



Ontario Public Health Association
l'Association pour la santé publique de l'Ontario
Established/Établi 1949

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Ethical Research and Evidence-Based Practice for Lesbians and Gay Men ¹

A resolution adopted at the 2002 OPHA Annual General Meeting

Code: 2002-01 (RES) **Status:** Active

Sponsor: *Public Health Alliance for Lesbian, Gay, Bisexual, Transsexual, Transgender, Two-Spirit, Queer and Questioning Equity Workgroup (PHA)*

RESOLUTION

WHEREAS there is a lack of comprehensive and accessible research or scientific evidence on the health of lesbians and gay men; and

WHEREAS there is a need for non-biased and culturally competent research on the overall holistic health of lesbians and gay men, and

WHEREAS the lack of comprehensive and inclusive research and its dissemination results in inequitable distribution of health care resources and inaccessible, inappropriate and ineffective health services for lesbians and gay men.

THEREFORE IT BE RESOLVED THAT OPHA support the concept of Ethical Research and Evidence-Based Practice for Lesbians and Gay Men as outlined in the background paper.

BE IT FURTHER RESOLVED THAT the OPHA advocate for the development of effective guidelines and mechanisms for ethical, responsible and accountable research related to lesbians and gay men including design, data collection, interpretation, dissemination and use.

BE IT FURTHER RESOLVED THAT the OPHA increase research and community capacity by advocating and facilitating the development of effective guidelines and mechanisms for supporting cultural/diversity competency training for public health researchers and practitioners which explicitly addresses lesbians and gay men in a research context, in conjunction with other leadership strategies which enhance partnerships between institutions and communities of care

BE IT FURTHER RESOLVED THAT the OPHA advocate for equitable and inclusive evidence-based practice, which includes published and non-published evidence, community consultation

¹ Since health issues faced by bisexual and transgendered/transsexual individuals and communities are unique and different from those faced by lesbians and gay men, this set of resolutions mainly focuses on lesbians and gay men. The Alliance is in the process of developing two policy papers with recommendations and resolutions to address the public health needs and access issues of bisexual and transgendered/transsexual individuals and communities.

proceedings and voices of members of the lesbian and gay communities.

BE IT FURTHER RESOLVED THAT the OPHA advocate for ethical, responsible and accountable research funding and resource distribution in order to facilitate equitable and effective research partnerships and collaboration that narrows the power differentials among stakeholders.

BE IT FURTHER RESOLVED THAT OPHA takes the leadership in building research capacity beyond the academic sector and integrate research skills and capacity at the community level.

BE IT FURTHER RESOLVED THAT OPHA disseminates the resolution to key stakeholders such as the Institute for Population and Public Health, Canadian Institutes for Health Research, and Public Health Research Education and Development Programs (PHRED).

BACKGROUND INFORMATION

In 2000, OPHA adopted the policy paper *Improving the Access To and Quality of Public Health Services for Lesbians and Gay Men* with a set of resolutions. The position paper recognizes that human sexuality, including sexual orientation and gender identity, is fluid and dynamic. At the same time, the paper identifies the negative impact that sexism, heterosexism and homophobia have on the health of lesbians and gay men. Institutional and systemic discriminations create many barriers for lesbians and gay men to access appropriate, respectful, and inviting health services.

Review of current published literature on health shows that the majority of research on gay men is limited to issues of STD/HIV, addiction and mental health.² Health research on lesbians and bisexual women is relatively invisible with little Canadian data (Mathieson, Bailey & Gurevich, 2002). Since public health agencies and service providers are expected to carry out evidence-based practice and research findings are often used to guide funding, resource allocation and programming, the lack of research on the holistic health needs of diversely situated lesbians and gay men across the lifespan perpetuates marginalization and barriers to quality health services.

To increase accessible and equitable public health services for lesbians and gay men, current research and evidence-based practice must be examined critically. The production of knowledge or evidence cannot be seen as separate from the socio-political structure of power in our society. Current evidence production through ‘scientific’ research is predominantly controlled within elitist groups such as academic researchers or researchers of large institutions. While the skills and expertise of these groups must be acknowledged and many of them have contributed significantly to social justice and equity, there remain many areas of significant concerns.

Evidence production is closely linked to who sets the research priorities, what and how research questions are being asked, who is included or excluded in the research process, and how participation takes place. Although there are many stakeholders in health research, not all stakeholders hold the

² A search on the Medline index between 1996 to July 2002 using the terms “gay men and health” yielded 110 journal articles and using the terms “homosexuality and health” yielded 128 journal articles. Over 90% of these research articles focus on STD/HIV, addiction and mental health issues.

same power: the public as consumers and participants have the least access to the research process. Many research questions are developed without their input (Ray, 1999).

In the case of research on lesbians and gay men, some researchers may not have the cultural knowledge or expertise to carry out research within lesbian and gay communities. Given the longstanding historical invisibility and exclusion of lesbians and gays across many health institutions, such processes can exacerbate relations of alienation and mistrust as research participants experience feelings that they are being researched ‘on.’ In contrast, research ‘for’ or ‘with’ sexual minority communities requires more than token inclusion or addition of sexual orientation as a category of analysis. Markers of collaborative status throughout the research process are indicated by meaningful community partnerships which are sustained beyond the immediate research inquiries and evidence of respect for how research findings represent communities, are disseminated, and published (Wolff & Maurana, 2001).

Improved research and community capacity requires opportunities for cultural/diversity competency training for researchers and practitioners, however ongoing institutional commitment to networking, collaboration and partnership with communities is crucial. Strategies which facilitate the participation of researchers who self-identify with the communities will enhance the process. Attention to issues of safety, respect and inclusion across health and research institutions is required, as is legitimization of such community-based participatory research as evidence for practice (Israel et al, 2001). As well, because of the diversity (related to socio-economic status, ethnoracial identity, culture and language difference, etc.) within lesbian and gay communities, tension, conflicts and inequity may also arise when lesbian or gay researchers of the dominant culture exclude the voices of the marginalized groups within their communities. Complex dynamics within these communities must be acknowledged (Ryan et al, 2000).

The relative lack of comprehensive research on the holistic health of lesbians, and the limitation of research on gay men to STD/ HIV, addiction and mental health is problematic (Ryan et al, 2000). This perpetuates stereotypes of lesbians and gay men which narrowly defined them as “sexual” and reinforces inaccessibility to health services that address their overall health. The increasing reliance on refereed research evidence to guide program/service delivery and resource allocation continues to exclude input from members of the lesbian and gay communities. Although there has been an expanding base of research available over the last two decades, heterosexist policy processes and database management have marginalized the availability of this evidence to policy-makers and practitioners, both necessary to ensure high quality care.

To reduce barriers and inequity, the following must be established for research and evidence-based practice in public health services for lesbians and gay men:

1. Research on the health of lesbians and gay men must include input and equitable participation of diverse members of the lesbian and gay communities;
2. The utilization of evidence to guide programs/services and resource allocation must include voices of members of the lesbian/gay communities, published and unpublished literature and proceedings from community consultations.
3. Research funding policies and guidelines must ensure adequate input and equitable participation by stakeholders/members in the lesbian/gay communities.

4. Research capacity must be expanded beyond the academic sector and be integrated at the grassroots level to achieve meaningful participation and empowerment for communities³.
5. Cultural/diversity competency education for public health practitioners, researchers and policy-makers must address issues relevant to the research inquiry.

IMPLEMENTATION STRATEGY

- Present resolution to OPHA general membership at the 2002 Annual General Meeting
- Build awareness of the issues (a) in educational institutions which train public health researchers and practitioners (b) across public health units, community health centers (CHC's), research partners by disseminating resolution to key educational/research stakeholders, research ethics committees (PHA3 /OPHA)
- Request follow-up meetings with stakeholder representatives to discuss implications/action (PHA/OPHA)
- Develop resources (ethical guidelines, body of literature related to cultural/diversity competent research and networks of consultants) in collaboration with gay/lesbian researchers and those who are experienced, informed and comfortable with the issues. (PHA/Potential partners: Rainbow Health Network, National Gay/Lesbian Health Researchers, Tri Council)
- Advocate for developing public health standards of practice which include cultural/diversity competency in research related to lesbians/gay men (OPHA/PHA)
- Support educational initiatives for researchers, practitioners, and policy-makers that emerge from collaboration with lesbian and gay researcher communities and which represent diversely situated locations across them. (OPHA/PHA)
- Demonstrate OPHA leadership through communication of a public health profile which reflects evidence of ongoing institutional commitments to facilitate networking, collaboration and partnership between researchers/practitioners and lesbian/gay communities (OPHA)
- Facilitate access to and dissemination of the existing body of gay/lesbian research through collaboration with lesbian/gay researchers to develop a central database of information and by modifying existing databases to address issues of inclusion throughout public health research venues (PHA/OPHA/community research partners)
- Work with researchers involved in setting standards for high quality research evidence in order to increase awareness of issues and disseminate information relevant to research methodology to researchers, policy-makers and practitioners (PHA/academic researchers e.g., those involved with Evidence-Based Nursing, Evidence-Based Medicine)
- Develop inviting research funding policies and guidelines in collaboration with lesbian and

³ During 1998 to 2000, the Ontario HIV Treatment Network provided Community Research SEED Grants that enhanced the capacity of communities to participate fully in HIV research. A number of community AIDS service organizations used the funding to train their staff and volunteers basic research skills.

gay community researchers and other stakeholders (PHA)

- Advocate to CPHA for inviting research funding policies and guidelines with funding bodies such as Health Canada (OPHA).
- Advocate at the Board of the CPHA for the need for a consistent approach to ethical research on issues relevant to lesbians and gay men at a national level. (OPHA President)
- Promote participatory policy processes which represent issues of diversely situated lesbians and gay men through processes perceived to be meaningful to communities and which promote their self determination by developing research and advocacy skills within these communities (OPHA/PHA)
- OPHA to advocate and support participatory research initiatives and funding for lesbians and gay men's issues at the local, regional and national levels (OPHA lobbying with funding bodies)

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Status: Policy statements (resolutions, position papers and motions) are categorized as:

ACTIVE, if:

1. The activities outlined in the policy statement's implementation plan have not yet been completed; or
2. The policy statement addresses an issue that is currently relevant to public health in Ontario.

ARCHIVED, if:

1. The activities outlined in the policy statement's implementation plan have been completed; or
2. The policy statement addresses an issue that is not currently relevant to public health in Ontario or is not based upon the most current evidence. The statement remains the position of the OPHA until a new statement is adopted that effectively reverses or essentially negates all or major elements of an earlier statement. In this instance, the former supersedes the latter

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