

Mobilizing Research, Strengthening Community:

A Report on the Ontario Trans Health Advocacy Summit



Presentation: CPATH Conference
Oral Presentation
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Winnipeg, Manitoba, Canada

Anna Travers, Rainbow Health Ontario

Jake Pyne, Trans PULSE



Agenda

- Trans PULSE
 - Background
 - Objectives
- Rainbow Health Ontario
- Trans Health Advocacy Summit
 - Objectives
 - Delegates
 - Themes
 - Lessons Learned and Next Steps
- Q and A and Discussion



TransPULSE



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. Hundreds of 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 2007 with first major grant.



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



Project Phases 1 & 2

- Qualitative Phase:
 - 2006, three “Community Soundings” were held in Guelph, Ottawa and Toronto with over 80 members of the trans community.
 - Findings used to guide the questions asked on the Trans PULSE survey.
- Quantitative Phase:
 - 2009, launched 87 page survey.
 - Respondent-Driven Sampling (RDS) method.



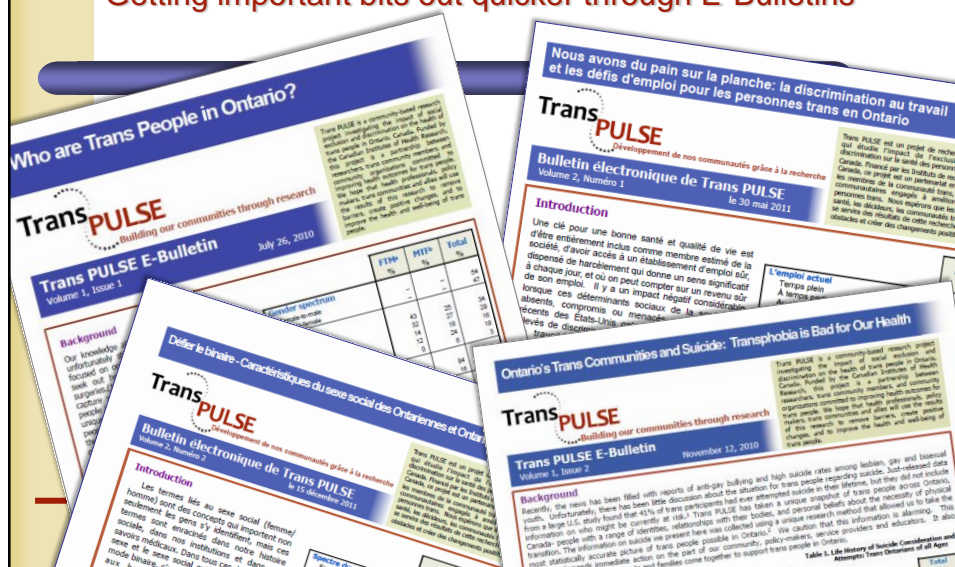
Data Mobilization

- 433 respondents
- Largest base of information ever collected on trans health in Canada
- Multiple knowledge translation (KT) strategies
 - E Bulletins
 - Project Reports
 - Journal Articles
 - Presentations
 - Engagement with Community Leaders (Trans Health Advocacy Summit)

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Strategy: Getting important bits out quicker through E-Bulletins



Strategy: Targeted reports



Strategy: Academic papers






Rainbow Health Ontario

Rainbow Health Ontario
Santé arc-en-ciel Ontario

- Rainbow Health Ontario (RHO) is a province-wide program designed to promote access to services and to improve the health and well-being of lesbian, gay, bisexual and trans (LGBT) people in Ontario.
- Since 2008, RHO has been providing information, education, training, community outreach, and fostering research and public policy www.RainbowHealthOntario.ca.
- Trans Health Connection, a project of RHO, provides in-depth training to health and social service providers
- RHO is a partner on the Trans PULSE Study and co-sponsored the Trans Health Advocacy Summit.













Welcome to the

Trans Health Advocacy Summit



The Trans Health Advocacy Summit

Goal: to share Trans PULSE results, support trans people in their own advocacy work, and strengthen trans community networks.

Costs (about 32K) and organizing work shared:

- Trans PULSE – MPD Grant from CIHR, CIHR operating grant, students, staff and investigative team
- Rainbow Health Ontario/Trans Health Connection project funds and staff



Summit Weekend - Attendance

- Summit held August 10 – 12, 2012 on campus of Western University, London, ON.
- 35 trans people applied to attend. Travel, residence accommodation, meals and program fully sponsored. 3 allies paid to attend.
- 9 Trans PULSE and RHO organizers provided logistical and program support.



The Participants (35)

- From across the province, all ages, 2:1 trans men to trans women, several gender queer.
- 4 self-identified as Two-Spirit, 6 as racialized, almost all as having past or current mental health issues,
- Highly educated group, some students, many unemployed or underemployed. High levels of poverty.
- Committed activists/volunteers: support groups, Pride activities, political campaigns, student organizations.
- Keen desire to improve services/communities/policies for trans people.



Friday Evening Program

- Summit took place one month after the death of Kyle Scanlon. Participatory memorial event was held to acknowledge personal and community loss.
- Counsellors from the AIDS Bereavement Project brought in to facilitate memorial. Offered support and general self-care workshops throughout the weekend.



Saturday Program

- Interactive session to welcome participants, learn about their advocacy activities, plans and dreams.
- Presentation of the Trans PULSE Study results and how we can use them in our work.
- Workshops: Health Advocacy, Legal Issues, Self-care, Policy Work, Using Art for Social Change.
- Evening barbecue and social activities



Sunday Program

- Workshops: Social Media @ Advocacy, Self-care.
- Closing Plenary and small group discussions, feedback on participant learnings, plans and dreams.
- Farewell lunch and evaluations.



Firsts

- First time trans people brought together as a community to receive feedback on research about them.
- First time trans people acknowledged as activists as well as informants in a CBR study
- First substantial effort to strengthen trans community networks across Ontario



Feedback...and consultation

- The Summit provided an opportunity for a rich consultation with trans activists from across Ontario on:
 - the quality of life in different communities
 - their priorities for change



Mapping Trans Health in Ontario

- First group exercise was to map the resources and needs in different regions:

- Barriers
- Dreams
- Health Care
- Community



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Mapping Trans Health: Common Ground

- Not enough access points
- Greater demand than services
- Not enough MD's prescribing
- Few services for Aboriginal and homeless youth
- Better coverage for procedures (electrolysis)
- Poverty / poor social assistance
- THC improving landscape with training in many regions



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Mapping Trans Health: Regional Needs

- **Thunder Bay (North West)**
 - Stronger services outside of support groups, focus on Indigenous and homeless people
- **Gravenhurst, Sudbury, North Bay (North Central)**
 - Large region, no medical services, some community, counselling support but overall very few resources
- **Guelph, Cambridge, Kitchener, London (South West)**
 - Some progress, but divisiveness and lack of safe public spaces
- **Halton, Hamilton, Niagara, St Catharines (South West)**
 - Vast region – poor transportation, still few MD's prescribing hormones



Mapping Trans Health: Regional Needs

- **Windsor (far South West)**
 - Convoluted and frustrating process to get hormones
 - Need trans leadership
- **Ottawa (Eastern Ontario)**
 - Divided community, poor francophone services, few access points for medical services
- **Toronto Area (Centre of the world)**
 - Long waitlists, more service outside downtown and within mainstream organizations
 - Specific groups: children and youth, trans parents, newcomers and homeless people.





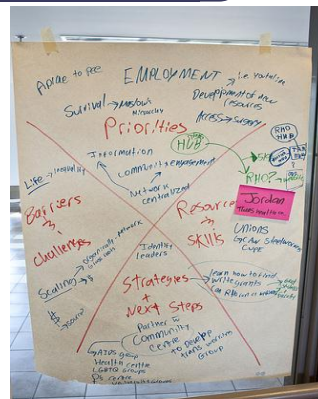
Closing Strategizing Session

- Delegates brainstormed in small groups:
 - Priorities
 - Barriers
 - Resources
 - Strategies



Priorities

- Accessible Health Care
 - Capacity building among MD's
 - More surgery access points
- Community Building
 - Need centralized network
 - Funding for delegates to re-connect
- Families and Youth
 - Services for families of trans people and gender independent kids



Barriers



- Ongoing pathologization
- One size fits all transition narrative
- Lack of funds (individual and community)
- Lack of opportunities to network
- Conflict / oppression within trans communities

Resources



- Network formed at Summit
- RHO – resources, education and outreach workers
- Trans Health Connection Project – training, provider networks
- Trans PULSE – data and grant writing capacity



Strategies

- Letter writing / petition to MP's using summit momentum
- Partner with larger org's to form trans working groups: LGBT, Women's, HIV/AIDS
- Train nursing and medical students
- Grant writing for follow-up summit



Lessons Learned

What Worked?

- Self-care focus was welcome and needed
- Better knowledge of existing resources and people who are out there
- Awareness of similarities and differences across the regions
- More equipped to do advocacy work and more connected to one another

What Needs More Work?

- Not enough representation of trans people of colour or trans women
- More focused discussion of racism and trans misogyny

Overall?

- A trans-majority space was VERY important to delegates – described on evaluations as irreplaceable and energizing



Next Steps for Trans PULSE and RHO

- Create a closed listserv for delegates to network and support one another
- Continue to provide Trans PULSE KTE materials for advocacy initiatives
- Seek funding to have another Summit in a year
- For RHO – incorporate local activists into work to build greater competence and responsiveness in trans services



Trans PULSE Project Team (2004 - present)

Steering Committee/ Investigators

Greta Bauer
Robb Travers
Rebecca Hammond
Nik Redman
Anna Travers
Jake Pyne

Participants

89 Community Soundings
433 Survey

Current Contributors

Kaitlin Bradley
Todd Coleman
Maddie Deutsch
Matthias Kaay
Carys Massarella
Roxanne Longman Marcellin
Lauren Munro
Caleb Nault
Nooshin Khobzi Rotondi
Alex St. John
Ayden Scheim
Sam Talbot
Amardeep Thind
Andrew Warner
Xuchen Zong

Past Contributors

Scott Anderson
Nael Bhanji
Michelle Boyce
J.R. Caughlin
Starr Daniels
Melisa Dickey
Adrian Edgar
Broden Giambrone
Karin Hohenadel
Elizabeth James
Anjali K
Michelle Le-Claire
Matt Lundie
Teanor Mahood-Greer
Devi McCallion
Mason McColl
Nicole Nussbaum
Evana Ortigoza
Jamie Pandit
Yasmin Persad
Catherine Purdie
Tyson Purdy-Smith
Rupert Raj
Will Rowe
Kyle Scanlon
Sydney Tam
Ann Teve
Kenji Tokawa
Brady Yu

Funders



