GEORGE WARREN
**BROWN
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of Social Work

Reclaiming Our Two-Spirit Bodies
Working Towards Community Healing & Wellness in St. Louis
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SAGE
Metro St. Louis

This qualitative, community-based research project involved individuals who identify as American Indian/Alaska Native (AI/AN) & lesbian, gay, bisexual, transgender and/or queer – two-spirit (LGBTQ-TS) in the St. Louis area, exploring the impact on this exerts on identity, health, wellness, and barriers to health care.

Background

- Historically, Native societies incorporated gender roles beyond just *male* and *female*. *Two-Spirit* refers to the inclusion of both feminine and masculine components within one individual (Fieland et al., 2007).

- *Two-Spirit* is used currently to reconnect with tribal traditions related to gender identity and sexuality.

- LGBTQ-TS AI/AN individuals experience more prejudice and discrimination; have higher rates of suicide deaths, attempts, and ideation than heterosexual AI/AN and LGBTQ people of other racial/ethnic backgrounds (Barney, 2003).

- Epidemiologic data indicate that the general AI/AN population is at disproportionate risk for poorer general health and physical pain and impairment (Chae & Walters, 2009).

Research Goals

1) Gain knowledge of the LGBTQ-TS AI/AN individuals in the St. Louis metro area

2) Increase familiarity with issues and barriers encountered by LGBTQ-TS AI/AN individuals in trying to access services in the St. Louis metro area.

3) Gain access to more resources for additional learning and referrals

4) Research on LGBTQ-TS AI/AN individuals is sparse (Chae & Walters, 2009).

Methods

- In-depth interviews, focus groups, and surveys were conducted with LGBTQ-TS individuals, covering topics of identity, community strengths, aging, and health concerns.

- Participants were recruited through social networks and events, and through advertising on SAGE Metro St. Louis' web site.

- Consistent with narrative and indigenist research methods, the interviews provided opportunities for people to share their *testimonios*, a type of oral history and life story as LGBTQ-TS people (Tuhiwai Smith, 2005).

Results

Although somewhat limited in number and diversity, the groups provided insight on a wide variety of issues. Qualitative data analysis revealed five overarching themes across focus-group and individual interviews. Themes relate to general services and advocacy care, as well as to issues of cultural competency:

- Diversity among LGBTQ-TS people
- Presenting health issues
- Multiple identities
- Negative impacts on health
- Aging

Table 1. Barriers to Health Care

% indicating that the factor is "somewhat" or a "major" problem	1. Long distance to LGBTQ sensitive medical facilities	2. Healthcare workers refuse to provide services to LGBTQ people, because they are LGBTQ	3. Fear that they will be treated differently	4. Not enough health providers are trained to care for LGBTQ people	5. Not enough mental health specialists
Participants (n = 23)	30.4%	60.8%	65.2%	47.8%	69.5%
% indicating that the factor is "somewhat" or a "major" problem	6. Not enough psychological support groups for LGBTQ people	7. Community fear or dislike of LGBTQ people	8. My personal financial resources	9. Lack adequate and affordable housing	10. Lack of transport to get to needed services
Participants (n = 23)	56.5 %	34.7%	39.1%	26.1%	52.2%

"All Native people are dealing with trauma from our communities past and present."

Conclusions & Community Relevance

Community Engagement for Two-Spirit Input

- The interviews and focus-group conversations provide particular perspectives on the health and human-service experiences of LGBTQ-TS AI/AN people.

- As a minority group, LGBTQ-TS AI/AN individuals in St. Louis, MO experience many forms of oppression, in a variety of contexts — in the general LGBTQ community, in Native communities, and in the wider world.

- Oppression can take the form of homophobia, racism, or invisibility, and it can also mean inadequate access to health care in the context of greater health needs.

Clinician and Agency Recommendations

In focus groups and interviews, respondents offered a range of recommendations that cluster in seven culturally-based areas.

1. Connect with the community
2. Develop peer-based services and support
3. Develop additional services and support
4. Collaborate with other agencies to enhance direct care
5. Offer more provider education and training
6. Offer service-user education and training
7. Enhance agency environment — the physical space and "Native hubs" (Ramirez, 2007).

Contact Information

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Note: The work presented here was done for the purposes of a course and is not my thesis or dissertation.

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