patients/clients.

- Acknowledge and commit to addressing health disparities. Be mindful of the disparity in privilege and how class-based discrimination can play out in the health care context.

Accommodating Schedules

- Accommodate people who have a hard time making it to appointments with off-hour clinic hours.
- If possible, make sure you are accessible by bus. Post bus routes and directions on your website.
- Welcome drop-in clients/patients.
- Arrange appointments quickly.
- Be understanding when patients/clients miss appointments.

Diverse Ethnic, Cultural and Religious Communities

Adapted from portions of the 2016 Sexual and Reproductive Health Awareness Week Campaign, written by Outburst! The Young Muslim Women's Project.

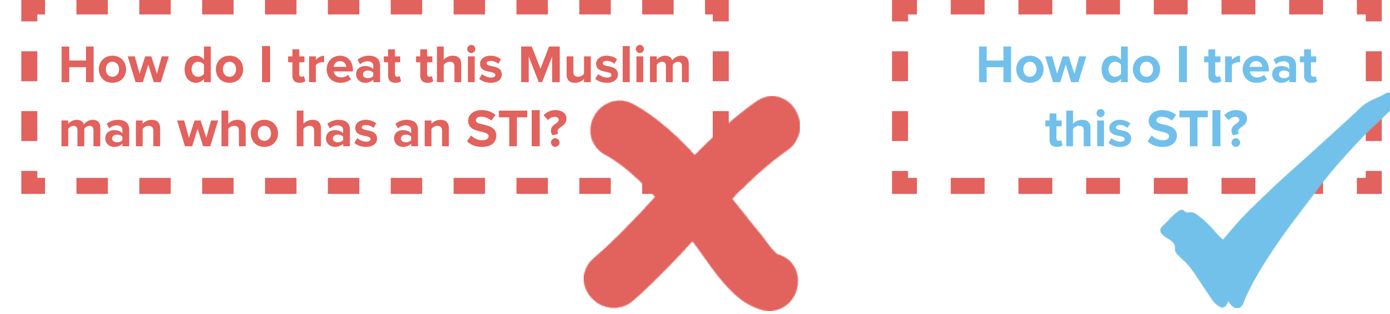
There are often differences between "newcomers" and "diverse communities." Do your best to challenge the stereotype that racialized, religious or cultural groups are always newcomers. Many people of colour have been in Canada for generations.

Harmful assumptions about diverse ethnic, cultural and religious communities can look like many things: being judgmental of practices such as choosing to wear the niqab, overstating cultural differences between patients, or refusing certain care to patients because of their identities. Be careful not to draw conclusions about your patient/client based on their beliefs or to make assumptions about their experiences, worldview, sexual orientation, behaviours, gender identity etc. based on their ethnic, cultural or religious background. Approach your patients/clients with an open mind, with a view to meeting the needs and concerns that they are presenting and identifying to you.

Quick Tips

- Where possible, offer a diversity of services and resources for the different needs of different communities. One program will not always meet the needs of all communities of a particular racial, ethnic, or religious group.

- Talk openly about sexual health with your patients/clients. Avoid the ethnic, cultural, or religious based assumption that they do not want to talk about sexual health.
- Be careful of overstating cultural differences. Instead of asking, “how do I treat this Muslim man who has an STI”, ask yourself, “how do I treat this STI?”



Indigenous Communities

Adapted from portions of the 2016 Sexual and Reproductive Health Awareness Week Campaign, written by the Native Youth Sexual Health Network.

Many factors negatively affect the health of Indigenous people in Canada, including poverty, racism, and the intergenerational effects of colonization, residential schools, and the sixties scoop.

If Indigenous peoples are not accessing specific health services, a variety of factors and realities may be at play, including geographical access barriers, the unavailability of language and translation services, a lack of culturally safe health care settings or services, or past experiences of racism, stigma, shame, fear or discrimination in the health care system.

While Indigenous peoples are often labeled “at-risk” for different health concerns, it is important to be mindful that being Indigenous is not a risk factor in and of itself. What actually puts people at risk are systemic issues like racism, colonialism, intergenerational trauma, and a lack of access to culturally safe care, treatment and supports.

Quick Tips

- Respect and listen to how Indigenous patients/clients (including youth) talk about the violence they experience.
- Offer translation services, and where possible, translated resources.

- Respect and listen to how Indigenous patients/clients (including youth) talk about the violence they experience.
- Offer translation services, and where possible, translated resources.
- When hearing about difficult or violent experiences from patients/clients, affirm their realities and stories. Avoid shaming for the feelings they have, or the ways they need to take care of themselves (e.g., drinking, using drugs, cutting).
- Create and maintain a list of available resources and cultural supports within your region, including social services.
- Allow your patient/client to actively participate in the creation of their treatment plans, including the incorporation of traditional and cultural resources and options.

LGBTQ People

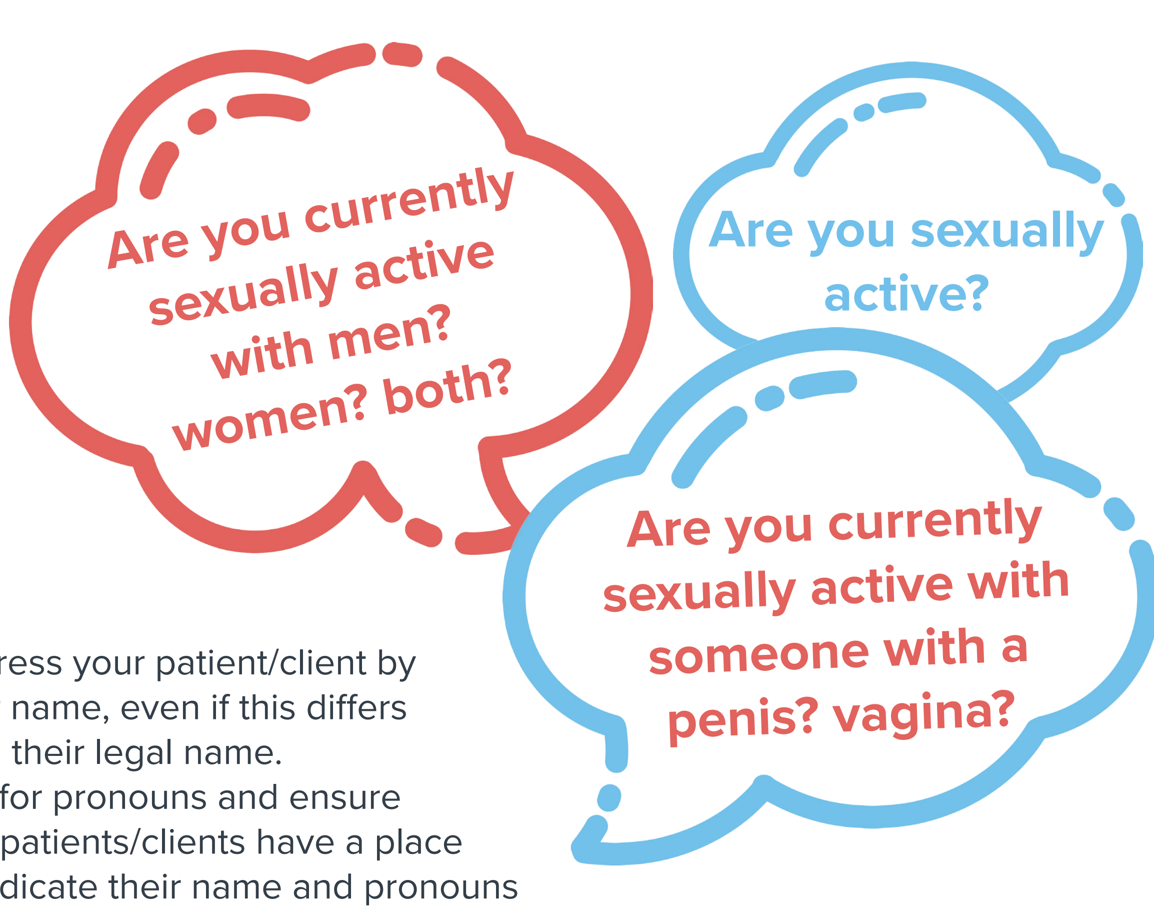
Adapted from portions of the 2016 Sexual and Reproductive Health Awareness Week Campaign, written by Planned Parenthood Toronto and Trans Health Connection.

Many barriers to accessing health care services exist for LGBTQ (Lesbian, Gay, Bisexual, Trans, and Queer), non-binary and gender diverse people. These include a lack of training for health care providers on non-heterosexual sexualities, and a legacy of mistrust between trans communities and health care institutions. The discrimination that LGTBQ, gender diverse and non-binary individuals face often have profound impacts on their health. Having the right language, skills and tools required to create an affirming and inclusive environment can help ensure that the needs of LGBTQ, non-binary and gender diverse clients are met, and that all patients feel safe accessing the services they need.

Quick Tips

- Have accessible bathrooms for multiple genders. This can be as simple as removing “Male” and “Female” signs from washrooms, or replacing these signs with an “All Gender Bathroom” sign.
- Make efforts to ensure that patients know that your services are LGBTQ+ inclusive (e.g., offer inclusive posters, pamphlets, signage and other materials).
- Ask appropriate questions instead of guessing or making assumptions about your patient’s/client’s gender or sexuality.
- Do not assume you can know a client’s sexual orientation or gender based on their appearance, or that their identity or orientation hasn’t shifted since their last visit.

- Ensure that intake forms are inclusive of all sexual orientations and gender identities and that charting and EMR policies allow for consistent documentation of real or preferred names if different from legal name.
- Make sure to ask about partner(s), sexual practices, and intimate relationships without relying on normative or gendered assumptions or language.



- Address your patient/client by their name, even if this differs from their legal name.
- Ask for pronouns and ensure that patients/clients have a place to indicate their name and pronouns on intake forms. If needed, check in with patients.

What are your pronouns?
Do you want me to use this name?

- If you use the wrong name or pronoun, acknowledge your mistake succinctly, apologize briefly, and move on.
- Many LGTBQ people experience precarious employment. If possible, offer flexible hours including evening and weekend options.
- If you work in an emergency health care setting, revise restrictive visitor policies to include non biological family and/or same-sex partners.

Newcomers, Migrants and Refugees

Adapted from portions of the 2016 Sexual and Reproductive Health Awareness Week Campaign, written by the Canadian Council for Refugees.

Navigating a new health care system in a new country, and often in a foreign language, can be difficult. The health of newcomers, migrants and refugees can be impacted by many such factors, including precarious immigration status. Although they have access to health care through the Interim Federal Health Program, for many there remains confusion that can lead to being turned away and denied care. Another key barrier to accessing health care is financial, particularly for those living with precarious status who cannot legally work, or receive low wages when they do find work.

Approach all of your patients/clients with an open mind, and listen attentively to how they identify their needs and concerns. It's important not to judge when it comes to sexual or other health practices that may not fit with your experience/culture. The same goes for choices relating to sexual health, marriage, birth control, pregnancy (regardless of age), abortion, adoption, and sexual partners/activities (regardless of marital status). Perhaps most importantly, do not make assumptions about "cultural practices" or assume that a patient/client is oppressed or experiencing abuse. Instead, sensitively ask open-ended questions to gather the information needed to provide comprehensive health care.

Quick Tips

- Be mindful of your communication: tone and non-verbal gestures are key. Greet patients/clients with a smile.
- To avoid confusion, use plain language in person and on intake forms and ask open-ended questions.

- Reiterate your confidentiality policy at the beginning of your appointment. If using an interpreter, ensure patients/clients are informed of their confidentiality protocols.
- Have multilingual health resources printed and ready on health.‡
- If possible, offer interpretation for patients/clients with language barriers. If this is not a possibility, use a translation site like Google Translate.
- Take the time to understand the norms and country/region your patients/clients are coming from. For example, looking into screening test needs based on region.
- For immigrants and refugees, make an effort to understand the different categories of health coverage through the Interim Federal Health Program.
- Find out who in your community is providing care to uninsured newcomers so you can refer patients/clients to them if needed.
- If possible and where relevant, enlist health brokers. These are peers from the newcomer communities who help perform community outreach and address social determinants of health.

People facing Sizeism and Fatphobia

Adapted from portions of the 2016 Sexual and Reproductive Health Awareness Week Campaign, written by the It Gets Fatter Project.

Fatphobia refers to misconceptions and systems that shame, silence and “correct” fat people. Often, this plays out on a personal level, through interactions, conversations or hurtful remarks that, regardless of intentions, enforce ideas about which bodies are good versus bad. Health care providers, and the health care system more generally, often uphold fatphobia when they use BMI standards as thresholds for receiving different services, assume that being fat is the reason that the patient is presenting with health concerns, or recommend weight loss regardless of the patient’s/client’s actual health.

Many misconceptions exist about the intersection of size, health and weight loss. Some common assumptions are that being overweight automatically means someone is unhealthy, that everyone wishes to lose weight, that fat people will not follow through with treatment, that fat people have poor eating and exercise habits, that fat people are not attractive, sexually desirable, or in relationships, and finally, that if someone is fat, it is their own fault or their own doing.

Quick Tips

- Treat your patients/clients with dignity and respect regardless of their body size.
- Ask patients/clients what a healthy bodies looks and feels like to them, and leave the answer up to them.
- Leave the diet talk out of the exam room. If your patient/clients wants help losing weight, they will ask.
- Remember that there are systemic causes outside of a person's control that can cause some people to be fat; do not suggest lifestyle solutions to something that may have to do with access to resources, genetics, social determinants of health, mental health, etc.
- Help nurture access to fresh organic fruits and veggies for patients/clients with limited financial resources. For example, inform patients about government programs for social assistance recipients and support them in accessing them.
- Assist patients/clients in accessing sound nutritional info and resources on how to make good food choices while living on a budget, and present this information in a way that is not shaming of different sizes and bodies.
- Read more and educate yourself about health and weight. Seek out resources to start thinking more critically about what we know when it comes to fatness, dieting, and health at different weights.
- Ask yourself if a patient's/client's weight is truly affecting their health or contributing to a health issue. If it is, have an honest and respectful discussion about why and how. If not, treat the issue like you would for patients/clients of any size.
- Be mindful about how and when someone's weight can impact what resources, treatment or devices are available to them.
- Do not assume weight loss is always a sign of good/improving health.
- Have posters, magazines, and other resources that feature body-positive content in the waiting room.
- Ensure your office or clinic has differently sized chairs or chairs with no arm rests, as well as equipment and gowns that accommodate and fit different bodies.
- Unless it is absolutely crucial to the appointment, do not weight someone if they do not feel comfortable. If a patient/client chooses not to be weighed, consider adding a note to their file that says "do not weigh", so they do not have to go through the same conversation every time.
- Avoid terms like "obese" or "overweight," which imply there is standard for a normal body.

People living in Poverty and Homelessness

Adapted from portions of the 2016 Sexual and Reproductive Health Awareness Week Campaign, written by Ontario Coalition Against Poverty.

People who are street-based or living in poverty are often denied access to essential services, including health care. Without adequate income and a decent place to live, the health outcomes and life expectancies are dramatically reduced. When they do access the health care system, those who are street-based or living in poverty often experience an incredible amount of stress and stigma.

Many assumptions are held about poor or street-based people such as the misconception that everyone has the same opportunities and therefore, people are poor due to laziness, lack of intelligence, or making bad decisions. Other stereotypes assume that homelessness is caused by character "flaws" (alcoholism, mental illness, or a desire to avoid employment) and that poor people engage in risky behaviours, or are all substance users, or do not care about their health or are noncompliant. Another particularly dangerous stereotype is that all poor or street-based people are unfit parents, unreliable, or irresponsible. When confronting these stereotypes, it is important to be mindful that poverty and homelessness is not an individualized problem, but an issue caused by systemic factors, gaps, and failings.

Quick Tips

- Help patients/clients in securing social supports, including applications for disability support programs, special diet allocations, or similar financial programs.
- Be mindful that your patient/client may not have had enough to eat or a place to sleep in the previous 24 hours. Offer food, drink, vouchers, hygiene products, and bus fare if possible.
- Be flexible, not everyone has a safe place to store a health card, and for those who have lost theirs, replacing it can be very challenging.
- Be mindful that for patients/clients who do not have enough to eat, or a place to stay, adhering to treatment plans can be nearly impossible, particularly if transportation and medication cost money.
- Listen carefully to your patient/client. Many street-based people have indicated that primary diagnoses have been used against them.
- Familiarize yourself with the cost of medication and what provincial formularies cover

or do not cover.

- Give your patient choice and agency in how their health care concerns are managed, and remember that choice is complicated in the context of poverty. Many choices are stripped from patients/clients, such as what to eat and where to sleep.
- Create and maintain a list of local shelters, soup kitchens, Community Health Centers, and Food Banks, and nurture relationships with these organizations.

People living with HIV

Adapted from portions of the 2016 Sexual and Reproductive Health Awareness Week Campaign, written by the Positive Living Society of British Columbia.

While HIV does not discriminate based on age, sexual identity, race, or socio-economic background, there are communities that are disproportionately affected by HIV. Good relationships between patients and health care providers lead to better health outcomes for people living with HIV.

There are many stigmatizing assumptions about people living with HIV, often inaccurately assuming that HIV is associated with certain types of sexual activity, drug use, or irresponsibility. People living with HIV can have casual sex, date, work, raise families, get pregnant and get married. HIV should not prevent anyone from loving relationships, friendship, family and community.

Quick Tips

- Ensure that all staff are knowledgeable about how HIV is and is not transmitted, and how to take universal precautions. Fear of getting infected with HIV often leads stigmatizing responses/behaviours.
- Adopt specific policies and guidelines related to the care of people living with HIV, in consultation with people living with HIV.
- Make sure everyone a patient/clients comes into contact with (including receptionists, administrative staff) is included in stigma reduction work and training.
- Carry accurate, up-to-date and culturally relevant information products (brochures, pamphlets, posters) on HIV or for people living with HIV. Openly display publications, posters and information products about HIV in waiting areas.
- Make clinic confidentiality protocols known to all clients. Ensure that all intake forms

indicate how confidentiality is maintained and when disclosure is required.
- Be connected with nearby blood labs and clinics, or, if your clinic provides lab services, offer extended hours for people living with HIV who require regular services outside of working hours.
- Ensure patient/client privacy during the check-in process. It is important that HIV status is not advertently or inadvertently disclosed to other patients/clients (i.e., overheard in the waiting room).

People of Colour

Adapted from portions of the 2016 Sexual and Reproductive Health Awareness Week Campaign, written by the People Project.

Racial inequality in the health care system is often indirect and systemic. This can be exacerbated by the under-representation of racialized groups in the medical profession, the gap in culturally sensitive care,* and everyday experiences of discrimination such as racism, sexism and classism, which can impact access to health food, result in high levels of stress, disproportionate street involvement, severed family and community support networks, reduced economic opportunities, and higher rates of racial profiling, police brutality and incarceration.

To this day, there are many negative stereotypes surrounding people of colour. Medicalized racism can look like care based on what works for white people – for instance, only being aware of how injuries look on white skin. Health care providers must continually confront and challenge these stereotypes and be careful to avoid generalizing the experiences of diverse people of colour. Remember, there is no universalized experience among different groups of people of colour.

Quick Tips

- Post a mission statement about your commitment to ensure equitable care and put up visual cues about how communities of colour are valued in your space (magazines, newspapers, images with people of colour).
- Recruit and retain health care providers, support workers and staff who are people of colour.
- If race is being captured on the intake form, ensure that there are opportunities to

include intersections and multiple racialized heritages.
- Be mindful of differences in communication, and mindful that differences in status and culture between health care provider and patient can be a barrier to effective communication. Read your patient's verbal and non-verbal cues.
- Do not lapse into overly familiar slang to mirror your client, or use words or terms based in stereotypes.
- Educate yourself on clinical signs and symptoms as they manifest in different people and on darker skin (jaundice, rashes, inflammation, burns, bruising, etc.).

People seeking Pregnancy Options and Family Planning

Adapted from portions of the 2016 Sexual and Reproductive Health Awareness Week Campaign, written by Action Canada for Sexual Health and Rights and Planned Parenthood – Newfoundland and Labrador Sexual Health Centre.

Patients/clients should always receive full, accurate, and unbiased information so they can make informed decisions about their health care. Health care providers should be knowledgeable about a wide range of pregnancy and contraception options, and be careful to avoid unintentionally shaming their patients/clients or using fear-based language when discussing contraception or pregnancy options.

The stigma around abortion plays a critical role in the marginalization of abortion care, and this stigma can manifest in many ways in medical settings. While individual health care providers may refuse to provide an abortion based on personal beliefs, they must refer to an individual who can provide this service. Abortion stigma can also manifest in more interpersonal ways, such as congratulating a patient/client on their pregnancy when they have not indicated that the pregnancy is wanted.

Quick Tips

- Present abortion as you would other medical options. Do not discuss abortion as an inherently difficult decision to make, an inherently painful choice, or imply that people will automatically feel a certain way if they consider or have an abortion.
- Be aware of the language you use when discussing abortion, and mirror how your patient/client refers to the pregnancy. Unless they specifically speak about a "baby," stick to medical terms.
-

- When discussing abortion, avoid terms like “getting rid of,” “unborn child,” or “dealing with consequences.”

Opt for medical terms like embryo, fetus, pregnancy tissue and “terminating the pregnancy.”

- Remember that all people experience abortion differently. Some feel grief, others do not. No studies link any kind of mental state or mental health issues with getting an abortion, and being forced to continue an unwanted pregnancy can have serious mental health affects.
- If you do not offer abortion services or contraceptive counselling, know where to refer patients if they require these services.
- Inform yourself on the process to get out of province/territory/country coverage if your patient/client has to travel to access abortion services.
- If you are a physician or pharmacist, get trained to provide medical abortion
- Maintain a list of organizations, government programs and charities who can offer financial support for those who need to travel to access abortion, and who offer subsidized, free, or low-cost contraception or emergency contraception.
- Use trans-inclusive or non-gendered language when speaking of pregnancy options, and do not assume you know how someone feels about their pregnancy based on their age, their gender, gender presentation, sexual orientation, economic situation, or the size of their family.

Trans-inclusive language avoids the assumption that only women have abortions. It can include: “people with uteruses” or “people facing unwanted pregnancy.”

People who are / were Incarcerated

Adapted from portions of the 2016 Sexual and Reproductive Health Awareness Week Campaign, written by Prisoners with HIV/AIDS Support Action Network (PASAN).

People who are or were formerly incarcerated are often forgotten, unconsidered, or deemed undeserving of quality health care. It is often also assumed that those who are incarcerated do not care about their health, or are simply out to trick health care providers (for instance, through seeking drugs). While the deprivation of health care services is often inaccurately considered a part of the punishment of incarceration, individuals who are incarcerated are entitled to receive equivalent or comparable health care to what non-incarcerated individuals receive (as recognized in Sections 85-86 of the Corrections and Conditional Release Act.)

When considering who is most represented in the criminal justice system, it is important to be mindful that longstanding forms of systemic racism, colonialism, and other types of discrimination have resulted in the increased criminalization of racialized populations in Canada. A lack of adequate health care received within prisons has resulted in high rates of STIs, HIV and hepatitis C in Canadian prisons, and this public health crisis requires that health care providers respond with non-stigmatizing, comprehensive care for those who are or were formerly incarcerated.

Quick Tips

- Acknowledge the power dynamics at play in your relationship with the patient. The prison environment often socializes people to tell authority what they think they want to hear, which gets in the way of building trusting relationships and receiving the information needed for diagnosis or treatment plans.
- Be clear and concise about the steps involved in the treatment process – many newly released people may feel ready to address their health issues but have no idea where to start, who to tell or what to ask.
- Be mindful that because health care environments can feel institutional and resemble the prison environment, they can trigger traumatic experiences with the prison system.
- Do your best to avoid speaking down to or belittling patients/clients.
- Be mindful that those who are or have been incarcerated have often learned to downplay or normalize not feeling okay, and to minimize their symptoms.

- If possible, be flexible in your requirements for identification. People released from prison may have lost or had their identification confiscated.
- If you are providing care to an individual who is currently incarcerated but does not have an external family doctor, help them register with one prior to discharge.

People who use Drugs

Adapted from portions of the 2016 Sexual and Reproductive Health Awareness Week Campaign, written by the Toronto Drug Users Union.

People who use drugs often report discrimination by health care providers. Stigma and mistreatment can happen in subtle and not so subtle ways, and impacts the ability of people who use drugs to access the care they need and deserve. As you work with individuals who use drugs, be mindful of the deep mistrust that can exist between people who use drugs and their health care providers, and remember that their lives are complex, health interventions should not focus solely on their drug use.

Quick Tips

- Be patient, and understand that it may take time to build trust before your clients feel comfortable disclosing their drug use.
- Believe your clients, listen to them, and treat them with care and compassion. Let go of assumptions about why your patient is coming to see you – that they are drug seeking, exaggerating, or do not know what could be wrong with them.
- Be mindful of the risks associated with disclosing drug use and protect your patient's/client's privacy and confidentiality.
- Do not deny treatment on the basis of drug use.
- Train all staff on how stigma shows up in health care settings and how it acts as a barrier to health care for people who use drugs.

People with Disabilities

Adapted from portions of the 2016 Sexual and Reproductive Health Awareness Week Campaign, written by Tim Rose of Disability Positive Consulting, co-founder of the Rose Centre.

People with disabilities are routinely denied their sexuality, and this has implications on

the kind of care, supports and information they are offered. Disability is a natural part of the human experience and an aspect of human diversity, yet in many health care settings, the lack of adequate disability policies, guidelines, trainings and other supports creates obstacles for people with disabilities accessing health care.

Some ingrained assumptions about people in the disabled community that impact their health care system experiences include the idea that people with disabilities are asexual, celibate or undesirable, or simply have more important things to worry about. Other assumptions include the idea that people with disabilities do not have the ability to discuss matters of pregnancy intentions or sexuality, or the misconception that people with disabilities do not get sexually assaulted. Many health care providers do not think to share basic information about sexuality and reproduction with clients with disabilities.

Quick Tips

- Establish relationships or partnerships with organizations of people with disabilities.
- All staff should undertake disability awareness trainings, ideally facilitated by organizations of people with disabilities. Incorporate similarly facilitated disability-related sessions into trainings.
- Tailor messaging, information products, and activities to accommodate the needs of people with disabilities.
- Make the needs of people with disabilities an integral part of the work done in your office/clinic/practice, separate programs are not always necessary.
- Incorporate organizations made up of people with disabilities to take part in decision-making and provide input into how services might be best adapted to meet the needs of people with disabilities.
- Consider physical transit issues, including the possibility of late or missed appointments due to reliance on para-transportation services.
- Ensure that information and communication materials are available in Braille, large print, in simple language, and pictures. If possible, have a sign language interpreter on-site or on-call.
- Assess how accessible your space is. Have automatic door buttons installed and wide hallways to accommodate wheelchairs. For those who require assistance to transfer out of mobility devices, equipment and assistance should be available to accommodate.
- See that all your sexual and reproductive health programs/supports/practices reach

clients with disabilities. If you do not offer sexual health care, locate the nearest sexual health provider that is experienced in working in non-stigmatizing ways with people with disabilities.

Sex Workers

Adapted from portions of the 2016 Sexual and Reproductive Health Awareness Week Campaign, written by Stella, l'amie de Maimie.

Facing stigma has very real impacts on sex workers' lives and work, including their ability to implement safety measures when working, to secure and keep housing, and to access appropriate and relevant health care services.

As a health care provider, it is important to be mindful about who you assume is a sex worker. People may or may not always disclose their work but how you talk about sexual activity or sex work does make a difference in how patients/clients can relate to and trust health care providers. Be aware of sex worker stereotypes, including misconceptions that sex workers have low self-esteem, wish to exit the industry, are poor parents, or other harmful stereotypes. Remember, it is up to sex workers themselves to define whether or not a situation is exploitative. Focus on the needs that your patients/clients would like you to address rather than assuming their health concerns stem solely from their work.

Quick Tips

- Be conscious of your own values, prejudices, attitudes and behaviour. If your values interfere with meeting the patient's/client's needs, refer them to someone else.
- Make your workplace sex worker friendly. Be mindful of systemic barriers, including hours of operation, attitude of staff, language used, and location.
- Recognize sex workers' expertise; sex workers are safer sex professionals and know how to protect themselves physically and sexually at work.
- When doing a sexual history intake, remember to ask open-ended questions and inquire about personal relationships rather than only work relationships.
- Inform your patient/client about available health care services in a non-judgmental way. Do not make assumptions about what is needed, and make sure they are interested in the services you are referring to.

- Recognize that sex workers have physical, emotional, social and psychological health needs. Do not assume all their health concerns are related to their work.
- Be especially vigilant in guarding the confidential information provided by sex workers. Due to the criminalization of sex workers, it is imperative to respect professional codes of conduct surrounding confidentiality.

Survivors of Sexual Violence

Adapted from portions of the 2016 Sexual and Reproductive Health Awareness Week Campaign, written by the Ottawa Rape Crisis Centre (ORCC).

Sexual violence, defined as any unwanted act of sexual nature that is imposed on another person, is a pervasive problem that affects a high percentage of people in our communities and can cause severe psychological harm and physical consequences.

Many myths and stereotypes around sexual violence fuel stigma and shame, and create an atmosphere where survivors of sexual violence are either blamed for their assault, not believed, or actively dissuaded from coming forth with their stories. Some myths that should be acknowledged and actively challenged include the idea that people “ask for it” based on how they dress or act (also known as victim blaming), and the misconception that it is not really rape if a weapon or physical violence was not used, or if someone did not fight back. Another myth is the idea that a person cannot be assaulted by their partner: people can, and are, assaulted by their partners, and everyone has the legal right to refuse any form of sex with anyone, including their spouse or the person they are dating. Perhaps one of the most commonly damaging stereotypes around sexual assault is the idea that people lie about sexual assault, when in reality, false accusations are incredibly rare, and most people do not report being sexually assaulted, and when they do, conviction rates are low.

Quick Tips

- Greet the patient/client in your office (not the exam room) while they are still fully dressed. Leave the room for them to get undressed, and give them time and notice of your return.
- Add a check box to your intake form about the desire to speak confidentially, but be upfront about your duty to report.

- View the patient/client as an expert on themselves. Ask them what might help reduce their stress during the exam, or make going through an exam more comfortable.
- Keep your face and body language neutral or calmly reassuring without patronizing or infantilizing the patient/client. Stigma, judgement and shame are communicated through non-verbal cues, and shock, surprise, pity, dismay, disbelief, doubt or discomfort can be easily perceived by patients/clients and shut down conversations.
- Ask patients/clients to predict what will be the most difficult parts of a procedure. Work with them to figure out ways to ease their anxiety about these moments.
- Engage in dialogue throughout the exam, give positive feedback such as “you are doing well,” and explain everything you will do in advance and as you do it.
- Do not take it personally if your patient/client is reluctant to engage, listen carefully and be responsive to any concerns raised.
- If it feels appropriate, talk to the patient/client about other topics of interest to help distract them from the exam.
- Build and maintain a list of resources relating to trauma-informed care, and recommended care after a sexual assault, including support services and rape crisis centres and phone lines.

Youth

Adapted from portions of the 2016 Sexual and Reproductive Health Awareness Week Campaign, written by Teen Talk.

Youth are capable and interested in taking care of their health and wellness, including their sexual and reproductive health. However, many youth struggle to be taken seriously and respected as individuals when it comes to their own health care. Youth-oriented health care services can go a long way in making proper care possible and reducing barriers so that youth can get the health care they need.

Common assumptions relating to youth that can stand in the way of building positive relationships between health care providers and patients/clients include assumptions around whether or not youth are sexually active, that young relationships are not serious, or simply “experimentation,” that if sexual activity is happening, it is always consensual, and assumptions around gender and sexuality.

Quick Tips

- If possible, offer designated teen hours of operation.
- In the waiting room, have youth-friendly posters and magazines showing diverse youth accessing care.
- Have hours that are accessible to often busy and varied schedules of young people, factoring in school, extra-curricular activities, part-time work, and parenting responsibilities.
- Offer free or low-cost safer-sex supplies, birth control, and when possible, harm reduction supplies. Put treats like suckers or individually wrapped candies into condom bowls to help youth feel more comfortable taking condoms.
- Make your services welcoming to boys and young men, not just girls and young women.
- Ensure staff is trained to work with youth. Find opportunities for staff training from youth or youth-serving agencies. If possible, have youth-led organizations facilitate this training.
- Engage youth in the design of guidelines, materials, programming, and facilitate their ongoing feedback.
- Become part of or connect with networks of youth-serving organizations in your area.
- Parental/Guardian consent can be a barrier for many youth, whenever possible, allow youth to consent to their own care.
- When addressing parents or guardians, do not acknowledge or confirm that their child has attended the clinic. Remind them of clinic policy around confidentiality.
- Respect the use of slang, and allow youth to speak about their body parts in a way that they are comfortable.
- Where possible, limit the number of times a youth has to come see you.

Key Concepts

Harm Reduction
A public health philosophy that acknowledges the importance of non-judgment and the prevention of harms associated with certain behaviours, rather than attempting to stop or prevent certain behaviours. A harm reduction approach to sex acknowledges that preventing sex is not a reasonable or desirable aim, and that individuals should be equipped with the education and tools necessary to make informed decisions and

reduce the potential risks associated with sex.

For more information, see CATIE's Prevention and Harm Reduction resources at www.catie.ca/en/practical-guides/hepc-in-depth/prevention-harm-reduction/harm-reduction

Trauma Informed Care
A care philosophy that acknowledges that trauma of all types is common and affects people in different ways. Trauma Informed Care acknowledges the prevalence of trauma, the way trauma impacts individuals (including health care providers), and responds to this trauma by putting this knowledge into practice. Central to trauma-informed care is being mindful of, and avoiding practices or processes that might re-traumatize people. It is approaching service provision with trauma in mind.

For more information, visit Alberta Health Science's Trauma Informed Care Education and Training Project, available to all service providers, at www.guidancecouncil.ca/?p=2420

Sex Positivity
Sex positivity places an emphasis on respect for other people's experiences of sexuality, including the right to say no to sex, the legitimacy of asexual identities, and the right of individuals to make sexual choices that fit with their own personal values. Sex positivity also acknowledges that individuals need certain rights, including the right to comprehensive, appropriate, pleasurable and positive sex education and contraception.

For more information see YMC, "Don't be a Negative Nelly: Become Sex Positive", www.yummymummyclub.ca/print/16279?s=fb and Sex Positivity in LGBTQ Health care, www.aachc.org/wp-content/uploads/2016/06/Sex_Positivity_LGBTQ_Sexual_Health_09June2016.pdf

Resources

Diverse Ethnic, Cultural and Religious Communities

Affiliation of Multicultural Societies and Service Agencies of BC, "Collaborative Approaches to Promoting Newcomer Health." http://www.amssa.org/resources/videos/e-symposia/collaborative-approaches-to-promoting-newcomer-health/

Canadian Council of Muslim Women, http://ccmw.com/

Canadian Ethnocultural Council, Hepatitis C Portal. http://www.ethnocultural.ca/HepC

Centre for Addiction and Mental Health, "Culture Counts: Resources – Ethnocultural Communities / Cultural Competence." http://www.camh.ca/en/hospital/about_camh/health_promotion/culture_counts/Pages/culture_counts_ethno_resources.aspx

College of Nurses of Ontario, "Culturally Sensitive Care." http://www.cno.org/globalassets/docs/prac/41040_culturallysens.pdf

Sexuality Education Resource Centre Manitoba, "Immigrants and Refugees Services." (includes printable resources in various languages, including STI pamphlets, HIV information, reproductive health information, and newcomer parent information). https://www.serc.mb.ca/immigrants-and-refugees

Indigenous Communities

Ajunnginiq (Inuit) Centre at the National Aboriginal Health Organization, "Sexual Health: Resources for Inuit and Aboriginal Peoples in Canada."
http://www.naho.ca/documents/it/2008_Sexual_health_resources.pdf

Canadian Aboriginal AIDS Network, "Aboriginal Approaches to Community Readiness to STIs and Harm Reduction." http://caan.ca/national-aboriginal-toolkit/section-four/

Health Council of Canada, "Empathy, Dignity and Respect: Creating Cultural Safety for Aboriginal People in Urban Health Care." http://www.healthcouncilcanada.ca/rpt_det.php?id=437

National Collaborating Centre for Aboriginal Health, "Cultural Safety in Health care." http://www.nccah-ccnsa.ca/368/Cultural_Safety_in_Healthcare.nccah

Native Youth Sexual Health Network. http://nativeyouthsexualhealth.com/

Native Youth Sexual Health Network, "Indigenizing Harm Reduction." http://www.nativeyouthsexualhealth.com/indigenizingharmreduction.html

Wellesley Institute, "First Peoples, Second Class Treatment: The Role of Racism in the Health and Well-Being of Indigenous Peoples in Canada." www.wellesleyinstitute.com/wp-content/uploads/2015/02/Summary-First-Peoples-Second-Class-Treatment-Final.pdf

LGBTQ People

Brazen, "Trans Women's Safer Sex Guide." http://librarypdf.catie.ca/pdf/ATI-20000s/26424.pdf

LGBTQ Parenting Network. "Supporting lesbian, gay, bisexual, trans and queer parenting." http://lgbtqpn.ca/?doing_wp_cron=1481149522.3335700035095214843750

National LGBT Health Education Centre, "Providing Inclusive Services and Care for LGBT People." http://www.lgbthealtheducation.org/wp-content/uploads/Providing-Inclusive-Services-and-Care-for-LGBT-People.pdf

Rainbow Health Ontario Service Directory, "Find a Provider." http://www.rainbowhealthontario.ca/service-directory/

Rainbow Health Ontario, "Glossary of Inclusive Terms and Definitions." http://www.rainbowhealth.org/resources-for-you/patient-toolkit/patient-toolkit-welcome/glossary

Sherbourne Health Centre, "Guidelines and Protocols for Comprehensive Primary Care for Trans Clients 2015." http://sherbourne.on.ca/lgbt-health/guidelines-protocols-for-trans-care/

Trans Queer Wellness, "Trans, Genderqueer, and Queer Terms Glossary." https://lgbt.wisc.edu/documents/Trans_and_queer_glossary.pdf

Newcomers, Migrants and Refugees

Affiliation of Multicultural Societies and Service Agencies of BC, "Collaborative Approaches to Promoting Newcomer Health." http://www.amssa.org/resources/videos/e-symposia/collaborative-approaches-to-promoting-newcomer-health/

Access Alliance: Multicultural Health and Community Services, "Programs and Services." http://accessalliance.ca/programs-services/primary-health-care/

Centre for Addiction and Mental Health, "Culture Counts: Resources – Ethnocultural Communities / Cultural Competence." http://www.camh.ca/en/hospital/about_camh/health_promotion/culture_counts/Pages/culture_counts_ethno_resources.aspx

College of Nurses of Ontario, "Culturally Sensitive Care." http://www.cno.org/globalassets/docs/prac/41040_culturallysens.pdf

Interim Federal Health Program, "Summary of Coverage." http://www.cic.gc.ca/english/refugees/outside/summary-ifhp.asp

Sexuality Education Resource Centre Manitoba, "Immigrants and Refugees Services." (includes printable resources in various languages, including STI pamphlets, HIV information, reproductive health information, and newcomer parent information). https://www.serc.mb.ca/immigrants-and-refugees

People facing Sizeism and Fatphobia

Body Positivity, A Primer. http://www.sparksummit.com/2013/07/03/body-positivity-a-primer/

Fit is a Feminist Issue, "Feminist Reflections on Fitness, Sport and Health." https://fitisafeministissue.com/

It Gets Fatter. https://www.facebook.com/ItGetsFatter

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The Body is not an Apology. https://thebodyisnotanapology.com/magazine/tag/disability

People living in Poverty and Homelessness

Canadian Mental Health Association Ontario, "Poverty and Mental Illness." http://ontario.cmha.ca/public_policy/poverty-and-mental-illness/#.WHaMroWcEy8

Canada Without Poverty, http://www.cwp-csp.ca/poverty/the-cost-of-poverty/

Health Care for the Homeless Clinicians' Network, "Adapting Your Practice: General Recommendation for the Care of Homeless Patients." http://www.nhchc.org/wp-content/uploads/2011/09/GenRecsHomeless2010.pdf

Ontario Coalition Against Poverty, https://ocaptoronto.wordpress.com/

Shelter Safe, Map of Shelters in Canada for Women and Children. http://www.sheltersafe.ca/

People Living with HIV

AIDS Committee of Ottawa, "HIV 101." http://aco-cso.ca/hiv-101/

Canadian HIV / AIDS Legal Network. http://www.aidslaw.ca/

CATIE, "Canada's Source for HIV and Hepatitis C Information." http://www.catie.ca/

CATIE, "HIV Basics." http://www.catie.ca/en/basics/hiv-and-aids#how

HIV 411, "Find HIV and Hepatitis C Services Near You." https://hiv411.ca/

People of Colour

Health Canada, "Certain Circumstances: Issues in Equity and Responsiveness in Access to Health Care in Canada." http://www.hc-sc.gc.ca/hcs-sss/pubs/acces/2001-certain-equit-acces/index-eng.php

ICARE, “Immigrant Older Women – Care Accessibility Research Empowerment – Researching Mental Health Issues”. http://www.heretohelp.bc.ca/visions/older-adult-immigrants-and-refugees-vol6/icare-immigrant-older-women-care-accessibility-research-empowerment

Mental Health Commission of Canada, “Improving Services for Multicultural Clients: Recommendations.” http://www.heretohelp.bc.ca/visions/older-adult-immigrants-and-refugees-vol6/improving-services-for-multicultural-clients

Ontario Human Rights Commission, “Racial Inequality in Access to Health Care Services.” http://www.ohrc.on.ca/en/race-policy-dialogue-papers/racial-inequality-access-health-care-services

Wellesley Institute, “Colour Coded Health Care: The Impact of Race and Racism on Canadians’ Health.” http://www.wellesleyinstitute.com/wp-content/uploads/2012/02/Colour-Coded-Health-Care-Sheryl-Nestel.pdf

People seeking Pregnancy Options and Family Planning

Abortion Rights Coalition of Canada, http://www.arcc-cdac.ca/home.html

Action Canada for Sexual Health and Rights, http://sexualhealthandrights.ca

Action Canada for Sexual Health and Rights’ 24-hour toll free hotline (for questions about pregnancy and sexual health): 1-888-642-2725

Health Link BC, “What Is Emergency Contraception?” https://www.healthlinkbc.ca/health-topics/tb1838#tb1839

National Abortion Federation, https://prochoice.org/

Planned Parenthood Ottawa, “Contraception and Safer Sex.” http://ppottawa.ca/contraception.aspx

People who are / were Incarcerated

Atlantic Centre of Excellence for Women's Health, "Health Status and Health Services Use of Female and Male Prisoners in Provincial Jail." https://www.dal.ca/content/dam/dalhousie/pdf/ace-women-health/3/ACEWH_prisoners_health_provincial_jails_en.pdf

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College of Family Physicians of Canada, "Prison Health Program Committee." http://www.cfpc.ca/Prison_Health_What_s_New/

The Collaborating Centre for Prison Health and Education / The University of British Columbia, "Guidelines for the Implementation of Mother-Child Units in Canadian Correctional Facilities." http://www.sexualhealthandrights.ca/wp-content/uploads/2015/09/MCUGuidelines_FINAL.pdf

People who use Drugs

Canadian Centre on Substance Abuse. http://www.ccsa.ca/eng/Pages/default.aspx

Canadian Harm Reduction Network. http://www.canadianharmreduction.com/

Canadian Nurse Magazine, "Hospital Nurses' Attitudes towards Patients with a History of Illicit Drug Use." https://www.canadian-nurse.com/articles/issues/2013/june-2013/hospital-nurses-attitudes-toward-patients-with-a-history-of-illicit-drug-use

NPNU Initiative, "Working With People Who Use Drugs: A Harm Reduction Approach." http://www.liver.ca/files/PDF/Publications_English/Working_with_People_who_Use_Drugs-A_Harm_Reduction_Approach_Manual_and_all_supplements.pdf

Public Health Agency of Canada, "Substance Use / Addictions." http://www.phac-aspc.gc.ca/chn-rcs/saa-toxicomanie-eng.php

Sandy Hill Community Health Centre, “Oasis Program.” https://www.shchc.ca/programs/oasis

People with Disabilities

Council of Canadians with Disabilities. http://www.ccdonline.ca/en/about/

Kayleigh Trace, “Hot, Wet, and Shaking: How I Learned to Talk About Sex.” 2014 (Book).

Miriam Kaufman. “The Ultimate Guide to Sex and Disability: For All of Us Who Live with Disabilities, Chronic Pain, and Illness. 2007.

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The Mighty. https://themighty.com/ (website on facing disability, disease and mental illness together).

Tim Rose, Disability Positive Consulting. http://www.disabilitypositive.com/testimonials

Sex Workers

Chez Stella, “Sex Work: 14 Answers to Your Questions.” http://maggiestoronto.ca/uploads/File/8.2.Stella.pdf

Global Network of Sex Work Projects, “Making Sex Work Safe.” http://www.nswp.org/sites/nswp.org/files/Making%20Sex%20Work%20Safe_final%20v3.pdf

Maggie’s, “Toronto Sex Workers Action Project.” http://maggiestoronto.ca/contact

POWER, “The Toolbox: What Works for Sex Workers.” http://powerottawa.ca/POWER_Report_TheToolbox.pdf

Survivors of Sexual Violence

Canadian Women's Health Network, "Getting Through Medical Examinations: A Resource for Women Survivors of Abuse and Their Health Care Providers." http://www.cwhn.ca/en/node/42905

Ontario Hospital Association, "Hospital Guidelines for the Treatment of Persons Who Have Been Sexually Assaulted." http://www.oha.com/CurrentIssues/Issues/Documents/Final%20SA%20Guidelines.pdf

World Health Organization, "Service Provision for Victims of Sexual Violence." http://www.who.int/violence_injury_prevention/resources/publications/en/guidelines_chap3.pdf

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Violence Against Women Learning Network, "Drug-Facilitated Sexual Assault." http://www.vawlearningnetwork.ca/drug-facilitated-sexual-assault

Ontario Network of Sexual Assault / Domestic Violence Treatment Centres, "Drug Facilitated Sexual Assault: Information for First Responders." http://www.satcontario.com/First_Responders_pamphlet.pdf

Youth

Health Canada, "Just for You – Youth." http://hc-sc.gc.ca/hl-vs/jfy-spv/youth-jeunes-eng.php

Kids Help Phone, http://kidshelpphone.ca/Teens/home.aspx

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Public Health Agency of Canada, “Population Specific Status Report: HIV/AIDS and Other Sexually Transmitted and Blood Borne Infections Among Youth in Canada.” http://www.catie.ca/en/resources/population-specific-status-report-hivaids-and-other-sexually-transmitted-and-blood-borne-i

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