

Improving the Health of Trans Communities: Findings from the Trans PULSE Project

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the Trans PULSE Project Team

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The Trans PULSE Project : Background and Methods



Trans PULSE

Community-based mixed-methods study exploring how social exclusion impacts the health of trans people in Ontario.

Trans is defined broadly, and may include those who identify as transgender, transsexual, two-spirit trans, transitioned, bigender, genderqueer, or simply man or woman.



History of Trans PULSE

- Sherbourne Health Centre started LGBT health program in Toronto in 2002. Trans people across Ontario sought these services. Nowhere else to refer people.
- Advocacy Strategy: Collect evidence and make a strong case for creating access to health services.
- In 2004 Sherbourne partnered with community members and received series of small grants to begin work in 2005.
- Project became "Trans PULSE" in 2006 with community soundings and first major grant application.



Our Guiding Principles:

- conduct research that is **respectful**
- **build capacities** for research
- use the **highest quality methods** possible
- ensure maximum **positive impact**
- ensure meaningful **involvement**



Community Control Model

- Community members selected academic partners
- Terms of Reference stipulating trans majority among Investigators
- Trans-majority for all major decision making
- Community-Engagement Team (16 members of trans communities)
- Community Development Coordinator Role
- Research that builds community



Qualitative Phase 1:

- 2006, three "Community Soundings" were held in Guelph, Ottawa and Toronto with over 80 members of the trans community
- Open-ended questions re: experiences with using services, health care, discrimination, etc.
- Findings used to develop theoretical paper on how erasure impacts health care access for trans people
- Findings used to guide the questions asked on the Trans PULSE survey



Quantitative Phase 2:

- In 2009 Trans PULSE launched 87 page survey
- Survey items based heavily on community knowledge
- Quantitative = measurement (how much? how many?)
- Used respondent-driven sampling

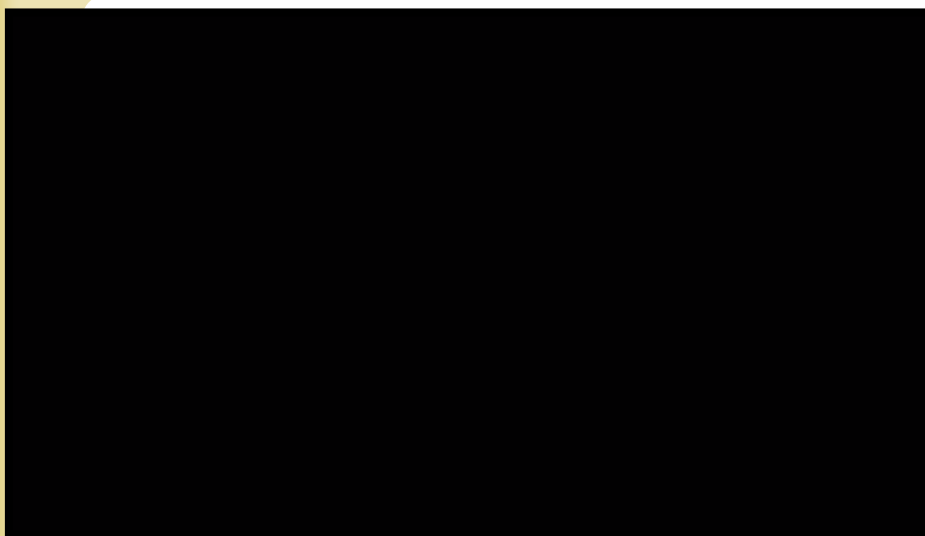


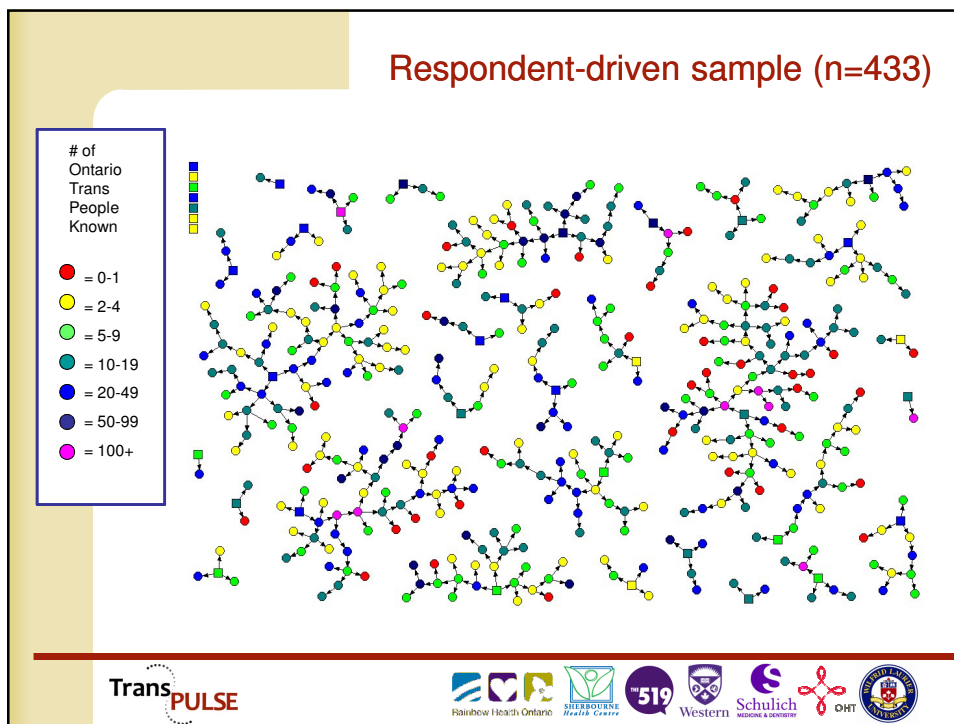
Respondent-Driven Sampling (RDS)

- Findings from trans health studies are not always taken seriously by policy makers
- RDS is a method which uses a unique mathematical model to produce results that are harder to dismiss
- Begin with "seeds" (initial participants) who complete the survey and pass it to 3 others, who then also pass it to 3 others, etc.
- Special statistical methods allow for estimating percentages for trans people in Ontario, rather than the percent of participants



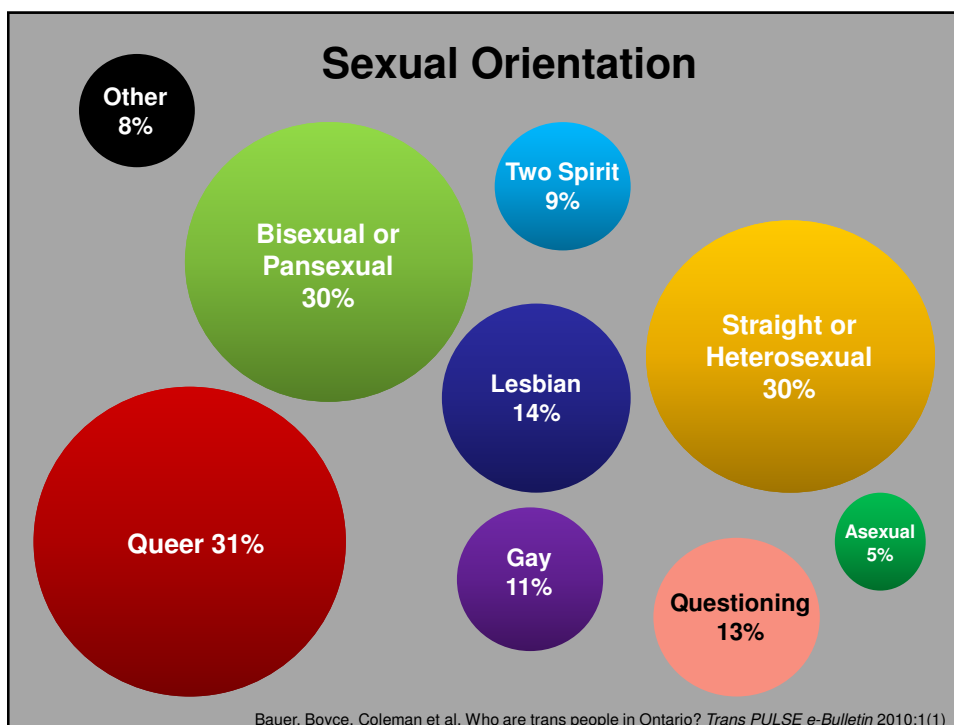
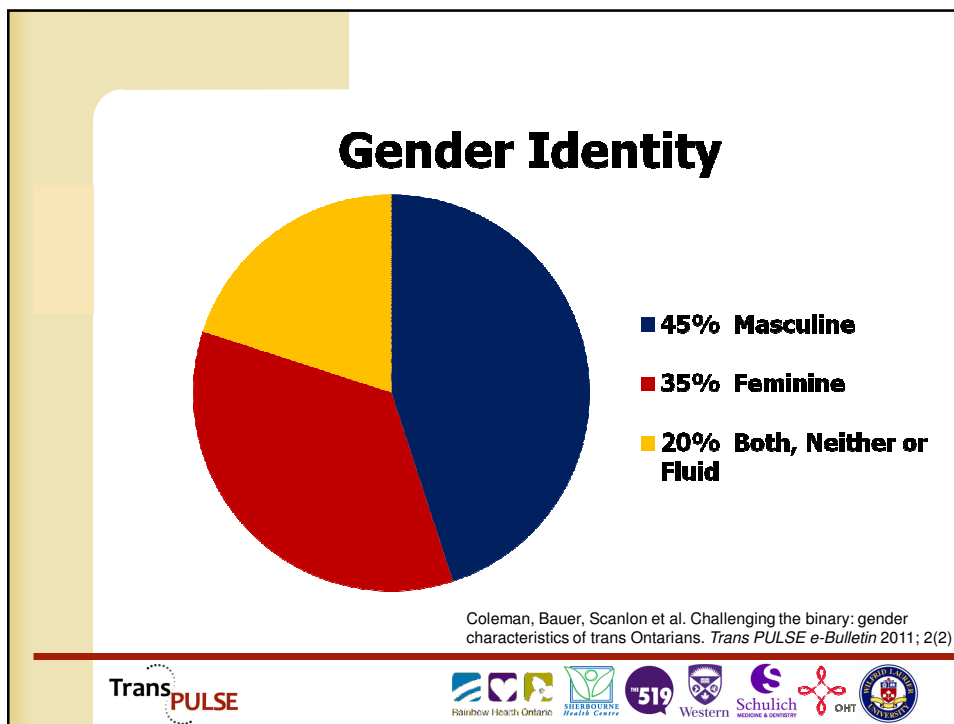
Trans PULSE Video

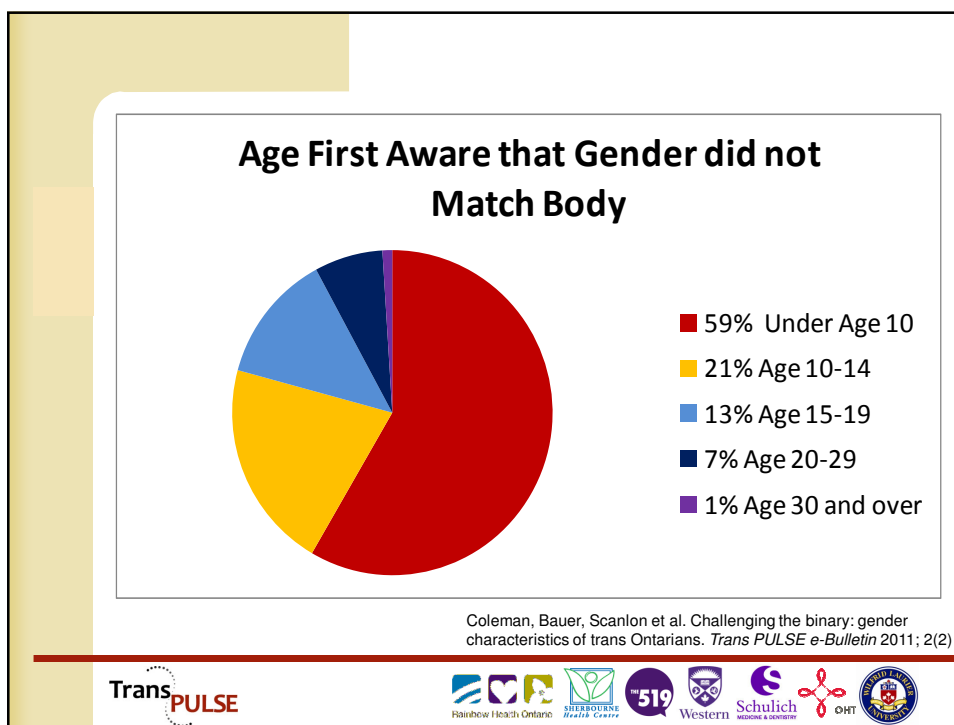
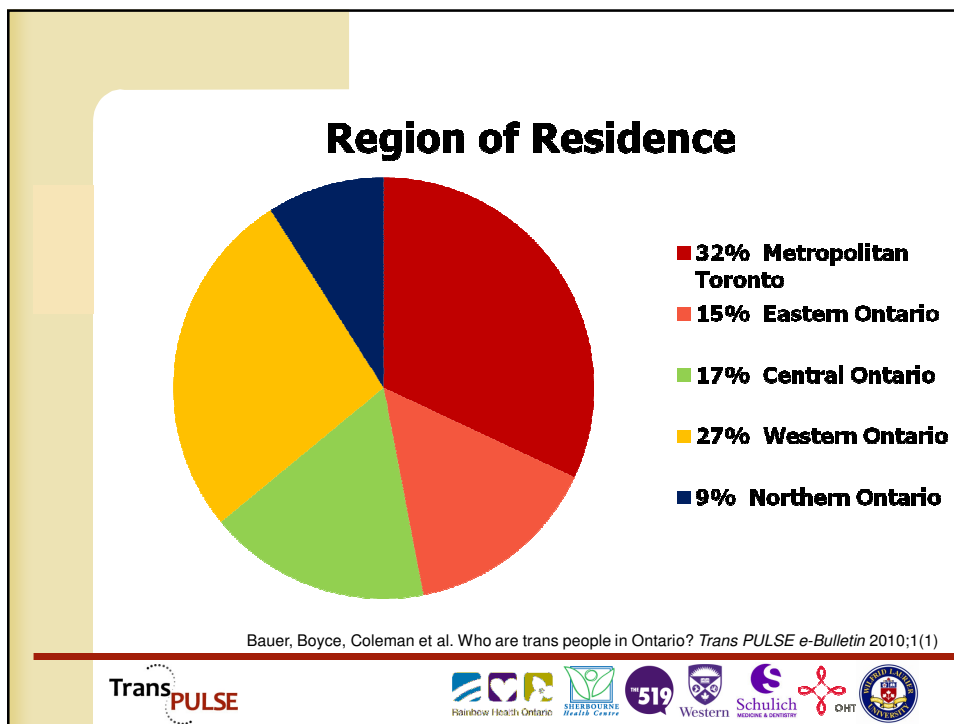


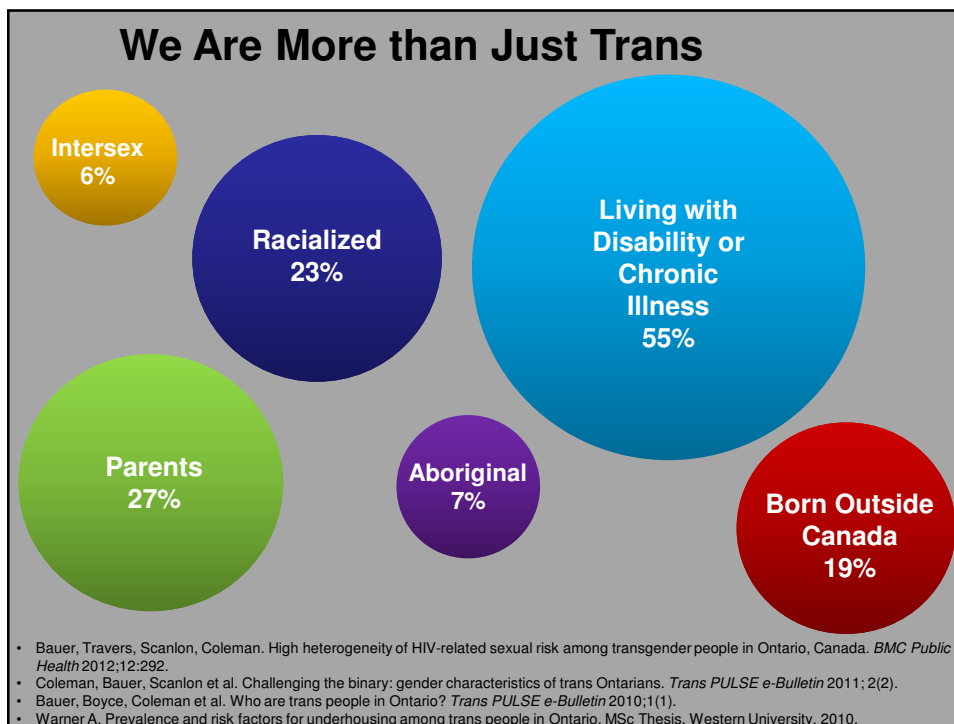


Who are Trans People in Ontario?

TransPULSE



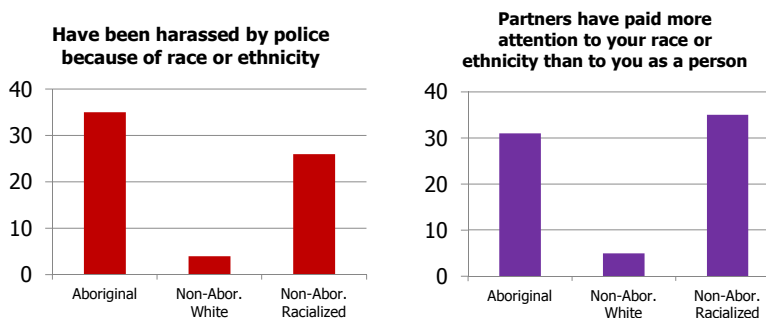




Discrimination

Trans PULSE

Racism impacts trans people Some examples:

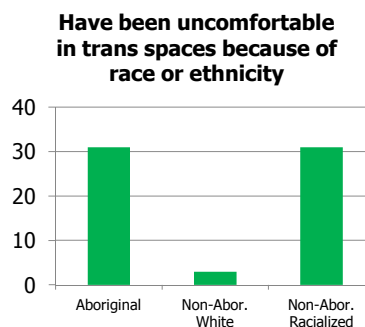


Marcellin RL. Self-reported racism, transphobia, their intersection and impact on past-year HIV-related sexual risk behaviour. MSc thesis, The University of Western Ontario, 2012.



Racism also occurs within trans communities

- Occurs in trans communities due to non-inclusion of colour/cultural and language diversities



Marcellin RL. Self-reported racism, transphobia, their intersection and impact on past-year HIV-related sexual risk behaviour. MSc thesis, The University of Western Ontario, 2012.

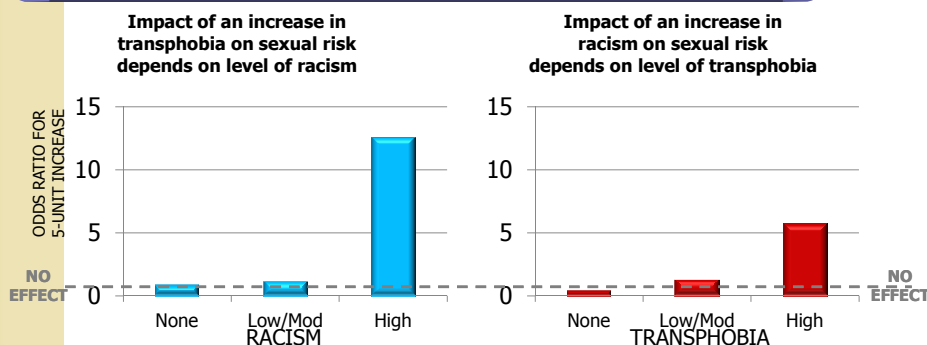


Transphobia

- Nearly all trans people have had some trans-specific negative experiences from family, service providers, police or others in the broader community
- Horizontal hostility (which may be related to internalized transphobia) causes a lack of unity within trans communities
 - Travers R, Pyne J, Bauer G, et al. Community control in CBPR: Challenges experienced and questions raised from the Trans PULSE Project. Manuscript under revision.



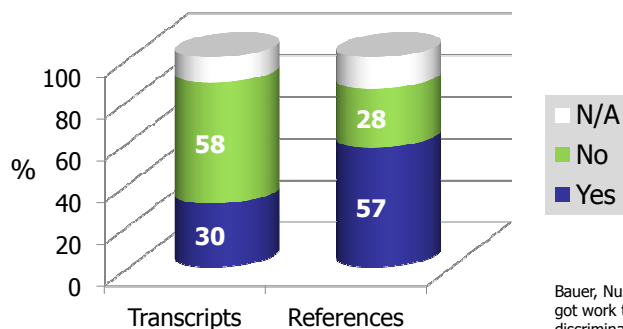
Racism and transphobia interact to impact the health of racialized trans people



Marcellin RL. Self-reported racism, transphobia, their intersection and impact on past-year HIV-related sexual risk behaviour. MSc thesis, The University of Western Ontario, 2012.



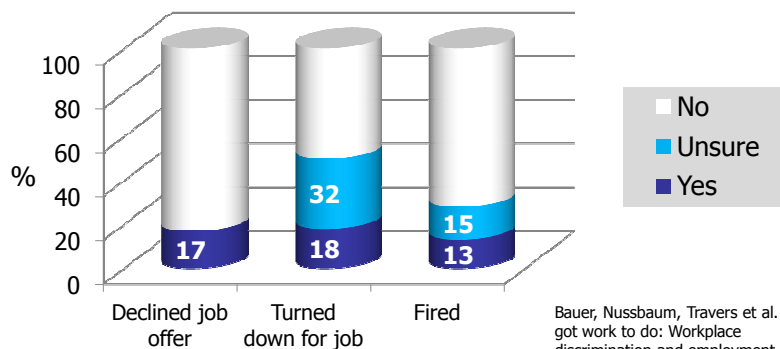
Barriers to employment: References and transcripts with current name and gender?



Bauer, Nussbaum, Travers et al. We've got work to do: Workplace discrimination and employment challenges for trans people in Ontario. *Trans PULSE e-Bulletin* 2011, 2(1). 1-3.



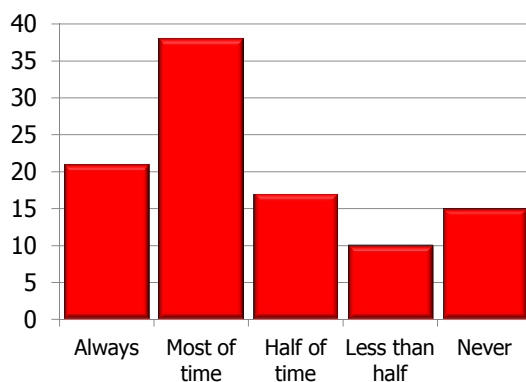
Ever experienced employment discrimination because trans?



Bauer, Nussbaum, Travers et al. We've got work to do: Workplace discrimination and employment challenges for trans people in Ontario. *Trans PULSE e-Bulletin* 2011, 2(1). 1-3.



If transitioned in workplace, how accepting were coworkers?

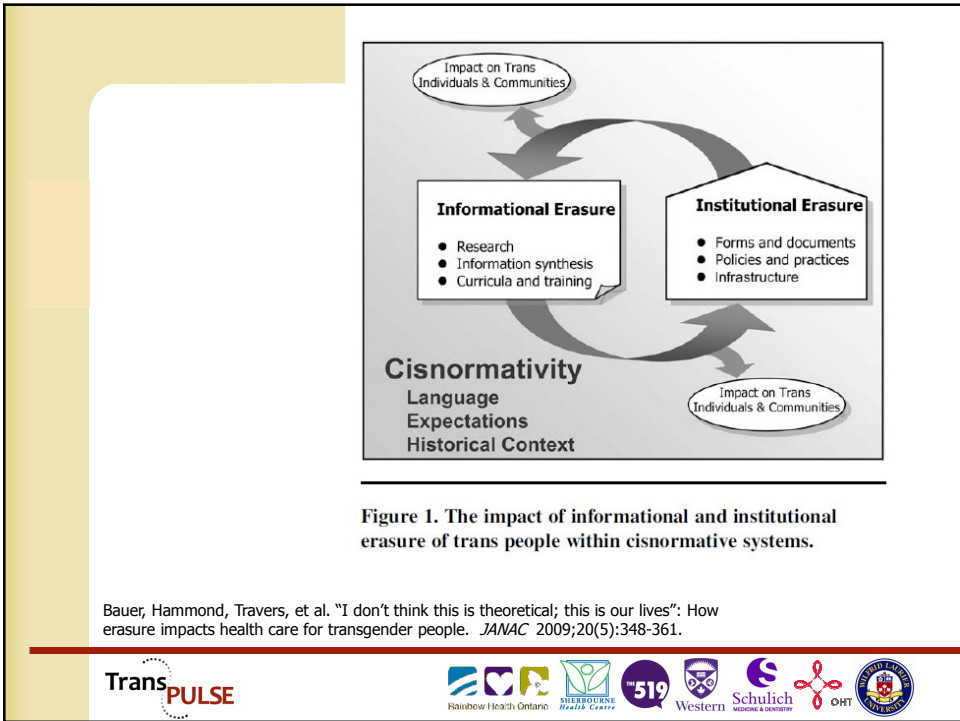
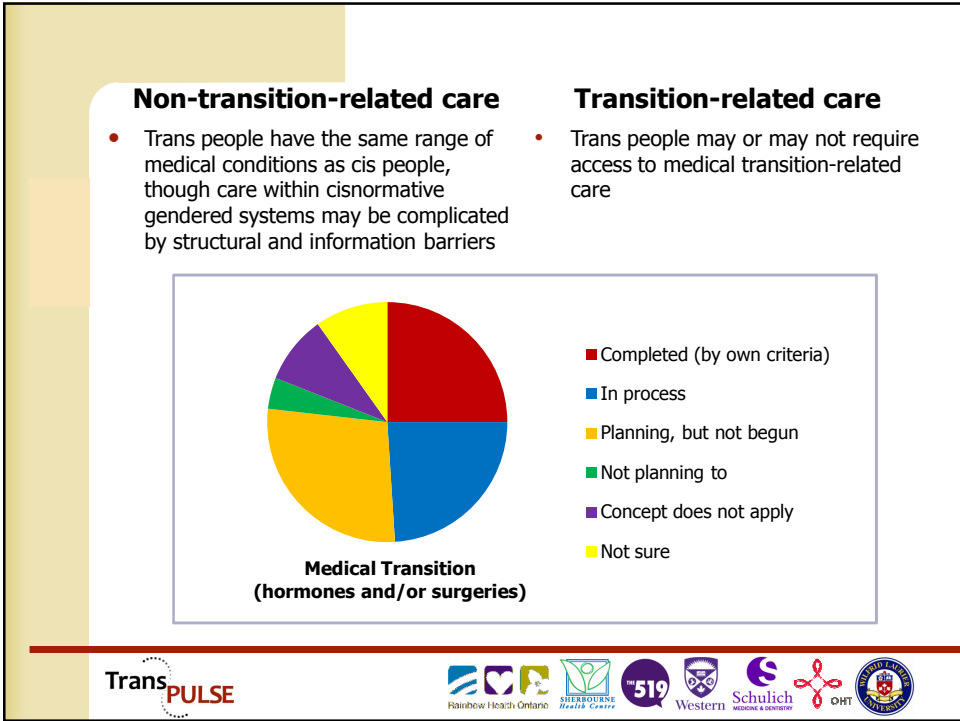


Bauer, Nussbaum, Travers et al. We've got work to do: Workplace discrimination and employment challenges for trans people in Ontario. *Trans PULSE e-Bulletin* 2011, 2(1). 1-3.



Access to Medical Care





Emergency care

- 21% of trans people reported having avoided the emergency room when they needed it, because they were trans.
- 2/3 of those who used the emergency room while presenting in their felt gender reported having to educate their emergency care provider regarding trans issues.
 - Paper in preparation.



Unmet need for transition care: large backlog and continued access issues

Hormones

- 53% had ever used hormones
- 20% have been denied a hormone prescription
 - Rotondi, Bauer, Scanlon, et al. Non-prescribed hormone use and self-performed surgeries. Manuscript under review.

Other needs

- Voice therapy
- Relationship and sex therapy
- Hair removal
- Non-OHIP-funded surgeries (e.g. tracheal shave)

Surgeries

Table 4. Need for OHIP-funded sex reassignment surgeries

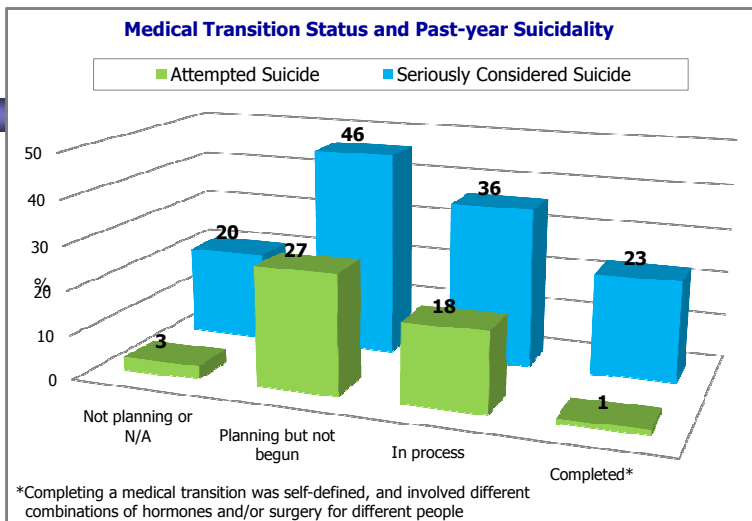
	%	95% CI ^a
Completed all needed surgeries	17.4	(11.1, 23.5)
Surgery needed, including vaginoplasty	19.2	(12.4, 25.4)
Surgery needed, including phalloplasty	5.8	(2.7, 10.6)
Surgery needed, including metoidioplasty	7.1	(4.1, 10.6)
Surgery needed, other ^b	21.6	(15.6, 29.3)
No surgery needed	28.9	(21.3, 37.0)

^a CI = confidence interval
^b Other surgeries needed include orchiectomy, hysterectomy, oophorectomy, urethral lengthening, testicular implants, or mastectomy with chest reconstruction

Bauer, for Trans PULSE. Unmet need for OHIP-funded sex reassignment surgeries: A report prepared for the MOHLTC of Ontario. 16 August, 2010.



Why is access important?



Paper in preparation.

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Coping and working for access

- "Do-it-Yourself" transitions
 - 14% of Ontario trans people have used non-prescribed hormones
 - 5 of 433 participants had self-performed surgeries, or attempted to, during the 10-year period in which SRS was delisted
 - Rotondi, Bauer, Scanlon, et al. Non-prescribed hormone use and self-performed surgeries: "Do-it-yourself" transitions in Ontario, Canada's transgender communities. Manuscript under review.
- Trans people were instrumental in getting SRS re-listed through OHIP in 2008, and in continued work to improve access
- On an individual level, trans people educate doctors, and build informal referral networks for "good" doctors

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Some things providers can do: A start

358 *JANAC* Vol. 20, No. 5, September/October 2009

Table 3. Recommendations for Inclusion of Trans People in Institutional Contexts

- Development of intake forms that allow for trans patients or clients to self-identify
- Assumption by providers that any patient may be trans
- Assurance that all providers and staff use pronouns and names appropriate for a patient's gender identity, asking the patient if in doubt
- Indication of trans-friendly environments through posters or other visible signals
- Development of protocols for testing or treatment that are not sex-specific or that do not assume all members of a sex are cissexual
- Assurance that there is a comfortable place for trans patients within sex-segregated systems such as hospital wards or elimination of sex segregation where possible
- Development of resources for referral to trans-friendly providers, where needed
- Assurance that billing systems are set up to accommodate scheduling and billing "women's" services to men, and "men's" services to women
- Removal of sex designations from identifying documentation unless necessary

Bauer, Hammond, Travers, et al. "I don't think this is theoretical; this is our lives": How erasure impacts health care for transgender people. *JANAC* 2009;20(5):348-361.



Sexual Health and Behaviours



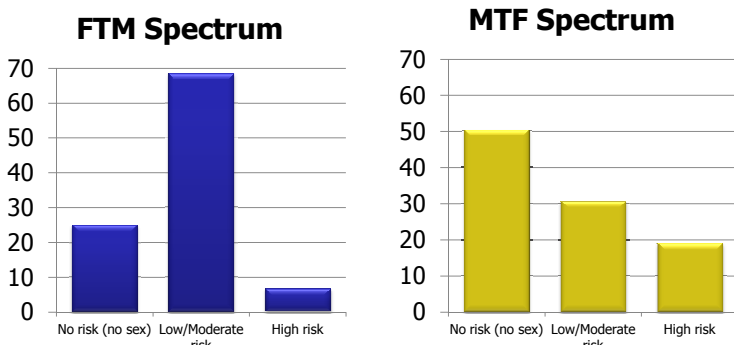
Some key findings

- High proportion of trans people (25% FTM, 50% MTF) did not have partner sex within the last year
- 46% had never been tested for HIV
- 15% of both FTM & MTF had done sex work

Bauer, Travers, Scanlon, Coleman. High heterogeneity of HIV-related sexual risk among transgender people in Ontario, Canada. *BMC Public Health* 2012:12:292.



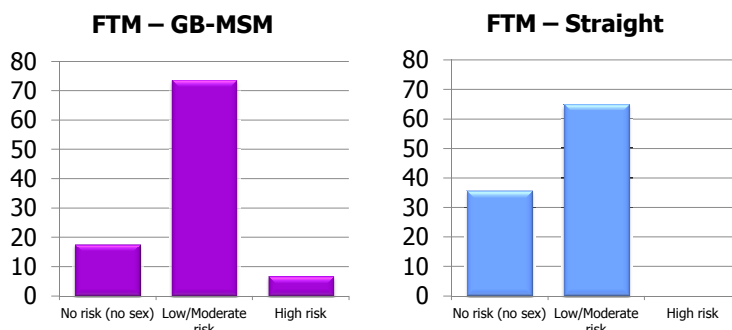
HIV-related sexual risk, by gender spectrum



Bauer, Travers, Scanlon, Coleman. High heterogeneity of HIV-related sexual risk among transgender people in Ontario, Canada. *BMC Public Health* 2012:12:292.



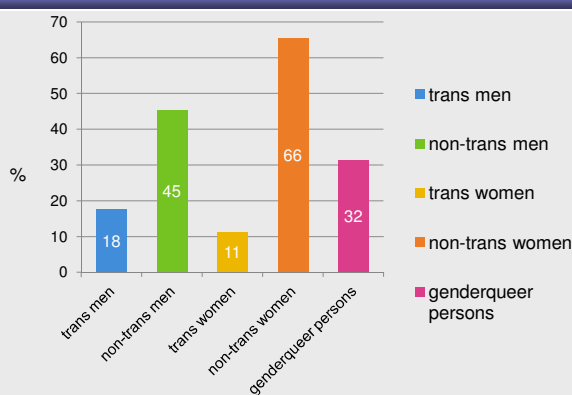
If we further break down the FTM guys by sexual orientation...



Bauer, Redman, Bradley. Gay, bi and MSM trans guys: No assumptions! A report prepared for the Gay Men's Sexual Health Summit, 28 February, 2012.



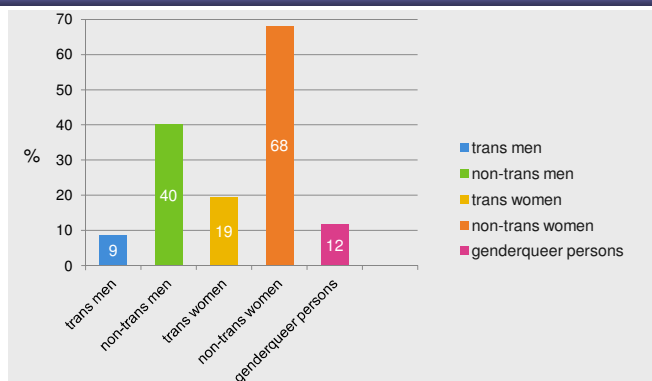
Types of partners (current and past partners): FTM spectrum



Bauer, Travers, Scanlon, Coleman. High heterogeneity of HIV-related sexual risk among transgender people in Ontario, Canada. *BMC Public Health* 2012;12:292.



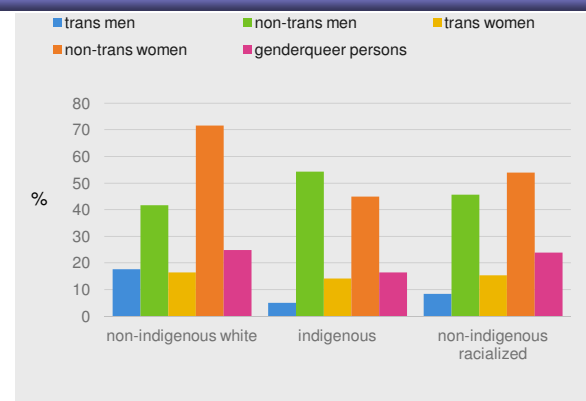
Types of partners (current and past partners): MTF spectrum



Bauer, Travers, Scanlon, Coleman. High heterogeneity of HIV-related sexual risk among transgender people in Ontario, Canada. *BMC Public Health* 2012;12:292.



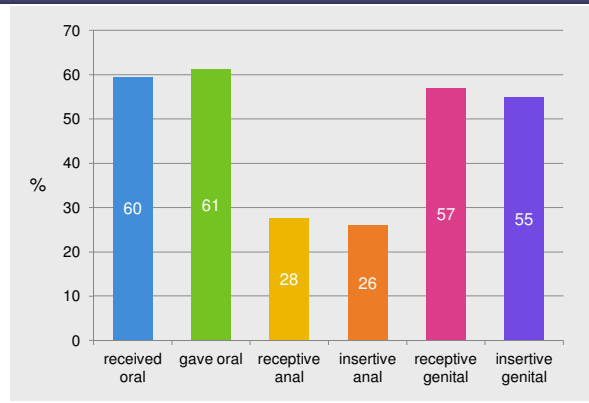
Demographics: types of partners (current and past)



Bauer, Travers, Scanlon, Coleman. High heterogeneity of HIV-related sexual risk among transgender people in Ontario, Canada. *BMC Public Health* 2012;12:292.



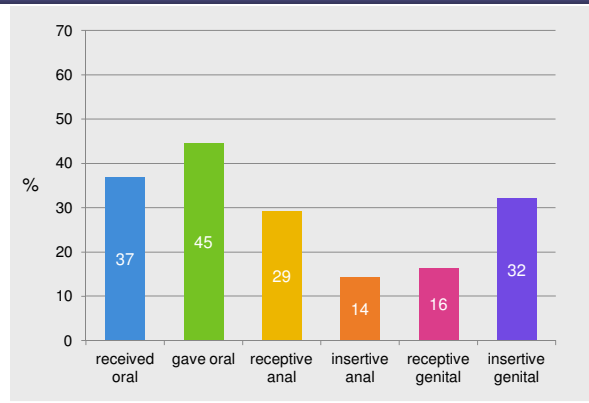
Sexual behaviours, past year: FTM spectrum



Bauer, Travers, Scanlon, Coleman. High heterogeneity of HIV-related sexual risk among transgender people in Ontario, Canada. *BMC Public Health* 2012;12:292.



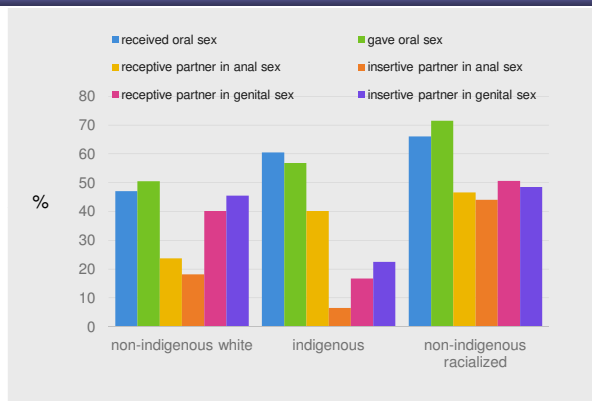
Sexual behaviours, past year: MTF spectrum



Bauer, Travers, Scanlon, Coleman. High heterogeneity of HIV-related sexual risk among transgender people in Ontario, Canada. *BMC Public Health* 2012;12:292.



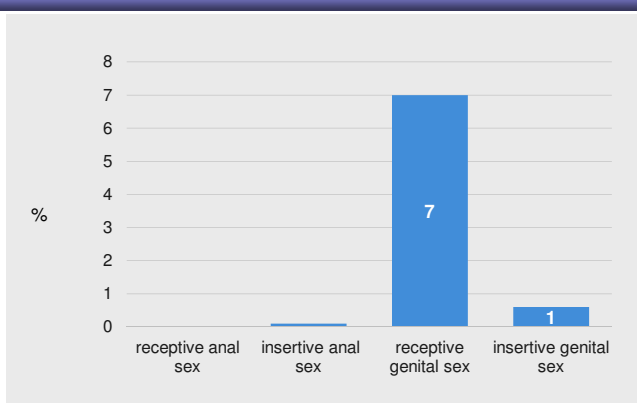
Demographics: Sexual behaviours, past year



Bauer, Travers, Scanlon, Coleman. High heterogeneity of HIV-related sexual risk among transgender people in Ontario, Canada. *BMC Public Health* 2012;12:292.



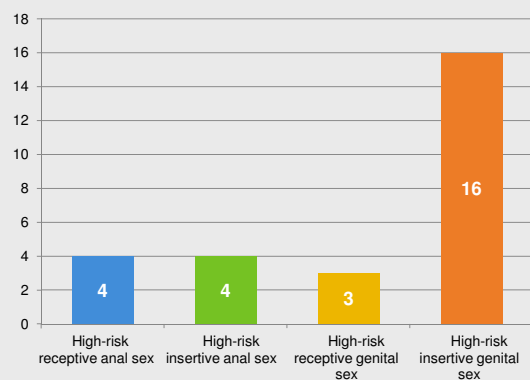
FTM spectrum: Fluid-exposed sexual behaviours, past yr



Bauer, Travers, Scanlon, Coleman. High heterogeneity of HIV-related sexual risk among transgender people in Ontario, Canada. *BMC Public Health* 2012;12:292.



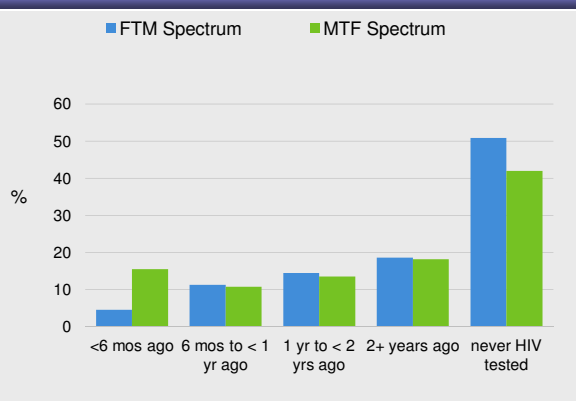
MTF spectrum: Fluid-exposed sexual behaviours, past yr



Bauer, Travers, Scanlon, Coleman. High heterogeneity of HIV-related sexual risk among transgender people in Ontario, Canada. *BMC Public Health* 2012;12:292.



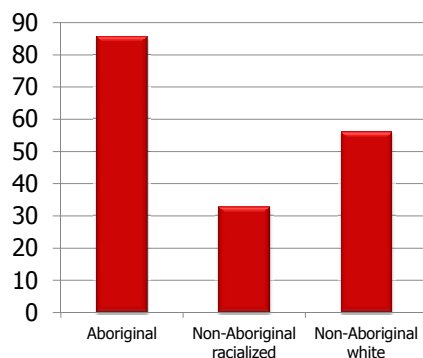
HIV testing



Bauer, Travers, Scanlon, Coleman. High heterogeneity of HIV-related sexual risk among transgender people in Ontario, Canada. *BMC Public Health* 2012;12:292.



Ever tested for HIV?



Aboriginal trans people were significantly more likely to have ever been tested than either non-Aboriginal group

Among non-Aboriginal groups, racialized trans people were significantly less likely to have ever been tested than white trans people.

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Needle sharing and HIV risk

- Despite reports from the U.S. of high prevalences of needle sharing for hormones, we found no such evidence for Ontario.
- This is likely do to the legality and funding of needle exchanges, pharmacy purchases of needles, and no-fee doctors visits.

- Travers, Coleman, Bauer, Scanlon. Hormone, silicone and drug injection: Assessment of infection-related risk among transgender people in Ontario, Canada. Manuscript under review.

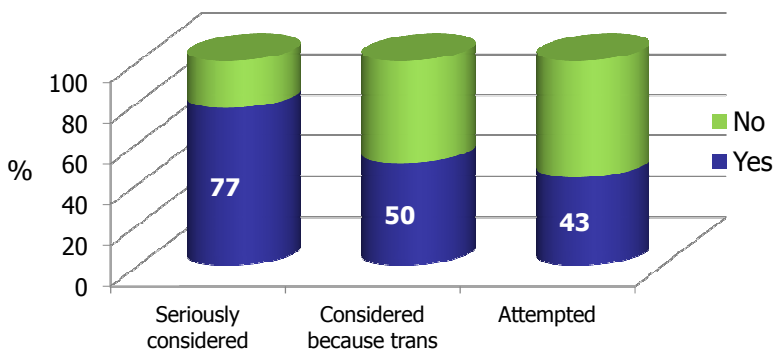
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Mental Health



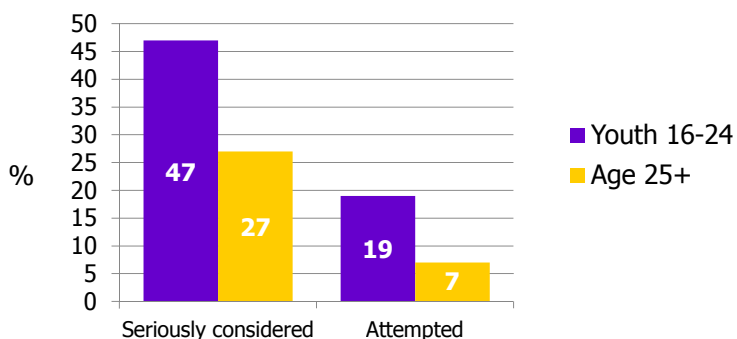
Suicide thoughts and attempts, lifetime



Scanlon, Travers, Coleman et al. Ontario's trans communities and suicide: transphobia is bad for our health. *Trans PULSE e-Bulletin* 2010, 1(2). 1-2.



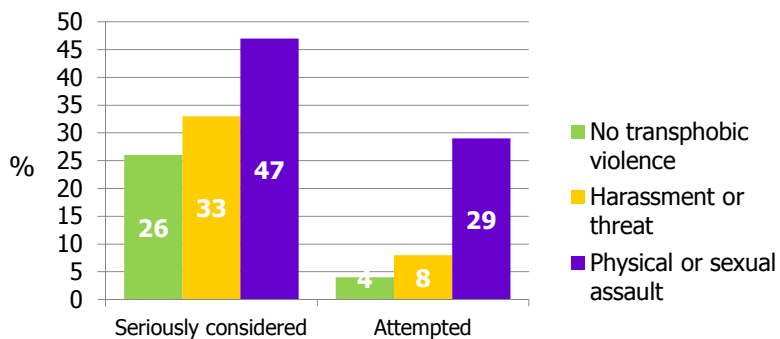
Trans youth and suicide, past year



Scanlon, Travers, Coleman et al. Ontario's trans communities and suicide: transphobia is bad for our health. *Trans PULSE e-Bulletin* 2010, 1(2). 1-2.



Transphobic harassment/violence and suicide, past year



Scanlon, Travers, Coleman et al. Ontario's trans communities and suicide: transphobia is bad for our health. *Trans PULSE e-Bulletin* 2010, 1(2). 1-2.



Depression

- Depression was measured using a standard 20-question scale called the Center for Epidemiologic Studies Depression Scale (CES-D)
- Being "depressed" on the CES-D means having significant levels of depressive symptoms, not necessary being clinically depressed



Rates of reporting depressive symptoms

- MTFs - 61%
- FTMs – 66%

- Rotondi, Bauer, Travers et al. Depression in male-to-female transgender Ontarians: results from the Trans PULSE project. *Can J Comm Mental Health* 2011;30(2):113-133.
- Rotondi, Bauer, Scanlon et al. Prevalence of and risk and protective factors for depression in female-to-male transgender Ontarians: Trans PULSE project. *Can J Comm Mental Health* 2011;30(2):135-155.



Persons on the MTF spectrum were less likely to be depressed if...

Compared to all MTFs

- Employed full-time (vs. unemployed)
- Living in Toronto
- Having more social support
- Experiencing less transphobia
- Having postsecondary degree

Rotondi, Bauer, Travers et al. Depression in male-to-female transgender Ontarians: results from the Trans PULSE project. *Can J Comm Mental Health* 2011;30(2):113-133.

Compared to MTFs who were similar on other factors

- Employed full-time (vs. unemployed)
- Living in Toronto
- Having more support for identity
- Not reporting childhood abuse
- Little involvement with community organizations (any community)
- Not always (or almost always) passing



Persons on the FTM spectrum were less likely to be depressed if...

Compared to all FTMs

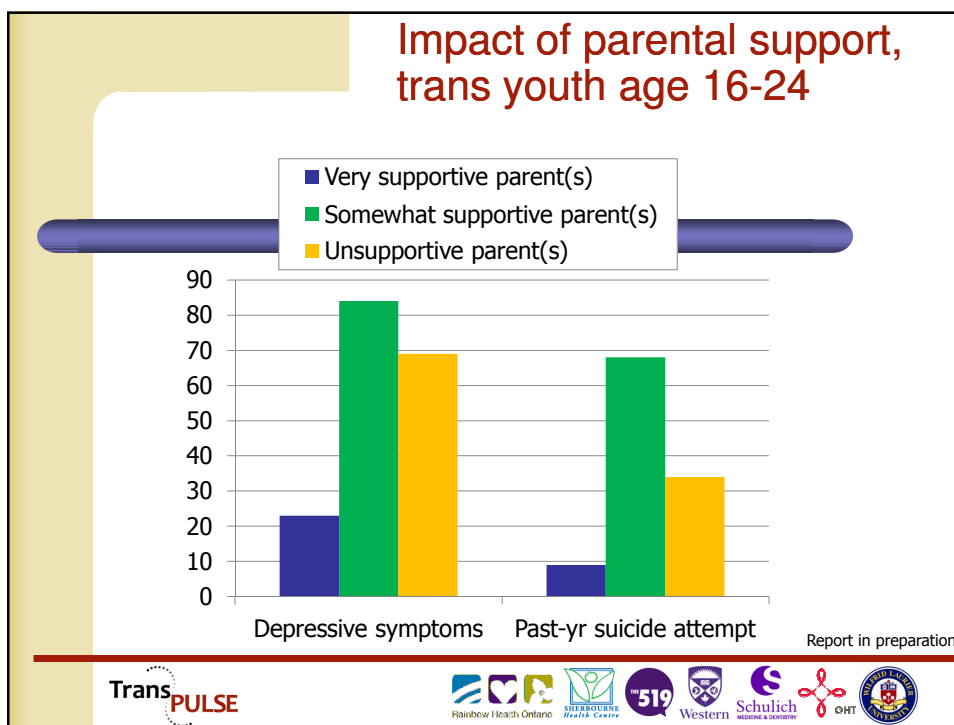
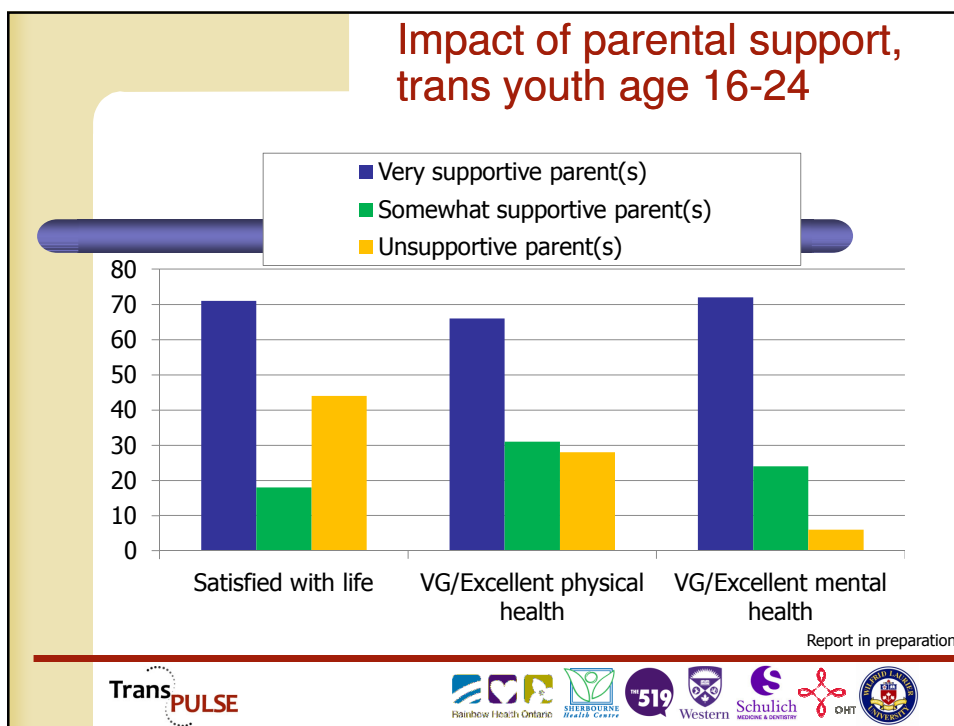
- Experiencing less transphobia
- Having greater sexual satisfaction
- Not in the "planning but not begun" transition status group
- No reported major mental health diagnoses
- Having more social support
- Having more support for identity
- Currently using hormones
- Had any trans surgery

Compared to FTMs who were similar on other factors

- Experiencing less transphobia
- Having greater sexual satisfaction
- Not in the "planning but not begun" transition status group

Rotondi, Bauer, Scanlon et al. Prevalence of and risk and protective factors for depression in female-to-male transgender Ontarians: Trans PULSE project. *Can J Comm Mental Health* 2011;30(2):135-155.





What can be done?

- Workers must be able to respond to specific issues facing trans people:
 - Crisis centre staff
 - Mental health workers
 - Youth-serving agencies and school officials
- Parents must be aware that their strong support can have positive impacts on their trans children



Moving Forward

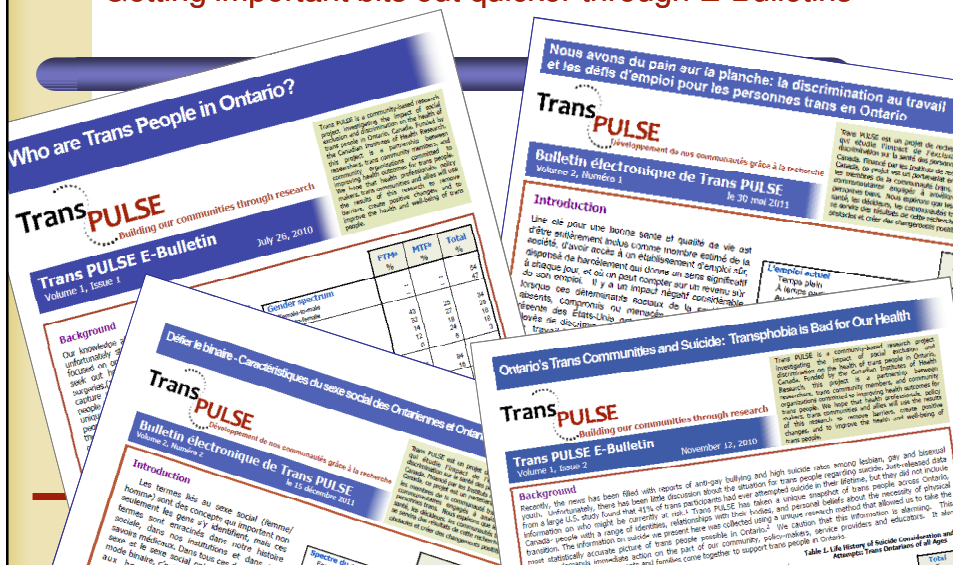


Information we are now working on producing or getting out ...

- Racism and transphobia
- Primary care access
- Emergency room access
- "Do it yourself" transitions
- HIV testing
- Suicide prevention
- Violence
- Housing
- Parental support
- Qualitative study: Trans people living with HIV
- Plus:
 - Sharing what we have learned about our methods with other researchers
 - Challenges in moving from community involvement to community ownership and control of research



Strategy: Getting important bits out quicker through E-Bulletins



Strategy:
Targeted reports

Estimating Unmet Need for OHIP-funded Sex Reassignment Surgeries
A report prepared for the Ministry of Health and Long-term Care of Ontario
16 August, 2010
TransPULSE
Building our communities through research

Gay, Bisexual and MSM Trans Guys: No Assumptions!
A report prepared for the Gay Men's Sexual Health Summit, Toronto 2012
28 February, 2012
TransPULSE
Building our communities through research

Strategy:
Academic papers

Depression in Male-to-Female Transgender Ontarians: Results from the Trans PULSE Project
Greta R. Bauer, PhD, MPH
Rebecca Hammond, BA
Robb Travers, PhD
Matthew Kaye, MSW, MA
Karin M. Hall, PhD

Prevalence of and Risk and Protective Factors for Depression in Female-to-Male Transgender Ontarians: Results from the Trans PULSE Project
Greta R. Bauer, PhD, MPH
Rebecca Hammond, BA
Robb Travers, PhD
Matthew Kaye, MSW, MA
Karin M. Hall, PhD

High heterogeneity of HIV-related sexual risk among transgender people in Ontario, Canada: a province-wide respondent-driven sampling survey
Greta R. Bauer^{1,2}, Robb Travers¹, Kyle Scanlon³ and Todd A. Coleman⁴

Our part in making it better: Knowledge, policy change and social change

- Undoing erasure through making community experience visible
 - Barriers to health care, transition-related and general care, employment discrimination, social support, identity documents, sexual health and relationships, many other areas
- Direct KTE and advocacy input
 - Policy forum, meetings with (and reports to) MOHLTC, politicians, presentations to organizations
- Indirect KTE and advocacy
 - Website, results e-mail list to over 600 people, Resource List
 - Newly redesigned website: <http://www.transpulseproject.ca>



Trans PULSE Project Team (2004 - present)

Steering Committee/ Investigators

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89 Community Soundings
433 Survey

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Funders



CIHR IRSC
Canadian Institutes of Health Research / Institut de recherche en santé du Canada



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