TABLE DES GROUPES DE FEMMES DE MONTRÉAL

EQUAL RIGHTS TO HEALTHCARE?

AN AWARENESS AND POPULAR EDUCATION WORKSHOP

WORKSHOP FACILITATOR'S GUIDE

Created by the Table des groupes de femmes de Montréal (TGFM)

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INTRODUCTION

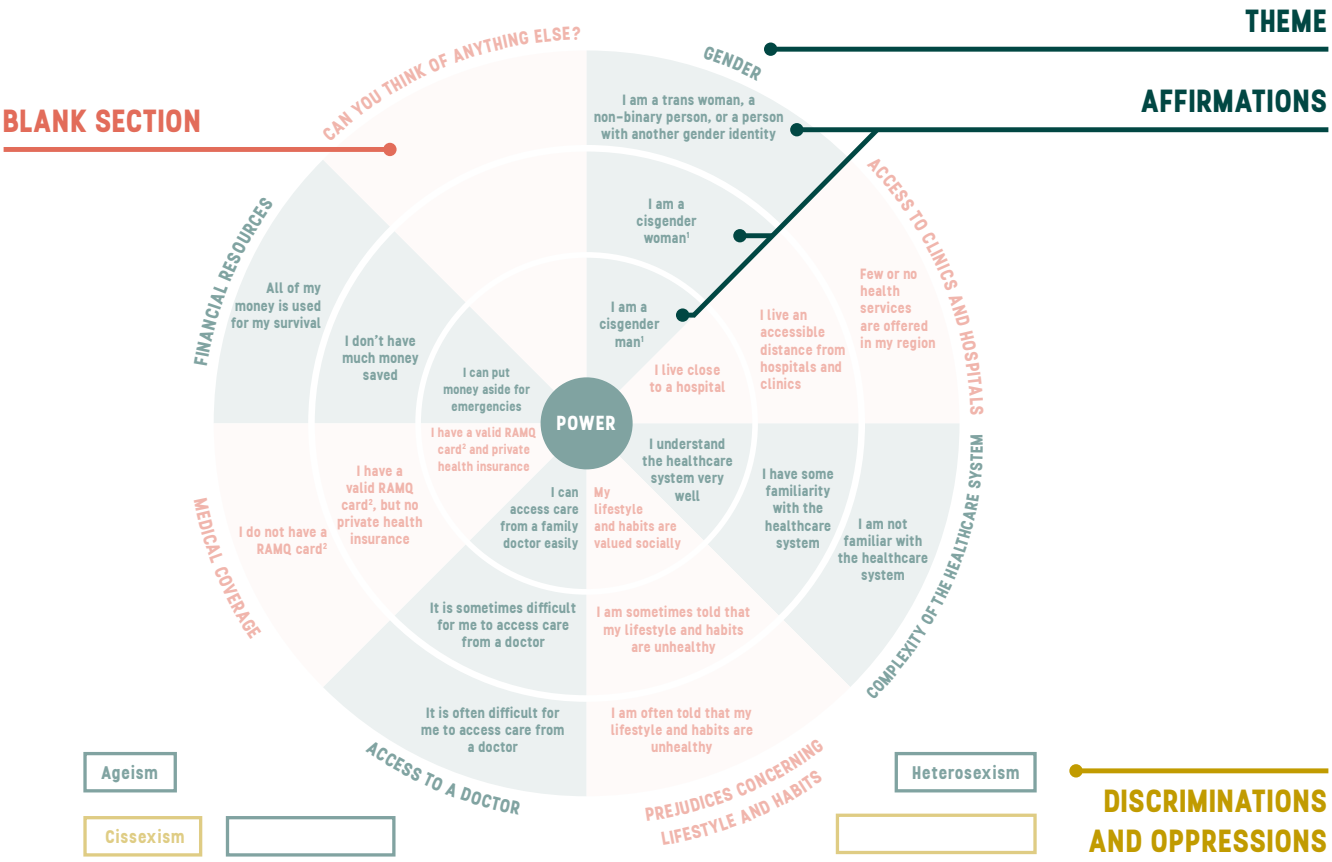
The **Women's Health, Poverty and Discrimination Community of Practice,** organized through the Table des groupes de femmes de Montréal (TGFM) and its health committee are pleased to present this workshop outline and guide. This material will allow you to hold an awareness and popular education activity with the women who frequent your organization.

You will notice that this kind of activity can be adapted to the realities and abilities of your members. We offer four different options for the activity, which can be held in person or virtually. Feel free to adapt the workshop to fit your organization's needs.

THE HEALTHCARE ACCESS WHEEL

The main tool for this workshop is the Healthcare Access Wheel, which has 8 sections. Each section is related to a **theme** and includes three **affirmations**. Participants can choose the affirmation which relates the most to their lived experience. In doing so, they will place themselves close to or far away from the Wheel's centre, which says "power". The closer the affirmations are to the Wheel's centre, the more "power" the participant has over their health.

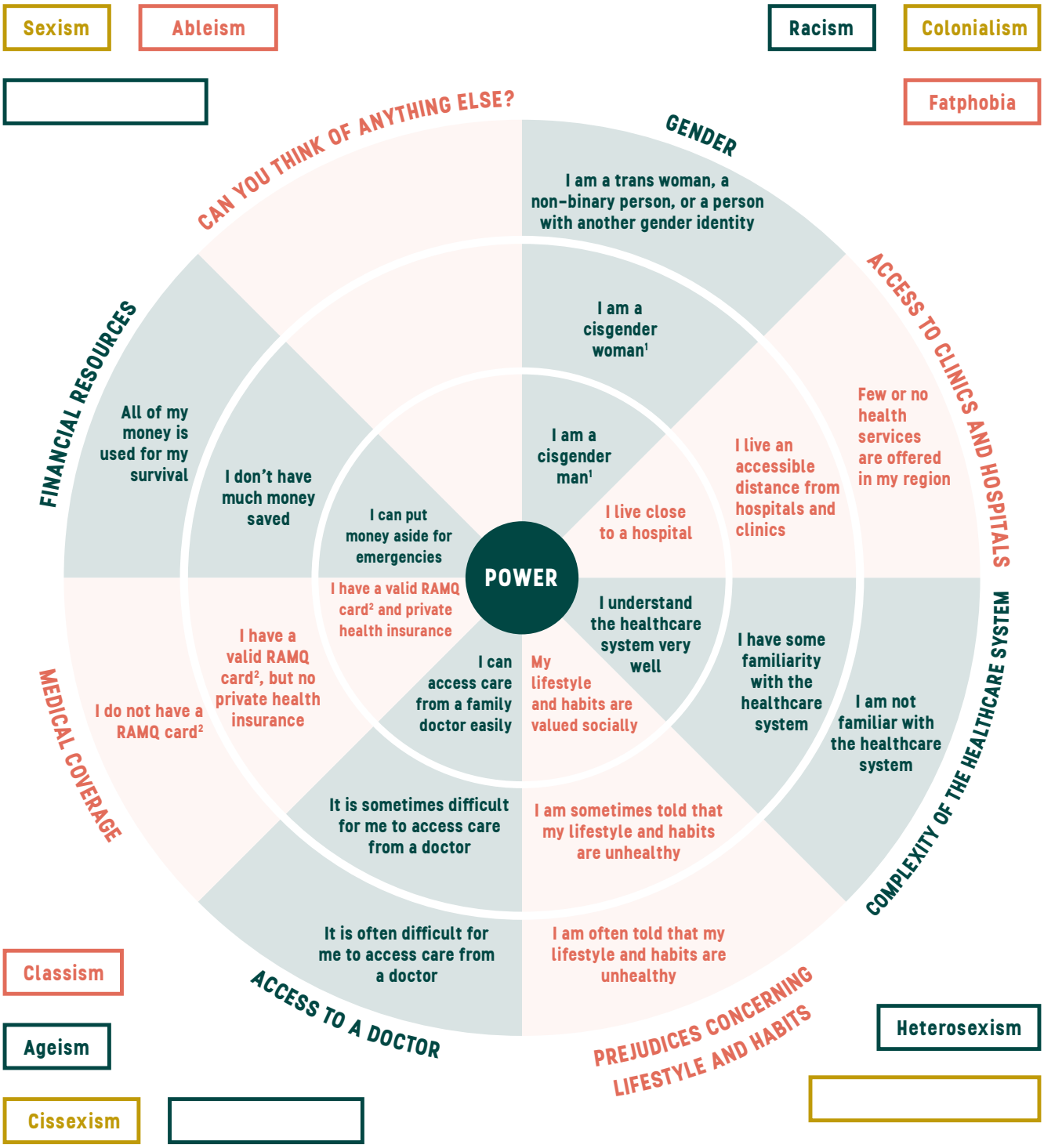
The Wheel also has a **blank section**, which allows participants to reflect on other factors which influence access to health care.



Finally, all around the Wheel, **discriminations and oppressions** are named in rectangles. Some of these rectangles are blank so participants can add their own contributions.

This tool will be used throughout the activity. It is available in printable PDF format as well as in a virtual, interactive format.

To access the Healthcare Access Wheel, see the next page.



1. Cisgender: "of, relating to, or being a person whose gender identity corresponds with the sex the person had or was identified as having at birth." (Merriam-Webster)
2. RAMQ: "Régime de l'assurance maladie du Québec", Quebec's public health care system

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Québec
TABLE DES GROUPES DE FEMMES DE MONTRÉAL

WORKSHOP GOALS

GENERAL GOALS:

- Become familiar with the inequalities women face in accessing health care;
- Generate discussions and reflections on the subject of the right to healthcare for all women;
- Learn about different oppressions and how they manifest in the healthcare system.

SPECIFIC GOALS:

- Be able to situate yourself in relation to these inequalities, discriminations and oppressions;
- Be able to discuss these inequalities, discriminations and oppressions;
- Learn about the realities faced by other women when dealing with the healthcare system;
- Reflect on what actions to take to denounce inequality in the healthcare system.

REQUIRED MATERIAL

FOR A WORKSHOP IN PERSON

Healthcare Access Wheel Poster *(optional)*

Printouts of the Wheel
(available in colour or in black and white)

- One Wheel per participant
- One "participant workbook" for each person *(optional; you may choose to only print the desired pages)*

Pens, highlighters…

Notepad, sheets of paper or other material for taking notes *(optional)*

FOR A VIRTUAL WORKSHOP

Create a virtual meeting

Send participants the link to the virtual version of the Healthcare Access Wheel

Send participants the link to the participant workbook

TIME REQUIRED

Depending on the time you have and the number of participants, there are four options. The following calculations are based on a sample size of five participants. The time allotted for the activity may vary depending on the number of participants and the amount of time that they speak. Breaks are at the workshop leader's discretion, but we recommend breaks of at least 10 minutes per 50 minutes of workshop time. Here are the four options:

1. FULL ACTIVITY

4 HOURS
NOT INCLUDING BREAKS

INTRODUCTION	10 MIN
COMPLETE WHEEL EXERCISE (8 SECTIONS), INCLUDING DISCUSSION	2 HOURS 40 MIN (20 MIN/SECTION)
DISCRIMINATIONS AND OPPRESSIONS	30 MIN
TAKING ACTION	30 MIN
CONCLUSION	10 MIN

2. SHORTENED ACTIVITY

BETWEEN 1 HOUR 50 MINUTES AND 2 ½ HOURS,
NOT INCLUDING BREAKS

INTRODUCTION	10 MIN
COMPLETE WHEEL EXERCISE (8 SECTIONS), NOT INCLUDING DISCUSSION	30 MIN TO 1 HOUR (5-10 MIN/SECTION)
DISCRIMINATIONS AND OPPRESSIONS	30 MIN
TAKING ACTION	30 MIN
CONCLUSION	10 MIN

3. CUSTOMIZED ACTIVITY WITH DISCUSSION

1 HOUR 20 MINUTES + TIME REQUIRED FOR THE NUMBER OF SECTIONS CHOSEN, NOT INCLUDING BREAKS

INTRODUCTION	10 MIN
WHEEL SECTIONS CHOSEN BY WORKSHOP LEADER	AROUND 20 MIN/ SECTION, INCLUDING DISCUSSION
DISCRIMINATIONS AND OPPRESSIONS	30 MIN
TAKING ACTION	30 MIN
CONCLUSION	10 MIN

For example, if you decide to do 4 sections, including discussion, the activity should take around 2 hours 40 minutes, not including breaks.

4. CUSTOMIZED ACTIVITY WITHOUT DISCUSSION

1 HOUR 20 MINUTES + TIME REQUIRED FOR THE NUMBER OF SECTIONS CHOSEN, NOT INCLUDING BREAKS

INTRODUCTION	10 MIN
WHEEL SECTIONS CHOSEN BY WORKSHOP LEADER	5 À 10 MIN/SECTION, NOT INCLUDING DISCUSSION
DISCRIMINATIONS AND OPPRESSIONS	30 MIN
TAKING ACTION	30 MIN
CONCLUSION	10 MIN

For example, if you decide to do 4 sections without discussion, the activity should take between 1 hour 40 minutes and 2 hours, not including breaks.

WHY OFFER SEVERAL OPTIONS?

We want to ensure that the activity is adaptable to the needs of each group. Since participants need to choose the affirmations which reflect their own realities, they will discover how their reality influences their access to healthcare. Some sensitive subjects and personal experiences may arise during these discussions.

If trust, listening and respect are not already established in the group, some women will be uncomfortable sharing their own experiences. In this case, it would be preferable to choose one of the options without discussion.

However, if the participants are already used to talking about their lived experiences, we recommend the options that include discussion. It is important to remember that the full activity including discussion takes more than 4 hours to complete. If you choose this option, plan to do the activity in more than one session or allow for a full day, including breaks.

SUGGESTIONS FOR FACILITATORS *(OPTIONAL)*

1. If the group is large, split it into smaller groups for discussion.

2. When holding the activity in person, copy the Wheel on the floor of the room, put an object in the middle of the Wheel representing power, and make 3 Xs on the floor perpendicular to the object in the middle. The participants then can position themselves according to the affirmation that represents their reality. This exercise will allow them to concretely understand their level of power over their own health and the realities of those around them.

3. Use fictional examples to discuss different scenarios rather than asking participants to share their own experiences.

RUNNING THE ACTIVITY

STEP 1

GIVE A COPY OF THE WHEEL TO EACH PARTICIPANT AND PASS OUT THE PARTICIPANT WORKBOOKS *(OPTIONAL)*

CLICK HERE TO ACCESS THESE RESOURCES OR LOOK AT THE FOLLOWING LINK:

RESOURCES FOR VIRTUAL WORKSHOPS

WWW.TGFM.ORG/EN/OUR-PUBLICATIONS/106

STEP 2

READ THE FOLLOWING INTRODUCTION ALOUD SO THAT THE PARTICIPANTS UNDERSTAND THE ACTIVITY'S GOALS:

Health, poverty and discrimination lead to some women having more difficulties navigating the healthcare system than others. Yet healthcare is a fundamental right, isn't it? Through the Healthcare Access Wheel, you can see why some women have more power over their health than others do.

STEP 3

READ THE ACTIVITY STEPS TO PARTICIPANTS

1	2	3	4	5
Introduction	Healthcare Access Wheel exercise	Oppressions and Discriminations	Taking Action	Conclusion

STEP 4

READ THE GOALS TO PARTICIPANTS

GENERAL GOALS:

- Become familiar with the inequalities women face in accessing health care;
- Generate discussions and reflections on the subject of the right to healthcare for all women;
- Learn about different oppressions and how they manifest in the healthcare system.

SPECIFIC GOALS:

- Be able to situate yourself in relation to these inequalities, discriminations and oppressions;
- Be able to discuss these inequalities, discriminations and oppressions;
- Learn about the realities faced by other women when dealing with the healthcare system;
- Reflect on what actions to take to denounce inequality in the healthcare system.

STEP 5

READ EACH SECTION OF THE WHEEL AND EXPLAIN HOW IT WORKS

You will need around 20 minutes per section, including discussion time, for around 5 participants. If you do not hold discussions, each section will take around 5-10 minutes.

> *Suggested Order: start by the GENDER section and continue the exercise by going clockwise around the Wheel.*

For the section being discussed, ask the participants to circle the statement that best reflects their lived experience.

Ask the participants if they would like to share the affirmation they circled with the group and talk about how their lived experience affects their health, based on the section's theme *(if using the workshop with discussions)*.

Read the statements in the appendix "Did You Know?" that are associated with the chosen section.

See Appendix 1, "Did You Know?" to see all of the statements for each section.

Start a discussion by asking the following questions *(when holding a workshop with discussions)*

1. **Have you already heard of these realities?**
2. **Have you witnessed or experienced situations like these ones?**

Follow the same steps for each section that you would like to cover.

STEP 6

WHEN YOU ARRIVE AT THE BLANK SECTION

Ask participants if they can think of any other factors that would affect women's access to healthcare.

Choose one of the two following options:

OPTION 1

Ask participants to fill out the blank section together as a group.

OPTION 2

Ask each participant to fill out the blank section individually and then share it with the rest of the group.

Language can become an obstacle for some people, whether they are newcomers, Deaf, or have a language-related disability...Language is essential for obtaining information and communicating with health professionals. Accessing translation or interpretation services can sometimes be difficult. In the healthcare system, sometimes it is necessary to depend on a family member for translation, which can lead to issues related to confidentiality.

See Appendix 2 for more examples of what can go in the blank space.

STEP 7

DISCRIMINATIONS AND OPPRESSIONS

Read the following introduction to participants: Take the time to look at your Wheel and note where you placed yourself in each section. Are you closer to the centre or closer to the outside? Are you in the same space in all of the different sections? We may have power in some spheres and experience discrimination and oppression in others. Your situation may change throughout your life, and these discriminations and oppressions may impact each woman differently.

If needed, you can refer to Appendix 3 and read the definitions of the terms "prejudice", "stereotype", "discrimination" and "oppression" to participants.

OPTION 1

Choose a form of discrimination or oppression (appendix 4) and read the definition to participants.

OPTION 2

Choose a form of discrimination or oppression (appendix 4) and ask participants if they know the definition.

Ask this question:

Do you know any examples of how these discriminations and oppressions appear in the healthcare system?

Follow the steps above for each discrimination or oppression that you want to discuss.

Some discriminations and oppressions are written in the rectangles around the Wheel *(see examples below).*

You can ask participants the following question:

Can you think of any other forms of discrimination or oppresion? If so, you can write them in the blank rectangles around the Wheel and let us know what you added, if you like.

Racism	Colonialism	Fatphobia		Ageism	

STEP 8

TAKING ACTION

Ask participants the following questions:

1. **How does the discussion we've been having make you feel?**

   ☐ POWERLESS ☐ ANGRY ☐ SAD ☐ UPSET ☐ OTHER...

2. **Which of the facts we discussed shocked or surprised you the most?**

3. **If we wanted to act together to protest the inequalities we discussed today, what do you think would be the most efficient way to do so?**

EXAMPLES OF COLLECTIVE ACTION

- → Write a letter to the Minister of Health and Social Services
- → Call your local Member of the National Assembly (MNA) (using the "hands free" option so that everyone can hear and take turns speaking, or not, if you want to speak privately)
- → Make posters or flyers to distribute (either on social media or on paper, to be given out on the street or hung in hallways, etc.)
- → Start a petition
- → Meet with your MNA
- → Write a letter to the editor of a newspaper
- → Write about your own experiences and share them (with your name or anonymously)
- → Create art (write a song, write a poem, make a banner, etc.)
- → Organize a march or protest
- → Organize a flash mob: in a group in a public place, stop moving or act like statues to attract attention
- → Organize a sit-in: sit on the ground as a group in a public place
- → Organize a die-in: lie on the ground as a group in a public place to "play dead" (for instance, in front of a nursing home)
- → Show your support for a cause that other groups are fighting for

See appendix 5 for examples of existing initiatives which are linked to health, poverty or discriminations. You can present these initiatives to participants so that they can learn from them or choose to participate themselves.

STEP 9

FOLLOWING THE WORKSHOP *(OPTIONAL)*

Plan a workshop with your group to plan one of the actions that your participants chose in the previous step. If you would like, you can let us know what you plan on doing by writing to us at info@tgfm.org. We can link you with other groups that can be in solidarity with you and share news about your initiatives. For example, if you decide to organize a march, a protest, a sit-in (a passive occupation of a public place), a die-in or lie-in (lying down in a public place to simulate death), a flash mob or a testimony, we can share the information with others who would be interested.

IN CONCLUSION

You can ask the participants the following questions:

?

1. **How do you feel after having finished this activity?**
2. **What did you learn?**
3. **What next steps would you like to see happen related to this activity?**

If needed, you can refer participants to relevant resources. A directory of community organizations, organized by region and by specific needs, is available at (https://www.211qc.ca/repertoire). Participants can also dial 211 on their own telephones in order to access this directory.

If you used this guide for workshops in your organization,
please let the TGFM know and provide us with feedback.

You can reach us at info@tgfm.org

APPENDIX 1 - DID YOU KNOW...?

GENDER

> *"They prescribed tests for sexually transmitted infections to me, even if I didn't have any new partners, because, apparently, all trans women are at risk... "*
> *– Manzano, G., Ton Petit Look, 2019*

→ Following surgery, nurses and doctors are likely to prescribe fewer painkillers to women than to men, even if women say they are in pain (Castillo, 2019);

→ There are many testimonies from women who have heard misogynistic comments from doctors (Mabe, 2019);

→ A lack of knowledge on the part of health professionals sometimes means that trans people experience hostility or discrimination (Kamgain, 2014);

→ Many doctors refuse to treat trans people (Paré, 2019);

→ The healthcare system has not yet adopted the use of gender-neutral pronouns (Bonneville, 2019).

ACCESS TO HOSPITALS AND CLINICS

> *"We have to leave everyone we know [to receive healthcare that isn't available on the reserve] and go live in a city where we have to deal with racism, where we don't have any support. Housing and medication are more expensive, which makes our lives more difficult." – Quessy G., Journal de Montréal, February 2, 2020.*

→ Only a few of the 52 communities in Inuit Nunangat have hospitals, and none have year-round road access which would allow them to leave the community to receive medical care elsewhere. Healthcare is often provided by nurses, rather than by doctors (NCCAH, 2011);

→ Abortion is very difficult for women outside of urban centres to access, due to the lack of abortion clinics and hospitals in their regions (Radio-Canada, May 18, 2019)

COMPLEXITY OF THE HEALTHCARE SYSTEM

"Marie-Louise Niquay moved from Manawan to Joliette to receive dialysis three times a week there [treatment that was not available on the reserve]. "By leaving the reserve, I felt like I was no longer considered "Indian". All of a sudden, the laws I knew no longer applied to me. I didn't know what I had the right to do and what actions I should take, and no one was able to answer my questions."
– Quessy G., Journal de Montréal, February 2, 2020.

→ It is difficult to know where to go and who to ask for assistance related to health (Nexus santé, 2003);

→ Illiterate people use healthcare services less often as a result of the above (Nexus santé, 2003);

→ Newcomers to Quebec also use healthcare services less often (Cherba, 2013).

PREJUDICES BASED ON LIFESTYLE AND HABITS

"My name is Caroline. I'm 20 years old and I'm genderfluid. [...] I have experienced nervous breakdowns and addictions which are not related to my weight. However, I do have eating disorders and social phobia which are linked to my weight. [...] I don't remember what terms were used, or even the name of the doctor. But I was forced to listen to a preachy lecture on my body and my weight and was given brochures about different diets. I then had to go to sessions with a nutritionist, where I didn't dare respond to her questions honestly because I was scared of being judged or punished. [...] I am most afraid of gynecologists, but all medical practitioners scare me."

– Caroline, Gras politique, 2016

→ In her 2019 report on the state of public health in Canada, Chief Public Health Officer Dr. Theresa Tam stated that stigma linked to obesity exists in a healthcare context and that it sometimes takes the following forms: refusal to provide healthcare, or providing lower-quality healthcare; healthcare environments which are not adapted to the needs of heavier people; a lack of empathy on the part of health professionals; use of degrading language (Bernier, 2020);

→ Many doctors in Canada refuse to treat people who have addictions (Radio-Canada, January 1, 2018);

→ Sex workers often feel judged by professionals in the healthcare system (Lanctôt, 2018);

→ Hostile and discriminatory behaviour from health professionals lead to trans people and sexual minorities being less likely to use healthcare services (Dumas, Chamberland and Kamgain, 2016).

ACCESS TO A DOCTOR

> *"I signed up for the central waiting list for the first time in 2013, then again in 2017, and I'm still waiting for a family doctor. During these years, I've had urinary tract infections, chondrocalcinosis in my knees, bursitis and tendinitis in my shoulder, and I've had to go to a private clinic for annual exams. I've stopped keeping track of all the money that I have to spend on healthcare. When I read that an 88-year-old, someone considered "top priority", is unable to find a family doctor, or that a doctor who retires does not systematically transfer their files to another doctor, I lose all hope of having a family doctor someday."*
>
> *– Lise Beauchemin, La Presse, 2019.*

→ From 2017 to 2020, the wait time for finding a family doctor doubled. In that time, the number of people waiting for a family doctor grew from 423,215 to 597,484 people (Bordeleau and Gamache, 2020);

→ Between 2017 and 2020, the number of people in vulnerable situations who were waiting for a family doctor grew by 73%. This contributed to the long wait times at the emergency rooms of hospitals (Bordeleau and Gamache, 2020).

HEALTH COVERAGE

"Rachel arrived in Canada seven years go with her mother, Edma, her father, and her brother. Her family were landowners in Mexico who had been forced out by the local mob [...] The family was terrified and fled to Canada, where they sought asylum – and were refused. Edma is ill and needs medication which she is unable to pay for now that she has no status."

– Nicoud, La Presse, 2012

→ People without legal status are not covered by the Quebec health insurance system (RAMQ), and yet their health is often more fragile (Régie de l'assurance maladie du Québec, 2020, and Gervais, 2020);

→ People without fixed addresses may find it difficult to prove that they are covered by RAMQ (TGFM press conference, 2020, and NCCAH, 2011);

→ As a general rule, people with private insurance pay 20% of the cost of their medications, while those with public insurance pay 35% of the cost of their medications. As a result, 18% of the population has not had the means to cover the costs of their medication during the pandemic (Gibeau, 2021).

FINANCIAL RESOURCES

"My name is Francine [...]. I live in the Saint-Jean-Baptiste neighbourhood of Quebec City, and I love my neighbourhood. I was a teacher for 34 years. I can no longer work because my health does not allow me to. I suffer from fibromyalgia and chronic fatigue. In fact, I fought for ten years for fibromyalgia to be recognized as a real disease. I just found out that I also have an underactive thyroid. I have to take a lot of medications. Just this month, I have to take $526 worth."

– Francine, ADDS, 2015

→ People who live in better socio-economic conditions tend to be less sick than those who live in worse socio-economic conditions (CQMF, 2015);

→ Chronic stress, lack of food and the lack of healthy housing all contribute to these differences (CQMF, 2015);

→ In 2017, between 1.4 and 1.6 million people in Quebec lived in poverty (IRIS, 2020);

→ In Quebec, disabled people are particularly affected by poverty. According to recent studies, 37% of disabled people earn less than $15,000 per year (A. Hébert and M. Trépanier, Le Soleil).

APPENDIX 2:
EXAMPLES OF WHAT CAN GO IN THE BLANK SECTION

Here are some examples of what can be discussed in the blank section of the Wheel. This list is not exhaustive.

AGE

Healthcare professionals may have prejudices related to age and the ability to consent to care. Both youths and elderly people may have difficulty being taken seriously or ensuring that their choices related to their care are respected. It is even harder to be heard when a person is unable to legally consent (for example, if the person is younger than 14 or is in the care of a guardian).

CITIZENSHIP

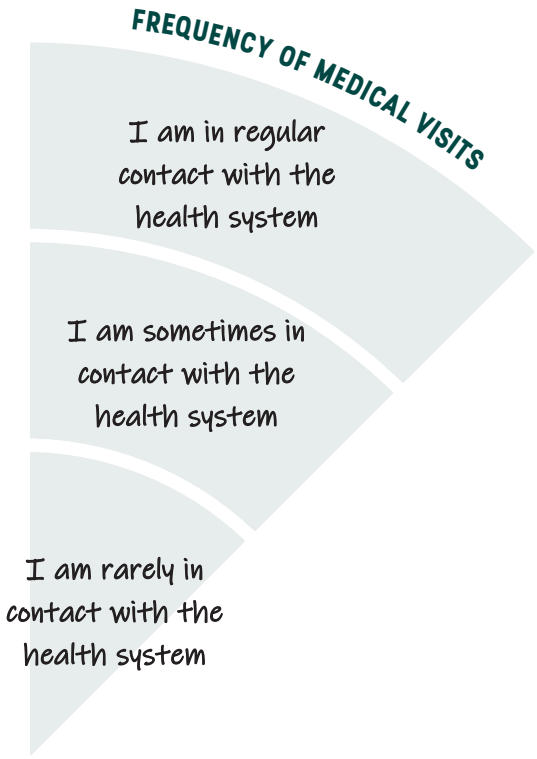
Not everyone has the same medical coverage. Beyond healthcare related to COVID-19, tourists, temporary foreign workers, international students and people without status do not have medical coverage. Newcomers and workers from abroad must wait three months before having medical coverage. However, asylum seekers do have medical coverage through a federal program.

EDUCATION

Some healthcare professionals ask people seeking care or services what their level of education or their profession is. This also happens on medical forms. This information can lead to prejudice on the part of health professionals. Scientific texts and medical files may also be written in specialized or technical language, which is not accessible to everyone.

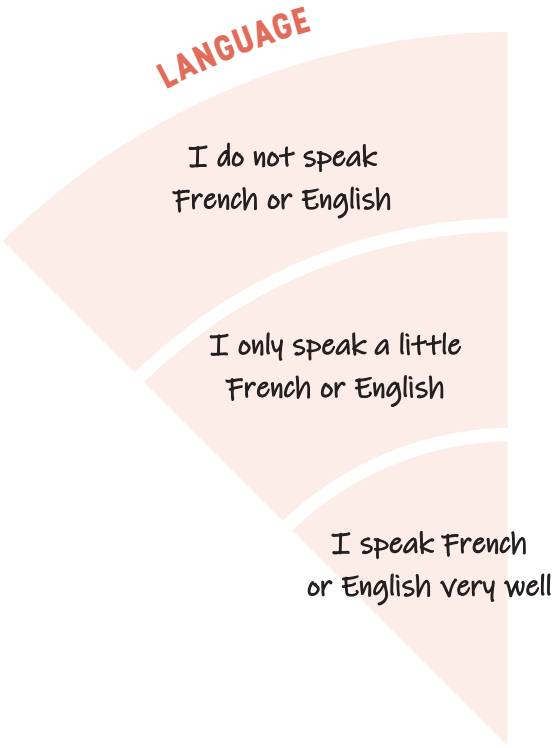
FREQUENCY OF MEDICAL VISITS

People who are in frequent contact with the healthcare system are more at risk of experiencing discrimination and oppression. Having frequent visits also adds to the mental load of schedule management and can also have financial impacts on a person who needs to miss work without pay.



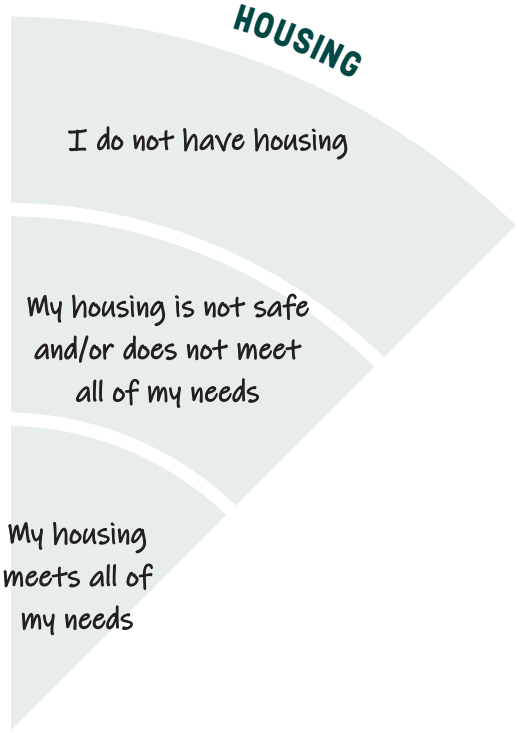
LANGUAGE

Language can become an obstacle for some people, whether they are newcomers, Deaf, or have a language-related disability...Language is essential for obtaining information and communicating with health professionals. Accessing translation or interpretation services can sometimes be difficult. In the healthcare system, sometimes it is necessary to depend on a family member for translation, which can lead to issues related to confidentiality.



HOUSING

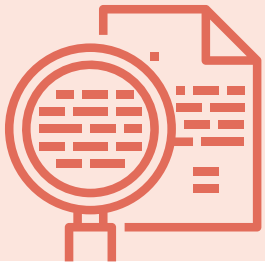
Housing can affect a person's health in a number of ways. Obviously, unsanitary housing can lead to short- and long-term health issues. The question of housing can also be stressful for many people. As rent prices are soaring, some people are forced to choose housing or an area which does not fit their needs. The lack of affordable and accessible housing brings about other issues (including the sexual violence that some renters experience). The location of housing can also have an impact on health. People who live in privileged neighbourhoods have longer life expectancies than those who live in underprivileged neighbourhoods.



MENTAL HEALTH

Mental health is often harder for the general public to understand than physical health. Someone who experiences mental health issues can experience stigmatization and prejudice, not only from their social network, but from healthcare professionals. Sometimes, people have a hard time being believed or taken seriously due to the prejudices associated with their mental health situation.

APPENDIX 3: STEREOTYPE, PREJUDICE, DISCRIMINATION AND OPPRESSION: DEFINITIONS



You may choose to read the following definitions to participants so that they can understand the subjects better.

STEREOTYPE DEFINITION

A generalization and simplification of reality, applied to everyone in a given group, without consideration for the differences between individuals. (Association des juristes)

> Example of a stereotype in the healthcare system: The stereotype that women are always complaining means that doctors take women who do complain less seriously and tend to prescribe less pain medication to women.

PREJUDICE DEFINITION

Judging a person without knowing them. Prejudices are often based on stereotypes and are instilled by the social environment. (Association des juristes)

> Example of prejudice in the healthcare system: A doctor negatively judges a woman's parental abilities only because she is disabled.

DISCRIMINATION DEFINITION

Treating someone unfairly, whether directly, indirectly or in a systemic way. Direct discrimination is extremely clear, while indirect discrimination appears more neutral and is sometimes involuntary. Systemic discrimination is when a policy or practice is adopted through a reflex, without considering how some people might be negatively affected by the policy or practice. (Association des juristes and Commission des droits de la personne et des droits de la jeunesse)

> Example of discrimination in the healthcare system: Disabled women are unable to access some medical equipment because it is not accessible to them (indirect and systemic discrimination).

OPPRESSION DEFINITION

The combination of prejudice and institutional power which creates a system that discriminates against some groups [...] and benefits other groups." (Vanderbilt)

> Example of oppression in the healthcare system: People who are without status do not have access to free healthcare.

APPENDIX 4: DEFINITIONS AND MANIFESTATIONS OF FORMS OF DISCRIMINATION AND OPPRESSION IN THE HEALTHCARE SYSTEM

If you would like to discuss other types of oppression or discrimination with participants, don't hesitate to do so. This is not an exhaustive list of all forms of oppression and discrimination.

Ableism

"Ableism" refers to the systemic oppression of disabled people, prejudices and discrimination [...] which leads to a view of disability as "other" and as a condition to "overcome"." (Marina Carlos, 2020)

Example: Not offering gynecological procedures to disabled women because the material required is not accessible.

Ageism

"Ageism is being prejudiced against or having discriminatory behaviour towards people or groups because of their age. Ageism can come in many forms, whether through behaviour based on prejudice, discriminatory practices, or institutional policies and practices that tend to perpetuate these sorts of beliefs." (World Health Organization)

Example: Not asking someone for their consent for a medical procedure because they are considered too old or too young to understand the procedure and decide for themselves.

Cissexism

Discriminations and prejudices against people whose gender identity or gender expression does not correspond to their sex assigned at birth. (Government of Canada)

Example: Only having the options "male" or "female" on medical forms.

Classism

"Classism refers to all forms of discrimination based on belonging to a social class." (Femmes de droit)

Example: Many of the treatments that are not covered by Quebec's public health insurance (RAMQ) are expensive. There are many people who do not have private medical coverage or the means to pay for these treatments.

Colonialism

"Colonialism is the maintenance of political, social, economic, and cultural domination over people by a foreign power for an extended period." (W. Bell, 1991, quoted in Richard T. Schaefer, 2015).

Example: The majority of healthcare professionals use European medicine to treat patients. An Indigenous person or a person from another culture may be refused the traditional treatment from their region or be discouraged from using it.

Fatphobia

"All of the attitudes and hostile behaviours which stigmatize and discriminate against people who are fat, overweight or obese." (Grossophobie.ca)

Example: Failing to provide an accurate diagnosis for fat people because it is assumed that their health issues are only due to their weight.

Heterosexism

"This concept refers to holding up heterosexuality as the social norm or as superior to other sexual orientations." (UQÀM Research Chair on Homophobia, Coalition des familles LGBT and Interligne)

Example: Clinics often distribute free male condoms, but do not offer any protection for lesbian couples

Racism

"A theory which, on the basis of ethnic or "racial" belonging, considers people and groups to be unequal to one another. It is also a system which leads to unequal distribution of resources [...] Racism is therefore not necessarily conscious, nor is it exclusive to individuals. It is as much a part of institutions as it is due to socialization." (Ligue des droits et des libertés)

Example: Historically, many gynecologists performed non-consensual experiments on Black women without anesthetic. This obstetric and gynecological violence continues today with the absence of free and informed consent, more frequent medical interventions during birth, and the prejudiced notion that Black women feel less pain.

Sexism

"Prejudice or discrimination based on sex, especially : discrimination against women." (Merriam-Webster)

Example: Women receive fewer painkillers than men do, even if they say they are in pain.

APPENDIX 5: HEALTH INITIATIVES

We are only mentioning a few initiatives that deal with health, poverty and discrimination in order to inform, inspire and aid your involvement. The list here is in no way exhaustive. if you know of other initiatives, please let us know at info@tgfm.org

ACTION AUTONOMIE

A Montreal-based mental health advocacy organization.

"The mission of Action Autonomie is to promote the rights of people with mental health issues through an education-based approach. Using a person-first philosophy, we provide help instead of acting as authority figures [...] This way, we are able to encourage people to take care of themselves, and by showing a positive prejudice towards them, we are encouraging their willingness to do so."

https://www.actionautonomie.qc.ca/

BREAST CANCER ACTION QUEBEC

There are many ways to get involved in their actions (petitions, opinion pieces in newspapers, volunteering, workshops, etc.)

"Breast Cancer Action Québec advocates for breast cancer prevention and the elimination of environmental toxins linked to the disease. We work to empower people to make the societal changes needed to stop the disease before it starts."

https://acsqc.ca/fr

CANADIAN HEALTH COALITION

The Coalition has led many campaigns related to public health care, public health insurance, healthcare for seniors, etc.

"For forty-one years, the Canadian Health Coalition has fought to protect and improve public healthcare in Canada. We are a coalition of healthcare workers, seniors, unions, community and religious organizations, academic institutions, and affiliated coalitions in the provinces and one territory."

https://www.healthcoalition.ca

CENTRE DE SANTÉ DES FEMMES DE MONTRÉAL (MONTREAL WOMEN'S HEALTH CENTRE)

This organization does work related to sexual and reproductive health. Its mission is as follows:

"Support women in their reclaiming of their own gynecological health; Defend and promote the right to free abortion on demand; Represent women and demand that their rights and agency are respected by economic and policy decision-makers as well as the health system."

https://csfmontreal.qc.ca/en/home/

COALITION SOLIDARITÉ SANTÉ

This organization has led many campaigns (prescription insurance, climate change, Barrette's health system reforms, etc.)

"The Coalition Solidarité Santé is a Quebec-based coalition of union, community and religious organizations and citizen-led groups. It also includes feminist groups, seniors, disabled people and caregivers. Defending the principles that have been the cornerstones of the healthcare system since it was put in place, namely its public nature, free service, accessible service, universal service and complete service, is the basis of all that the Coalition Solidarité Santé does."

https://cssante.com/

COLLECTIF POUR UN QUÉBEC SANS PAUVRETÉ

This collective has led many campaigns related to poverty ("Rassemblons-nous pour un Québec riche de son monde", basic income campaign, etc.)

"Active since 1998, the Collectif pour un Québec sans pauvreté brings together 36 provincial and regional organizations and collectives representing popular movements, community organizations, unions, religious organizations, feminist organizations, student organizations and cooperatives. Hundreds of thousands of Quebecers belong to these organizations, which fight poverty, defend users' rights, and promote social justice. Since its beginnings, the Collectif has worked in cooperation WITH people experiencing poverty."

https://www.pauvrete.qc.ca/campagnes-2/

FÉDÉRATION DU QUÉBEC POUR LE PLANNING DES NAISSANCES

The Federation has led many actions to promote sexual health and reproductive rights (ACSEXE+ guide, ÉduSexe coalition, etc.)

"The FQPN is a feminist organization concerned with advocacy and popular education related to sexual and reproductive health."

https://fqpn.qc.ca/action

WORLD CANCER DAY (FEBRUARY 4TH)

"I Am and I Will" Campaign, Union for International Cancer Control (UICC)

Take a picture of yourself and put it on a sheet that says "My name is (your name) and I will (name an action that will bring awareness to or prevent cancer). You can then share it on social media. Use the hashtag #worldcancerday or #iamiwill.

https://www.worldcancerday.org

LES 3 SEX*

This organization leads many projects related to sexual health and sexual rights.

"Les 3 sex* is much more than an online magazine. Our team works every day to develop new projects with the goal of promoting sexual health and fighting for sexual rights. In this section, you can read more about our main projects."

https://les3sex.com/en/projects

LIGUE DES DROITS ET LIBERTÉS

The LDL leads many efforts for human rights for those who are most vulnerable (refugees, Indigenous people, women, etc.)

"Founded in 1963, the Ligue des droits et libertés (LDL) is an organization that seeks to teach about, defend and promote the universal, indivisible and interdependent rights recognized in the International Bill of Human Rights [...] Since its foundation, the LDL's actions have been for the whole of the population, including certain groups which are particularly vulnerable in different contexts: immigrants and refugees, Indigenous people, women, people with disabilities, people receiving social assistance, etc."

https://liguedesdroits.ca/

MOUVEMENT SANTÉ MENTALE QUÉBEC

This movement runs annual campaigns and activities related to mental health.

"Mouvement Santé Mentale Québec works throughout the year on creating, developing and reinforcing mental health. Our annual mental health promotion campaign, which runs from May to April, has several high points…"

https://www.mouvementsmq.ca/campagnes

NOURRI-SOURCE

This organization works to promote and normalize breastfeeding.

"The mission of the Nourri-Source Federation is to bring together, support and defend the interests of its members, while contributing to the promotion and normalization of breastfeeding."

https://nourri-source.org/en/

JOYCE'S PRINCIPLE

"Joyce's Principle aims to guarantee to all Indigenous people the right of equitable access, without any discrimination, to all social and health services, as well as the right to enjoy the best possible physical, mental, emotional and spiritual health.

Joyce's Principle requires the recognition and respect of Indigenous people's traditional and living knowledge in all aspects of health."

https://principedejoyce.com/sn_uploads/principe/Joyce_s_Principle_brief___Eng.pdf

REGROUPEMENT DES RESSOURCES ALTERNATIVES EN SANTÉ MENTALE

A coalition of organizations which offer an alternative approach to mental health care.

"The Regroupement des ressources alternatives en santé mentale du Québec (RRASMQ, The Coalition of alternative resources in mental health in Quebec) is a non-profit coalition with over a hundred community-based organizations spread throughout the province of Quebec. The RRASMQ's mission is to foster the development of diverse alternative practices in mental health, and support the mental health community movement.The RRASMQ was launched in 1983 by an alliance of service users, alternative community groups and advocacy groups in mental health [...] People with lived experience were deemed to have the right to a legitimate place in society."

http://www.rrasmq.com/About_Us.php

RÉSEAU D'ACTION DES FEMMES EN SANTÉ ET SERVICES SOCIAUX

A network of women's groups which work in the field of health and social services in Quebec.

"As a regional organization, the Réseau d'action des femmes en santé et services sociaux (RAFSSS) unites Montreal women's groups which work in health and social services [...] The Réseau is based on working together and contributes to feminist analysis of social issues in order to represent its members and give them the tools they need."

https://www.rafsss.org/

THE CARING FOR SOCIAL JUSTICE COLLECTIVE

A movement leading several initiatives related to the right to healthcare for all, regardless of status.

"The initial members of this collective are doctors and medical students who were active in the "Access to health care" committee of Quebec Doctors for a Public Healthcare System *(Médecins québécois pour le régime public)*, but the Collective is made up of students, practitioners and/or activists in the healthcare field. Our basis of unity is heavily inspired by that of the Health Justice Collective, which came together in 2012 (and was active until 2014) to fight cuts to healthcare coverage for refugees."

http://www.soignonslajusticesociale.ca/about/

UNION DES CONSOMMATEURS

Campaign: For Fully Public Prescription Insurance.

"Since 2009, Union des consommateurs has led a campaign calling for a fully public prescription insurance system in Quebec."

https://uniondesconsommateurs.ca/campagnes/pour-un-regime-dassurance-medicaments-entierement-public/

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