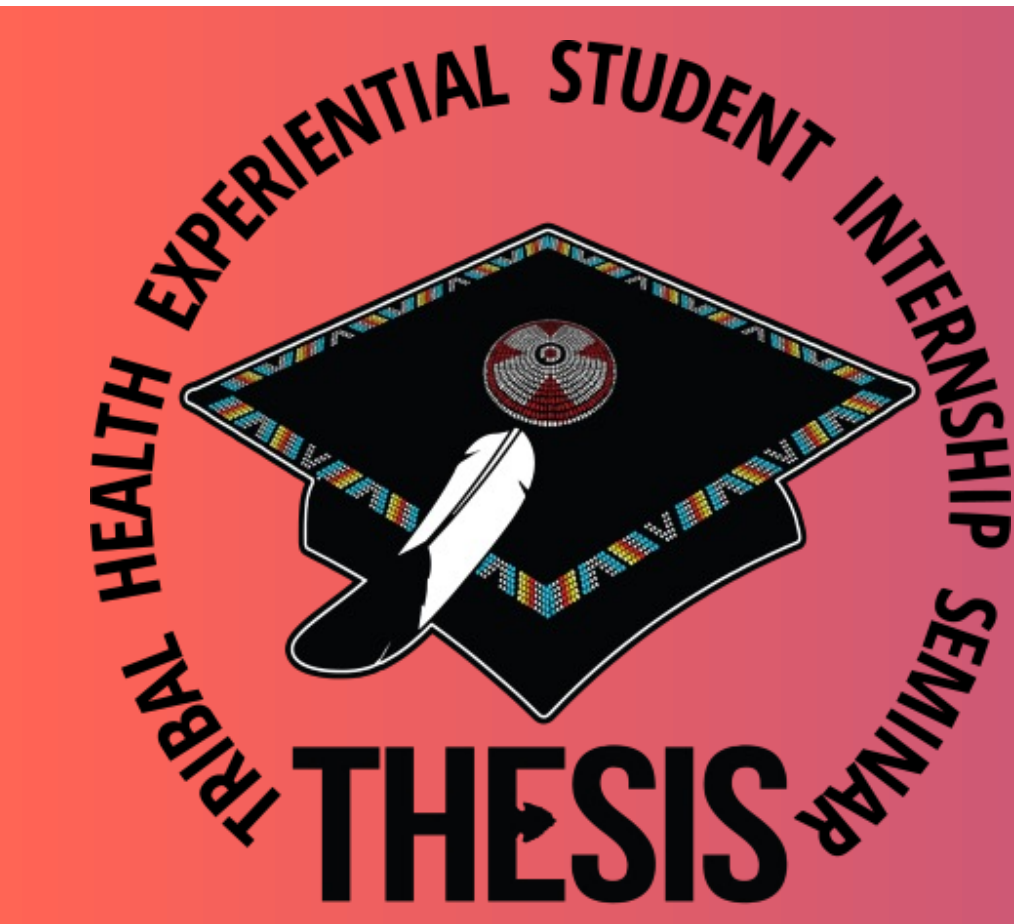


# Barriers that Cause Health Disparities for Two-Spirit and LGBTQIA+ AI/AN People

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## INTRODUCTION

The LGBTQIA+ community faces many health disparities compared to their heterosexual counterparts, as a result of barriers formed because of their sexual identity. For example, queer youth are 14 times more likely to attempt suicide than heterosexual youth, and in a (year) study, 45% of transgender participants had attempted suicide.<sup>9</sup>

Native American Two-spirit (people within the Native community that occupy “a distinct, alternative gender status”)<sup>3</sup> and LGBTQIA+ people face disparities, such as substance misuse, cancer, and mental illness, at even higher rates as a result of their intersectional identities. However, there is little research in the United States specifically examining the Native American 2SLGBTQIA+ community. From research that has been done specific to Two-Spirit and LGBTQIA+ AI/AN (American Indian and Alaska Native), certain risks have been identified:

- 55% experienced food insecurity<sup>6</sup>
- 23% live in severe poverty<sup>6</sup>
- 53% did not own a telephone<sup>6</sup>
- 6% of transgender respondents experienced job discrimination<sup>6</sup>

## OBJECTIVES

For this research project, I had three main objectives:

- Discover what barriers cause health disparities for Two-Spirit and LGBTQIA+ AI/AN people.
- Find programs and organizations already working to reduce these barriers or provide support to the community.
- Create recommendations to address identified barriers

## METHODS

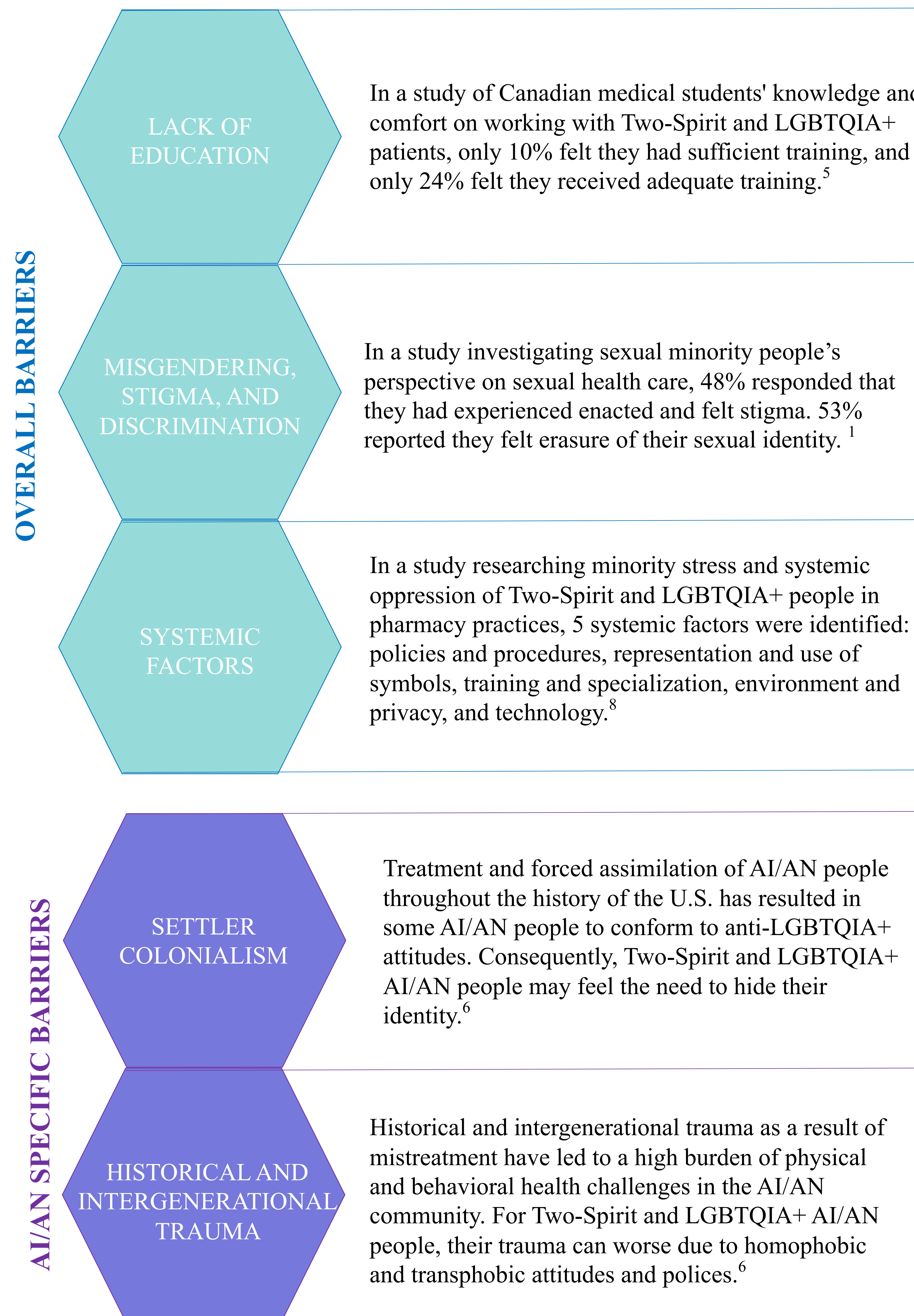
To find this information, I performed a meta-analysis consisting of seven academic research articles, in an attempt to find overarching themes between them. Five of these articles address barriers and health disparities the whole LGBTQIA+ community including Two-Spirit people face. Two focused on barriers and health disparities for AI/AN Two-Spirit and LGBTQIA+ people in indigenous communities. Four of the research articles are from Canada, and three are from the United States. I also looked at two organizations that support Two-Spirit and LGBTQIA+ AI/AN people to create my recommendations.

## LIMITATIONS

There were a few limitations that I faced during this research project. The first was time constraint—the THESIS program lasts eight weeks, limiting how in depth I could go into this public health issue. To combat this, I looked for more broad themes in my meta-analysis. The second and more difficult limitation was the lack of research done on barriers and resulting health disparities Two-Spirit and LGBTQIA+ AI/AN people face. To combat this, I looked outside of the U.S. and found research from Canada instead. I also looked for articles that included Two-Spirit people in their research as well as LGBTQIA+ people but were not exclusively in the AI/AN community in addition to the two focused specifically on Native populations.

## FINDINGS

From my meta-analysis, I discovered five main barriers for those attempting to utilize healthcare services. Three are more broad barriers that all Two-Spirit and LGBTQIA+ people face, and two are specific to AI/AN Two-Spirit and LGBTQIA+ people.



## ORGANIZATIONS

While creating my recommendations, I discovered two great resources that provide aid and education to Two-Spirit and LGBTQIA+ AI/AN people as well as the whole Two-Spirit and LGBTQIA+ community:



Provides AI/AN centered resources, including how-to on binding and other practices, articles depicting people's experiences and perspectives regarding their Two-Spirit and LGBTQIA+ AI/AN identity, sexual health information, and mental health services.<sup>10</sup>



Provides youth-centered resources for AI/AN people, regarding things specific to Two-Spirit and LGBTQIA+ AI/AN people such as explanations for different identities, sexual health tips, and dealing with coming out. They also provide resources for AI/AN people in general, including sexual, physical, mental, and spiritual health, healthy relationships, and alcohol, tobacco, or other drug use.

## RECOMMENDATIONS

After performing my meta-analysis, I have three recommendations on next steps for addressing this issue.

- 1) More research needs to be done specifically on Two-Spirit and LGBTQIA+ AI/AN people in the United States to best tailor solutions to the barriers faced.
- 2) Improving healthcare education on health issues and proper behavior when working with Two-Spirit and LGBTQIA+ AI/AN patients. This can lead to less harmful behavior that causes many to avoid healthcare, as well to provide better treatment options.
- 3) Updating software used in the healthcare system to allow for name changes, pronouns, etc..

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