

Improving Services for Trans People in Ontario: Building Access to Health Care and Networks of Support

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Disclosure of Commercial Support

Presenter Disclosure

Presenter: Jordan Zaitzow, Maxwell Ducsharm, Sarah Eckler, Joshua Wales

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- **Other:** None

Introductions



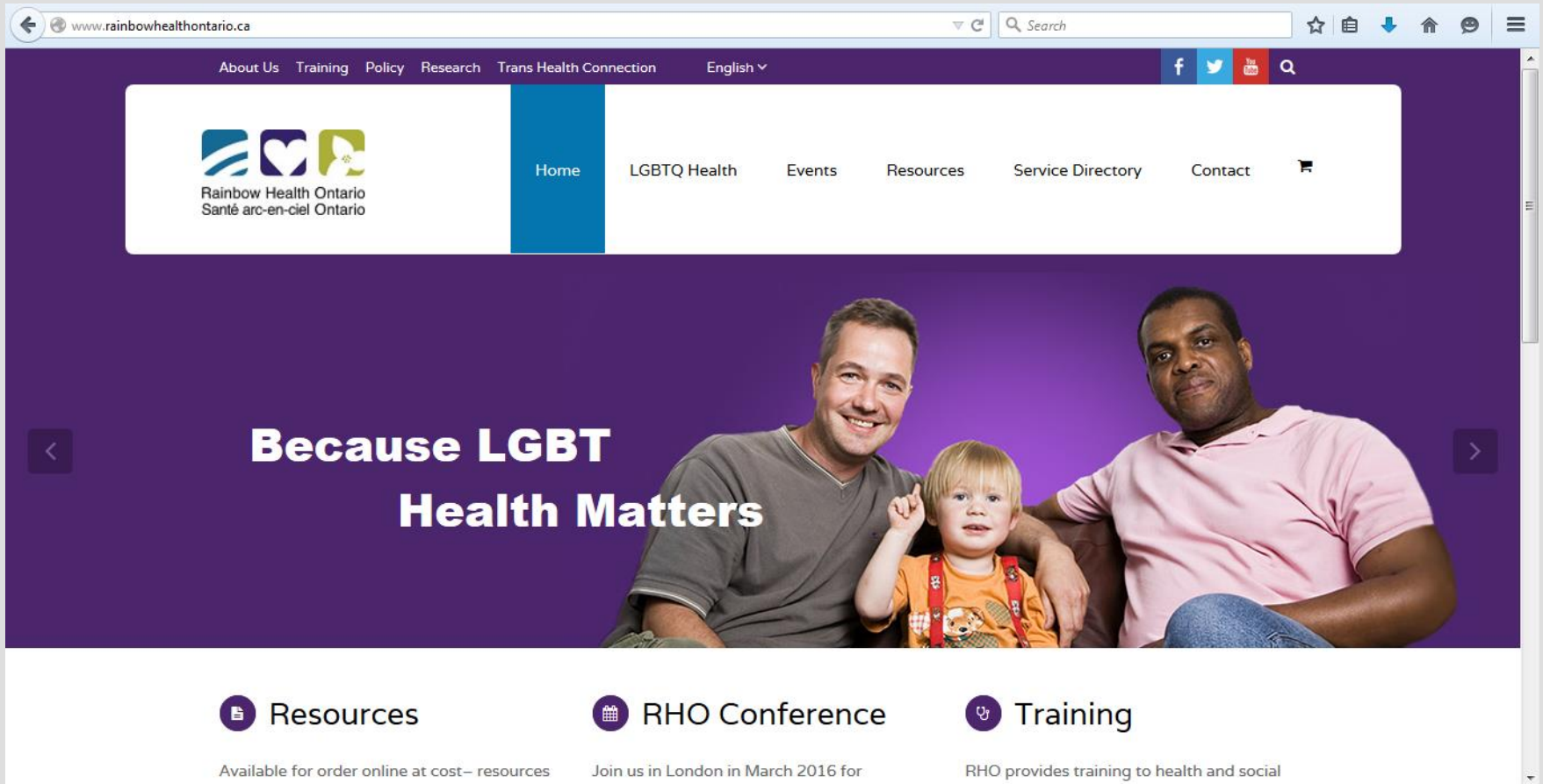
- Name
- Region of the province
- One characteristic of the communities you serve

Agenda

- Building Trans Primary Care Capacity Across Ontario – Trans Health Connection
- Using a Harm Reduction Initiative as an Engagement Tool: Safer Testosterone Injection Kit
- Trans Clinical Care Program at Queen West Community Health Center

Jordan Zaitzow, RHO

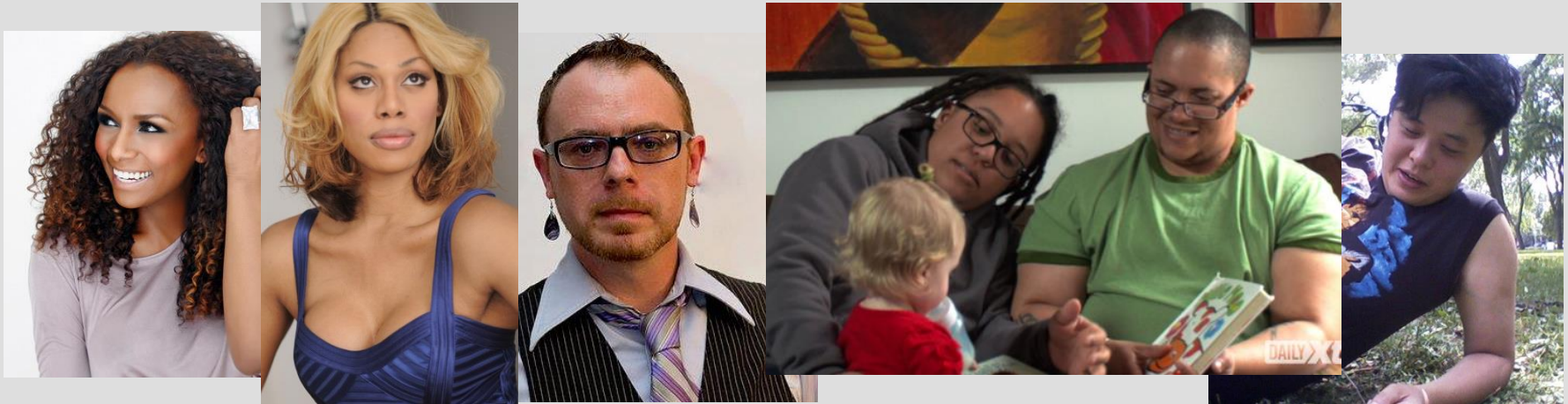
Rainbow Health Ontario (RHO)



www.RainbowHealthOntario.ca

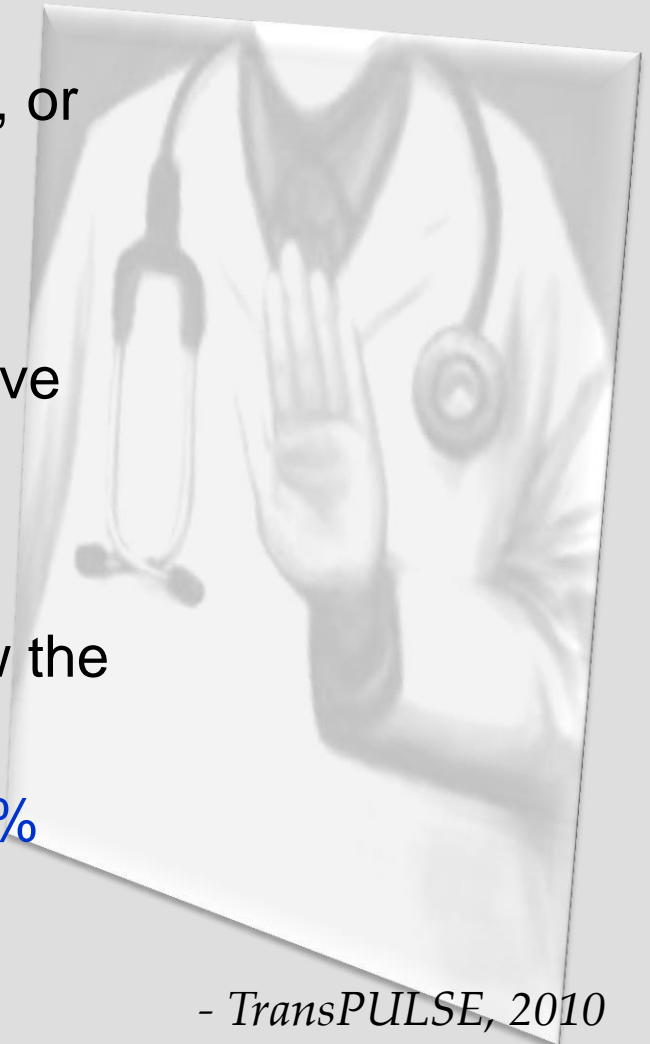
Trans Health Connection

Increasing the capacity of Ontario's primary health care system to provide high-quality, comprehensive care to trans communities through training, education, mentorship, resources, networking, and increasing access.



Barriers to Health

- No trans health policy, studies, materials, or services
- No training or experience (erasure)
- Approx. 70% of trans people in Ontario live outside of Toronto
- **Transphobia** and intersectionality
- About half of trans Ontarians living below the poverty line
- “Ever seriously considered suicide” = 77%



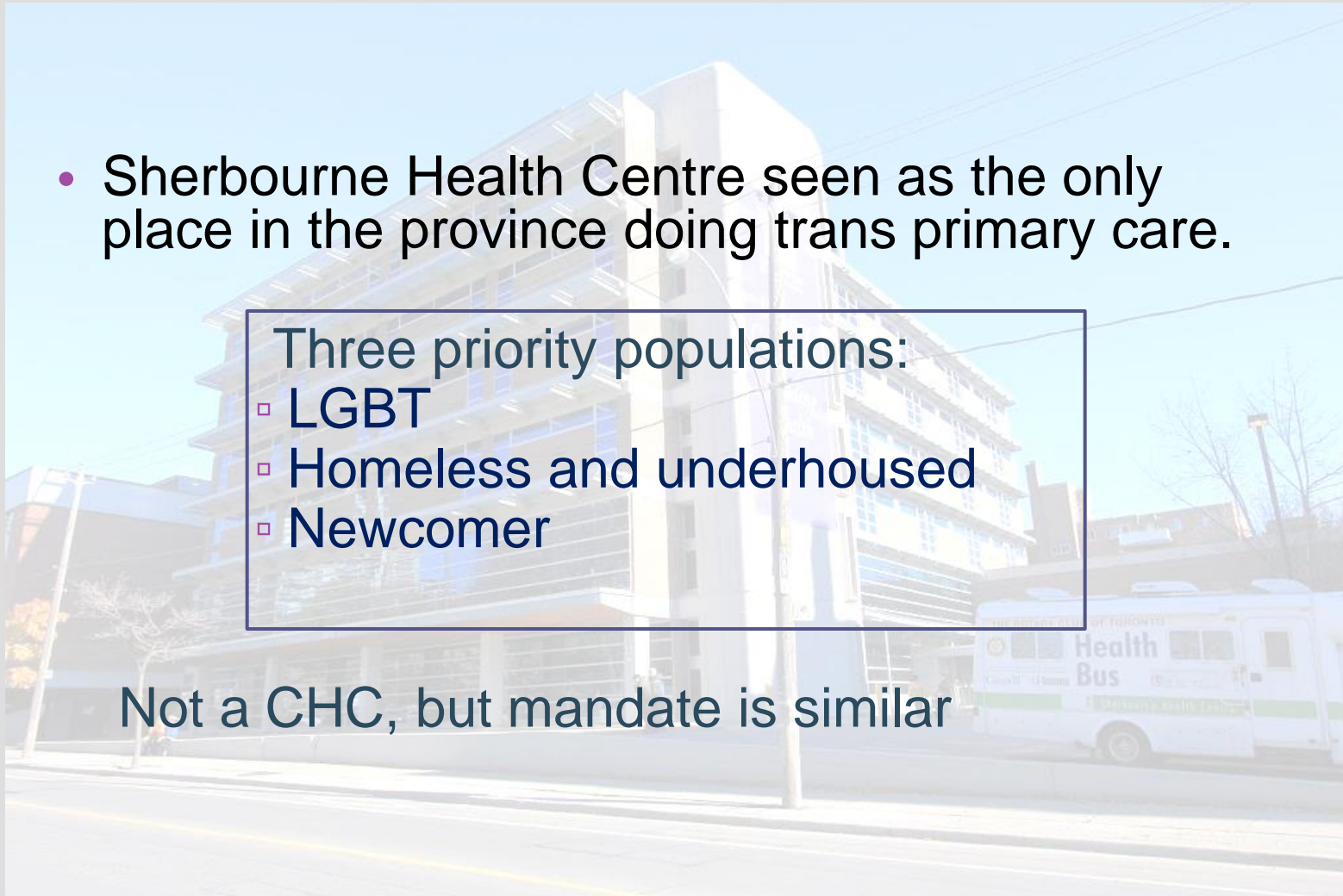
In The Beginning...

- Sherbourne Health Centre seen as the only place in the province doing trans primary care.

Three priority populations:

- ▣ LGBT
- ▣ Homeless and underhoused
- ▣ Newcomer

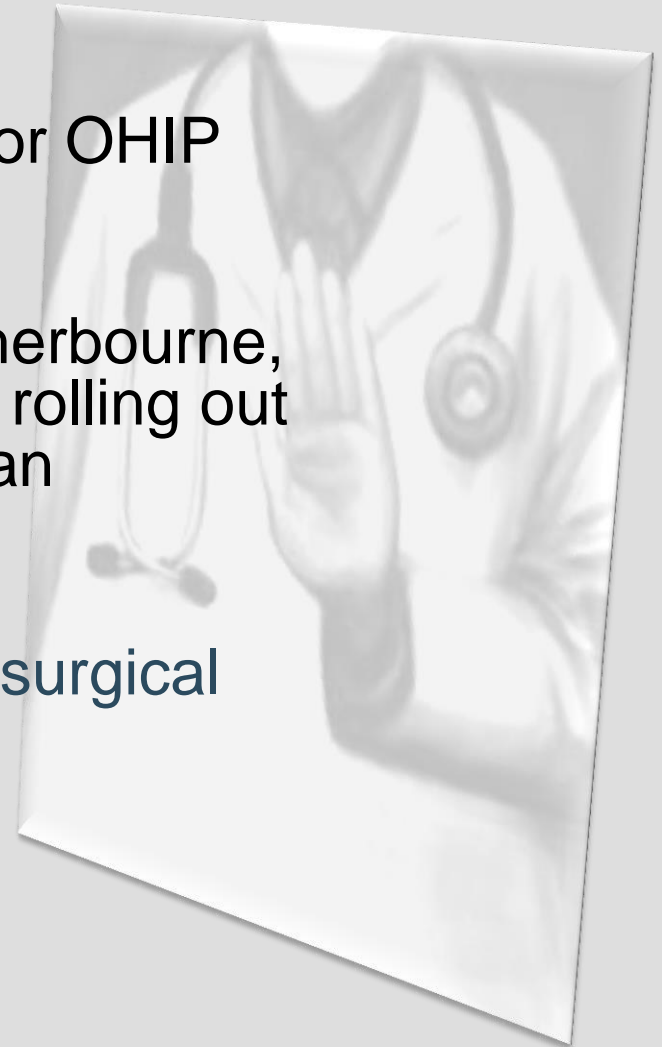
Not a CHC, but mandate is similar



In The Beginning...

- 2008: Relisting of some surgeries for OHIP coverage
- Proposal to the ministry: CAMH, Sherbourne, RHO, and community members for rolling out provincial primary health access plan
 - Training and Education
 - Training and support for multiple surgical assessment sites
 - Provincial advisory

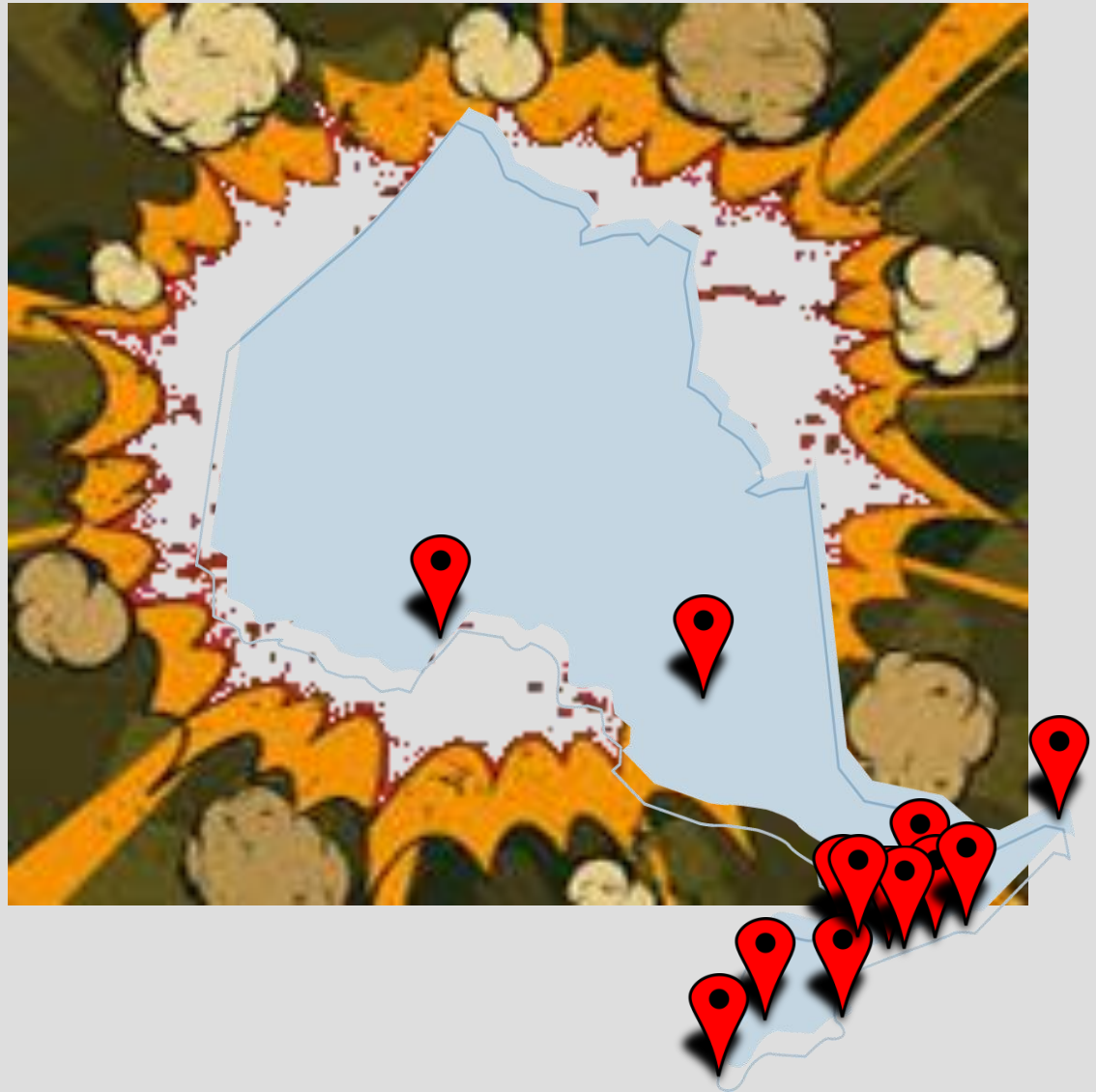
ONLY TRAINING GOT FUNDED



Locations

- * Peterborough
- * Cambridge / KW
- * Windsor
- * London
- * Ottawa
- * St. Catharines, Niagara
- * Scarborough
- * Thunder Bay
- * Oshawa, Ajax
- * Toronto
- * Guelph
- * Halton
- * Orillia

Site of Trans Health Training



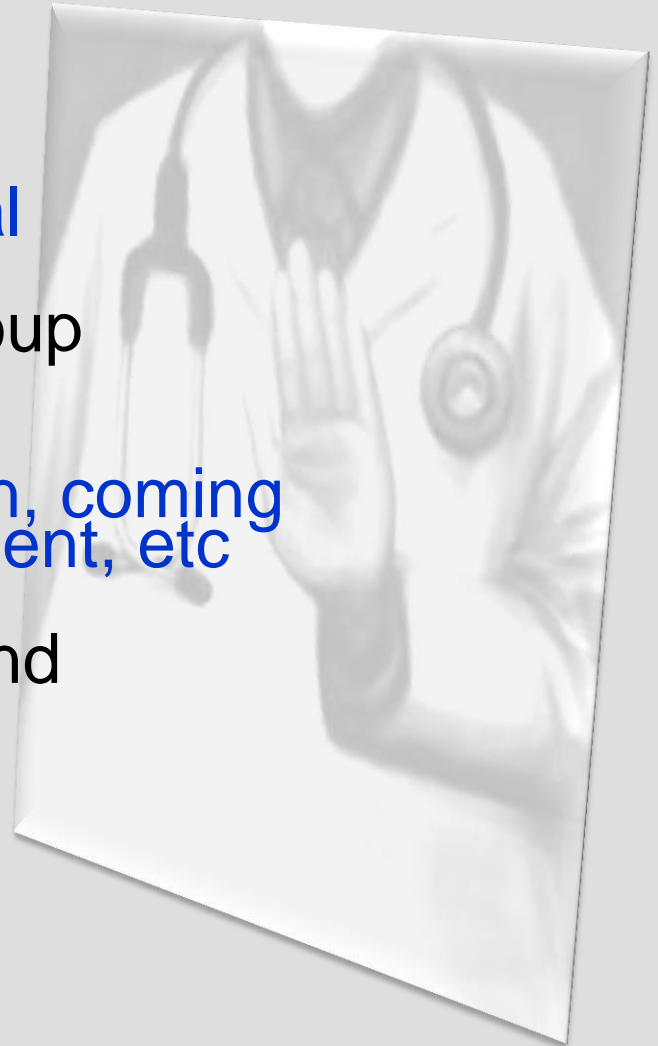
Mentorship Call

- Running weekly since July 2011
- Providers calling in from Peterborough, Ottawa, Sault Ste Marie, Thunder Bay, Kitchener, Mississauga, Toronto, and elsewhere!
- About 150 providers signed up for the call
- Rotating mentors and guest speakers

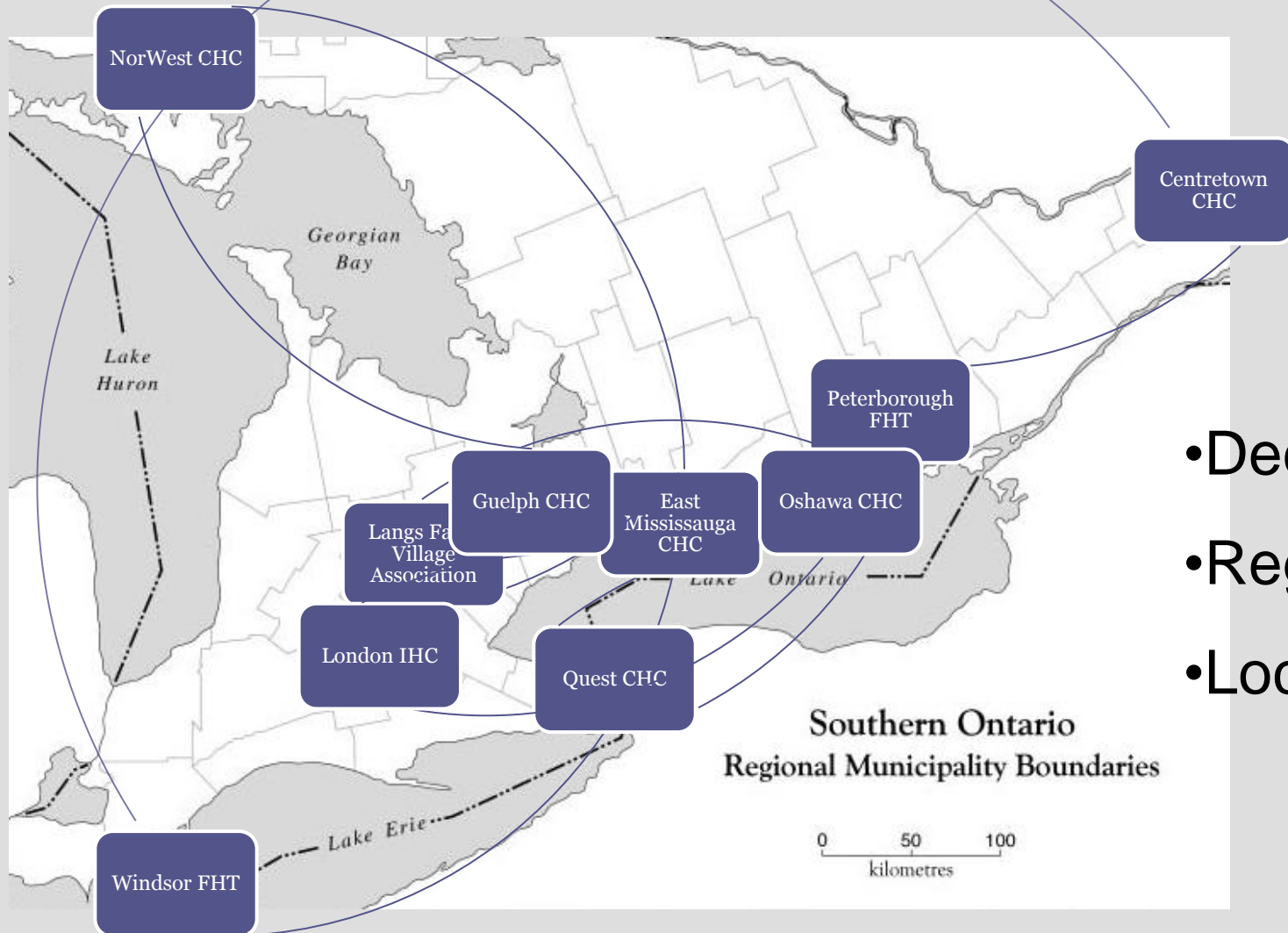


Referrals

- Access to health care services
- Information about surgical approval
- Access to local counseling and group supports
- General concerns around transition, coming out to families, workplace harassment, etc
- Training requests from agencies and providers
- Consultation on forms and policies
- Systems advocacy

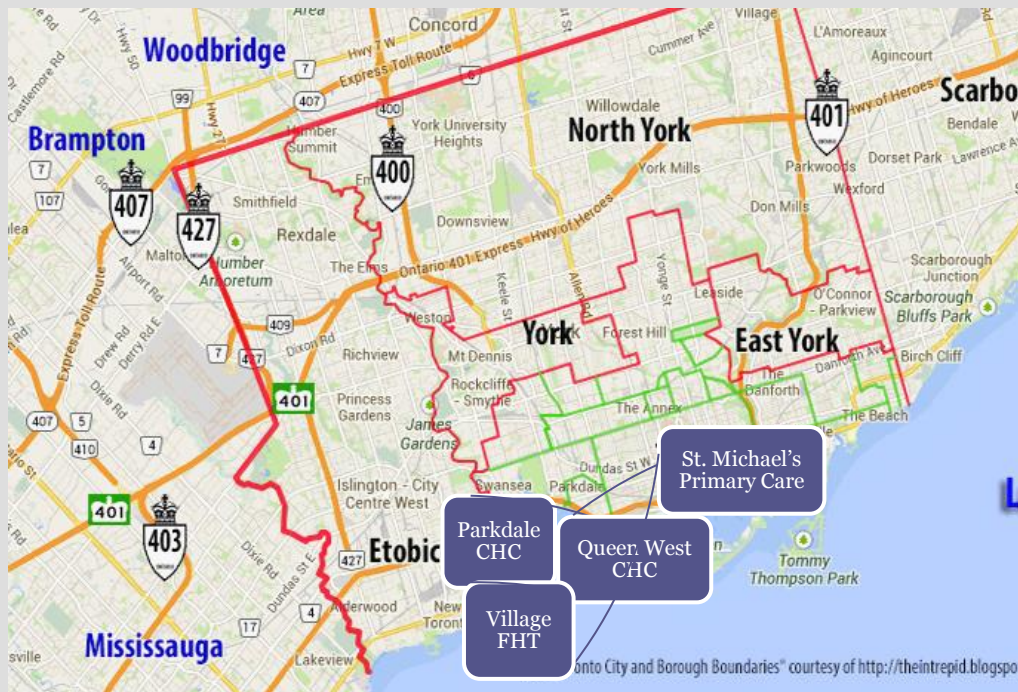


Trans Primary Care NOW



- Decentralized
- Regional hubs
- Local expertise

Trans Primary Care NOW



- Services in Toronto clustered in the West End
- East and North of downtown largely underserved



Gender Journeys Peterborough

- Separate groups for parents, partners, and youth
- Satellite groups in Cobourg and Lindsay
- Coordinated through Peterborough CMHA



Gender Journeys Brantford

- Peer led program, based out of Grand River Community Health Centre

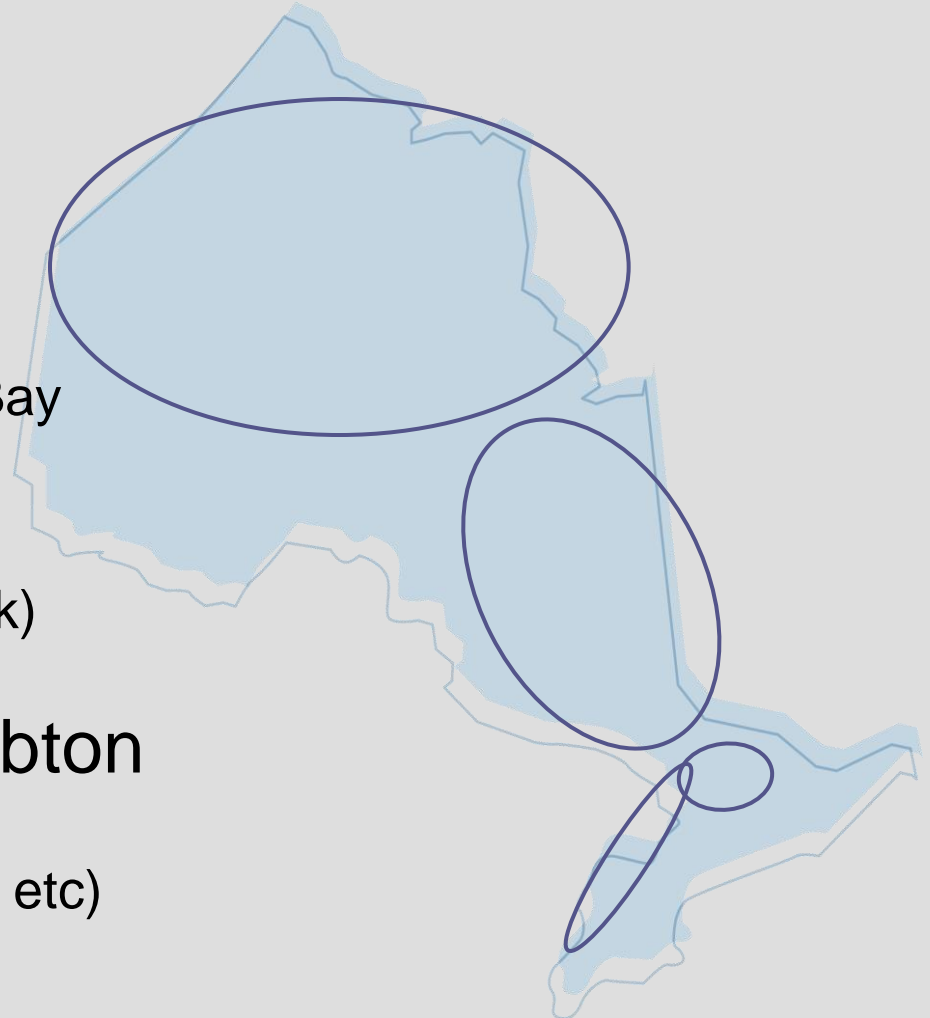


Gender Journeys Windsor

- Separate group for youth
- Located within Windsor FHT, run by social worker

Geographical Gaps and Needs

- **North of Toronto**
(Vaughan, York, Aurora, Markham, Richmond Hill, Newmarket)
- **Across the North**
besides Thunder Bay
- **Toronto Suburbs**
(Scarborough, Etobicoke, North York)
- **Bruce/Grey/Huron/Lambton counties**
(Collingwood, Owen Sound, Sarnia, etc)



Transphobia: What's Our Role/Responsibility?

- **OHRC, CHRC**
 - **Being trans inclusive is not a choice!**
 - **How do we make that happen?**



Process

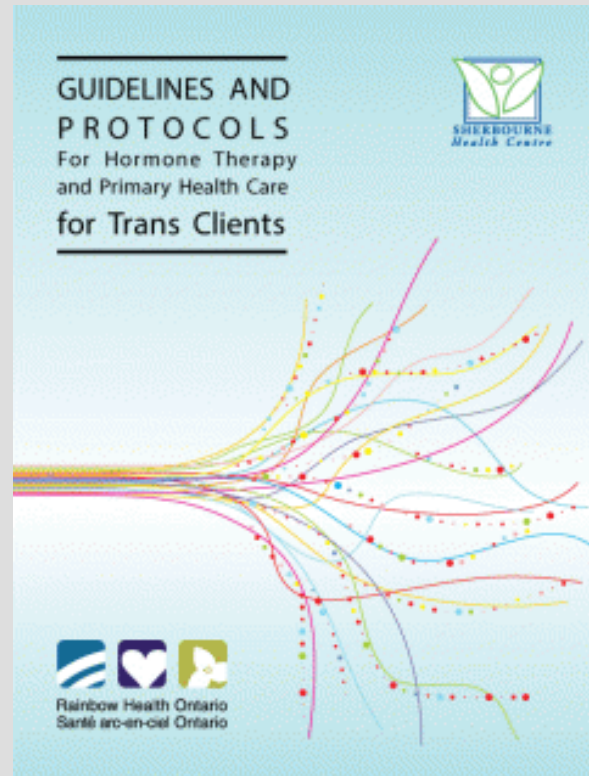
- Identify where potential support lies (board, management, LHIN, even AOHC, OHRC)
- Partner with RHO for comprehensive clinical training for all providers (it's FREE!)
- Liaise with trans communities and across agencies
- Coordinate environmental scan (who's already doing the work)
- Locate interdisciplinary support (groups, specialists, etc)
- Funding!!!!

Considerations


- Connecting with trans communities and involvement in the process throughout is essential
- Will likely need resources (time, funding, support, etc.)
- Interagency partnerships crucial to building network of support
- Contact with other regional trans health hubs to gather information about similar models.

New Standards of Care

- WPATH SOC V7
- Sherbourne Guidelines and Protocols for Trans Primary Care



http://www.rainbowhealthontario.ca/wp-content/uploads/woocommerce_uploads/2015/04/SHC-Protocols-for-Hormone-Therapy-Final.pdf

The background of the slide features a light gray graphic. It consists of several stylized hands of varying sizes, all with palms facing forward, as if reaching up or voting. Above the hands, there are several large, light gray question marks. The overall theme suggests inquiry, support, or a community of people seeking answers.

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Improving Services for Trans People in Ontario: Building Access to Health Care and Networks of Support

**Central Toronto Community Health Centres
(Queen West CHC)**

Max Ducsharm
Sarah Eckler
Joshua Wales

Using a Harm Reduction Initiative as an Engagement Tool:



Max Ducsharm,
CTCHC

The Safer Testosterone Injection Kit (“T Kit”)

What is the T Kit?

- Community-borne, harm reduction initiative
- Provides supplies & information re: safer injection practices
- Engagement tool → more trans clients accessing services
- Push to increase trans-inclusive service provision

History

- Conversations began @ Queen West Harm Reduction room in 2009
- With trans folks who were low-income, homeless/under-housed & seeking supplies for injecting testosterone
- Barriers accessing health & social services in Toronto

History Continued

- Made connections with Harm Reduction workers & shared experiences
- We needed to stock & distribute hormone injection supplies (Testosterone Injection)
- Required increased education around experiences of trans people in the city: stigma & barriers to service
- Needed to work to break down some of these
- 6 yrs later (2014): loose supplies continued but needed a formalized kit

Creation & Implementation

- My BSW placement on the Harm Reduction Team in 2014 → asked to facilitate the kit creation
- Used informal community consultation → started developing a prototype kit
- **Contents:** syringes, needle tips, alcohol swabs, gloves & other supplies
- Information booklet developed over the year called **“Testosterone: An Injection Guide”**

Creation & Implementation Con't.

- Made some kits & held a community consultation/focus group with folks who inject testosterone
- Incredible feedback → some implemented right away
- Other issues were more complicated than kit contents: **barriers to access around health & social services & stigma**

Trans Access Committee

- 4 Harm Reduction workers began holding meetings
- **Goals:** improve service provision at QW & make it more trans-inclusive
- Meetings progressed → more staff involved
- Worked with mgmt. to change some policies & increase trans-inclusion throughout the QW

Trans Access Committee Con't.

- **Some changes made:** catchment area; trans ppl = **Priority Population**, washroom facilities, hiring practices
- **Staff Trainings***

Testosterone Kit Distribution

- Kit needed to get out to community
- Planned to adapt it further as more folks used it
- 45 kits distributed in the 1st month; now approx. 30/month
- **Results:** Increase in access to QW through the HR room → building relationships, getting connected with programs, clinical & counseling services
- Kits = engagement tool

Future Plans

- Identified need for additional trans-specific HR kits; Pending more community consultation
- Continue to increase relevance of our HR kits to fit these communities: culturally relevant kits (ex: Indigenous populations)
- Continued Improvement in Clinical service provision for trans clients *

Trans Clinical Care Program at Queen West Community Health Center

Sarah Eckler MD, CTCHC

Introduction

- What's in a pronoun?
- Providing Healthcare to Trans clients

Trans Clinical Care Program at Queen West Community Health Center

- Spring 2014
- Commitment to delivering trans positive care:
 - organization
 - physical environment

Why Do Pronouns Matter?

- Outward statement reflecting internal process:
 - Exploring gender identity
 - Self acceptance
 - Courage

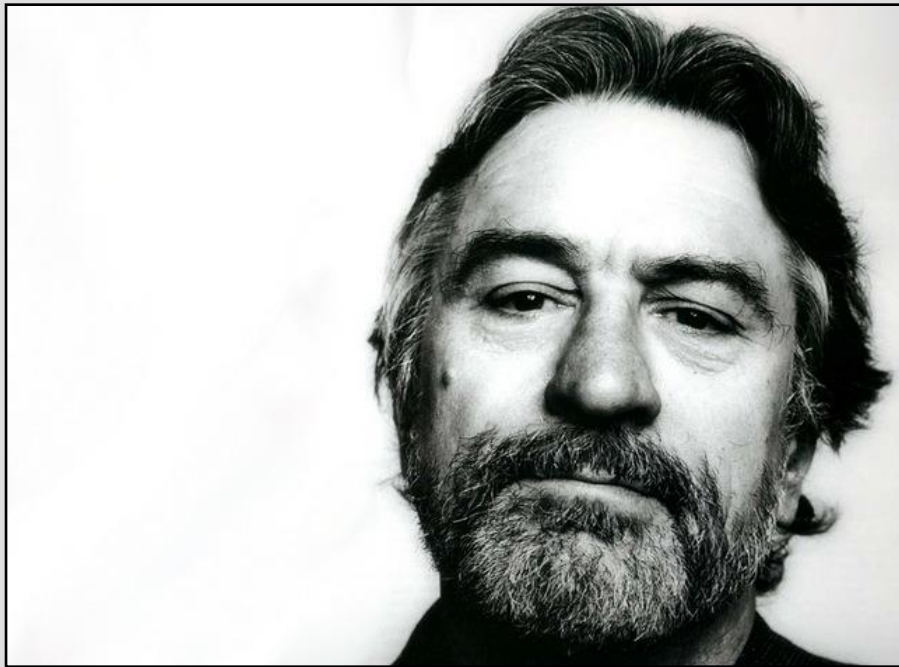
Common Pronouns You Need To Know

- She
- He
- They

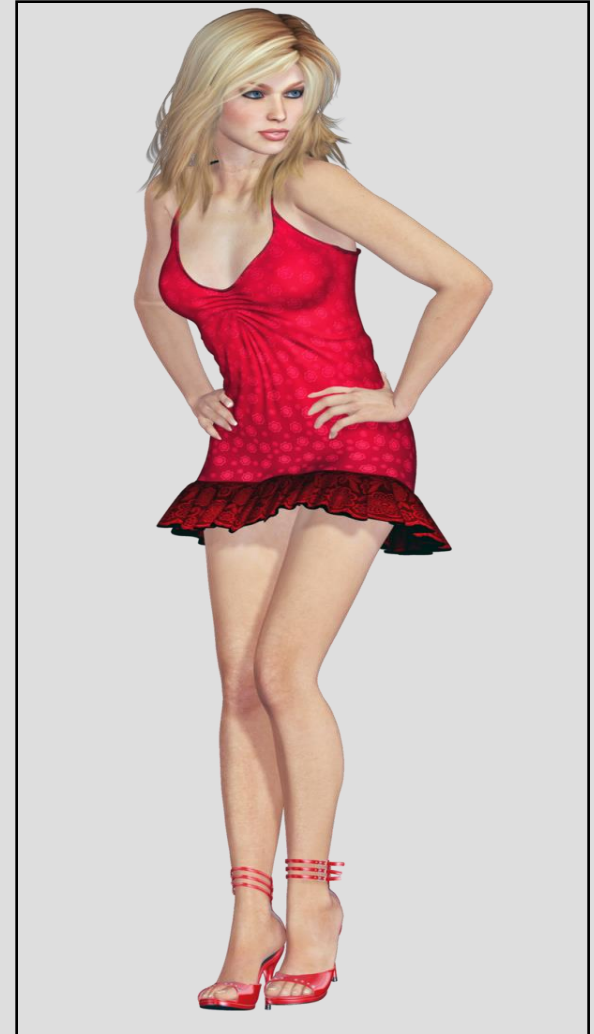
Why it's Hard to Get Pronouns Right

- Default gender norms

Gender Norms

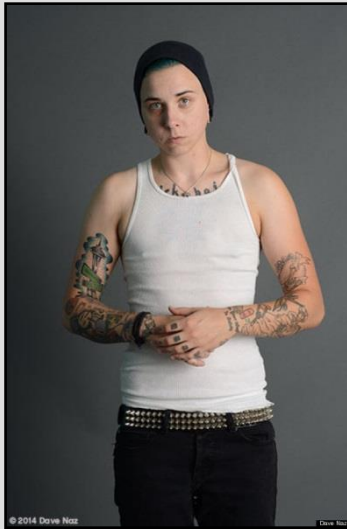


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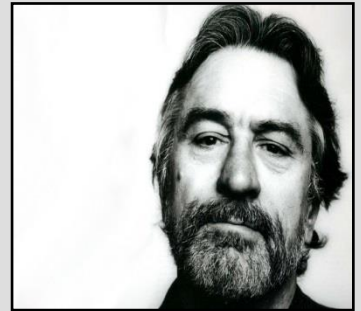
Gender is Complicated



3



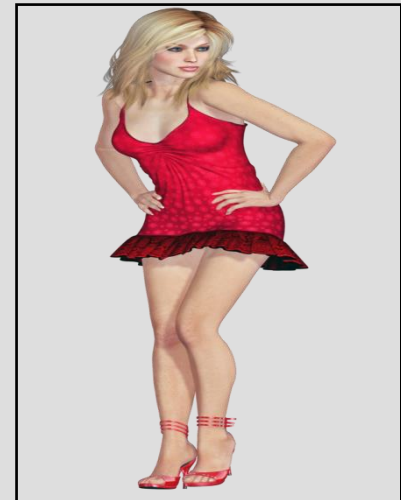
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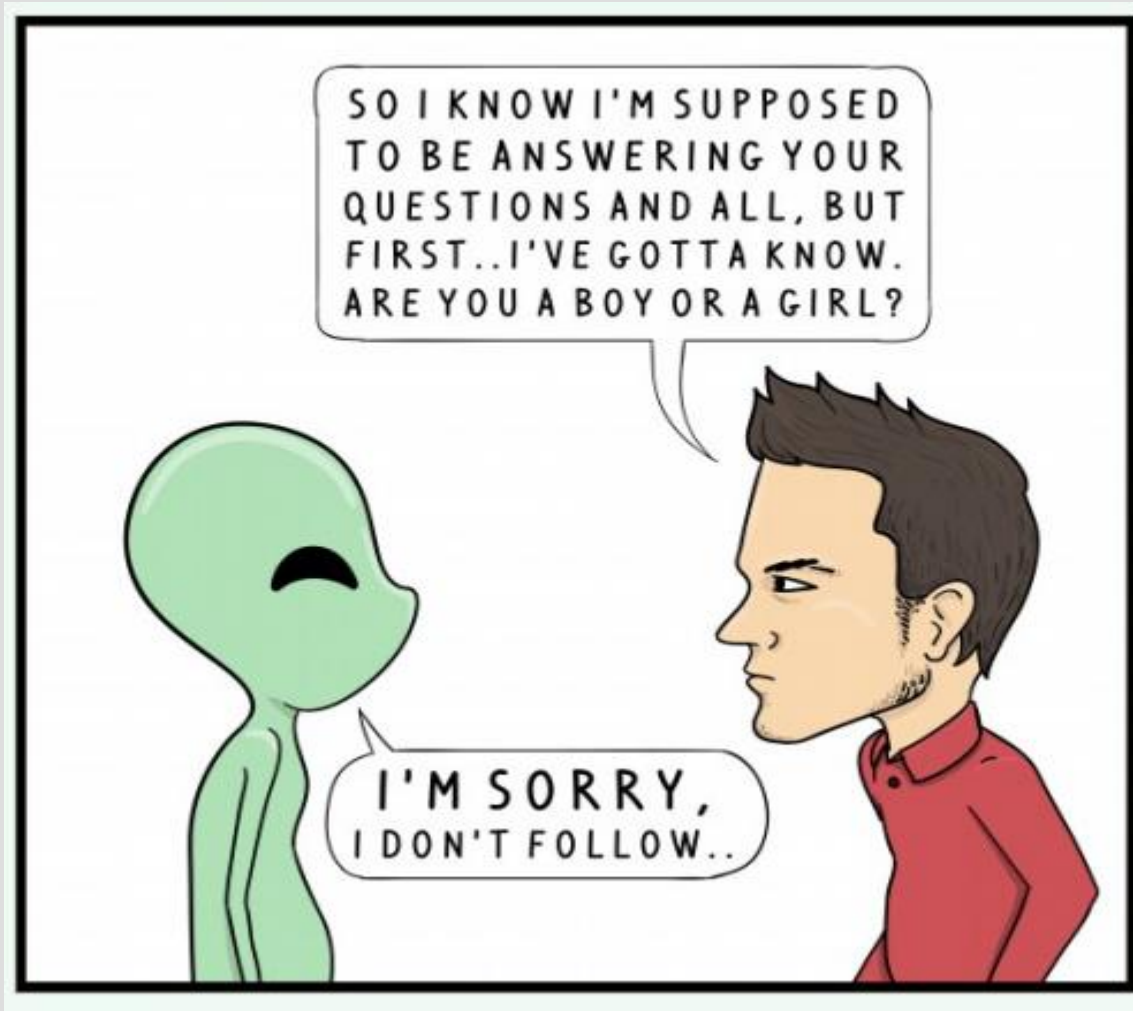


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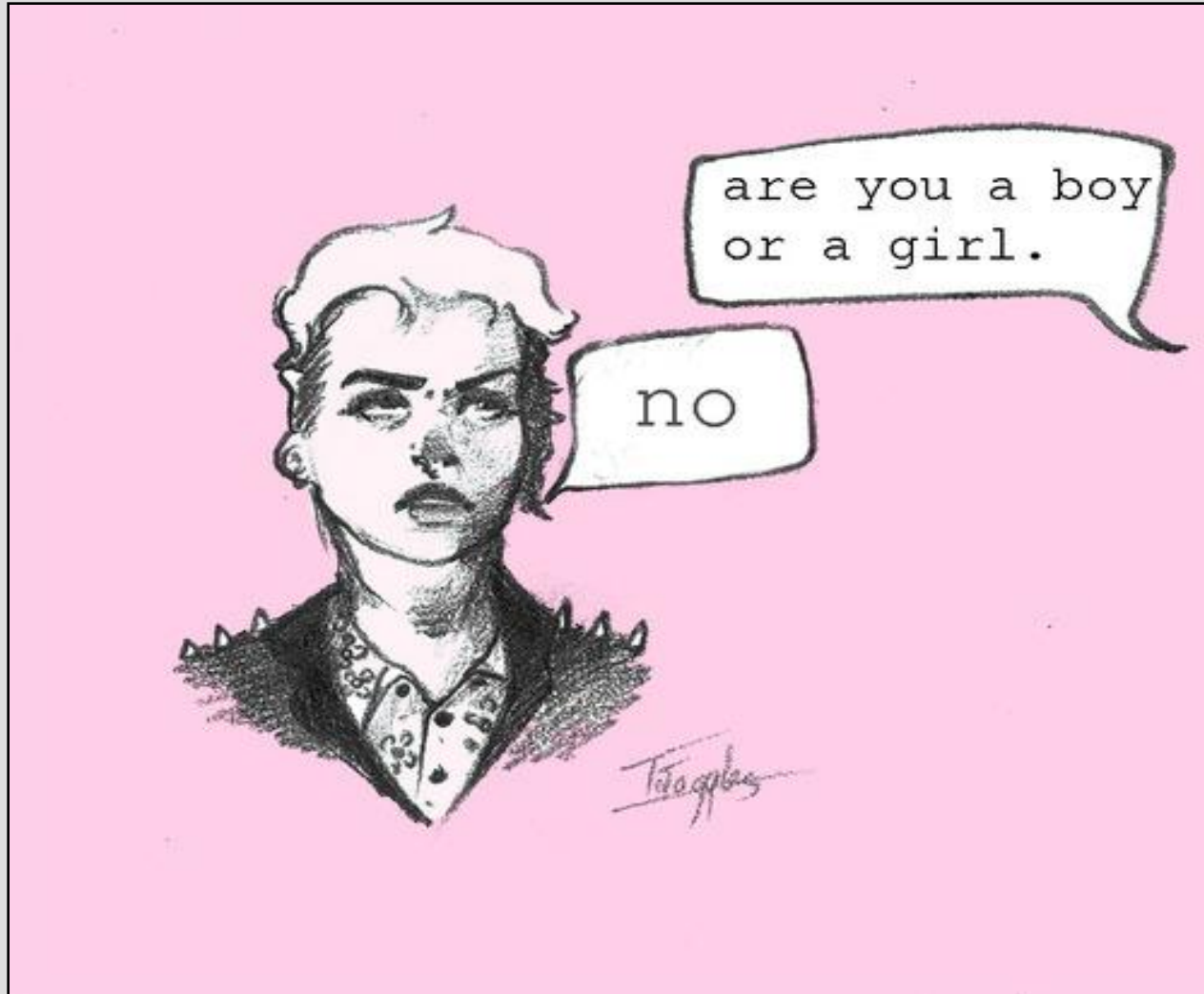


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Gender Assumptions



A New Normal



Logistical Challenges to Getting Pronouns Right

- Betty (Christopher) Smith

Ontario Health Card

Betty Smith

Sex/sexe:
F

Creating Pronoun Awareness Within the Organization

- Staff training
- System
- Messaging from management
- One on one reinforcement
- Patience
- What to do when you get pronouns wrong

Summary

- Pronouns matter
- It's hard to get pronouns right
- Strategies to facilitate correct pronouns

Trans Clinical Care Program at Queen West Community Health Center

Joshua Wales MD, CTCHC

Clinical Team

- Nurses
- Physicians
- Nurse Practitioners

Determining Capacity

- Capacity among providers
- Resources within the CHC
- Outside referrals
- Online and paper resources

Standards of Care for the Health of Transsexual, Transgender, and Gender- Nonconforming People

The World Professional Association for Transgender Health

Endocrine Treatment of Transsexual Persons: An Endocrine Society Clinical Practice Guideline

Wylie C. Hembree, Peggy Cohen-Kettenis, Henriette A. Delemarre-van de Waal, Louis J. Gooren, Walter J. Meyer III, Norman P. Spack, Vin Tangpricha, and Victor M. Montori*

Columbia University and New York Presbyterian Hospital (W.C.H.), New York, New York 10032; VU Medical Center (P.C.-K., H.A.D.-v.d.W.), 1007 MB Amsterdam, The Netherlands; Leiden University Medical Center (H.A.D.-v.d.W.), 2300 RC Leiden, The Netherlands; Andro-consult (L.J.G.) ChaingMai 50220, Thailand; University of Texas Medical Branch (W.J.M.), Galveston, Texas 77555; Harvard Medical School (N.P.S.), Boston, Massachusetts 02115; Emory University School of Medicine (V.T.), Atlanta, Georgia 30322; and Mayo Clinic (V.M.M.), Rochester, Minnesota 55905

GUIDELINES AND PROTOCOLS

For Hormone Therapy
and Primary Health Care

for Trans Clients



Interdisciplinary Care

- Referrals to counseling
- Resources from harm reduction team
- Consulting with external specialists
- Nurses provide training in injection

Clinical Care

- Several visits
 - Gender History
 - Medical History
 - Physical Examination
 - Blood work
 - Informed consent
 - Periodic visits and blood work

Situating Queen West

- QW is a well-resourced CHC in downtown Toronto, with established Harm Reduction program
- Majority of staff & mgmt. are interested in & support(ed) our push for trans-inclusion

Strategies for Agencies

- We recognize not all CHC's and other agencies will be in this position
- **SO:** Strategies for agencies looking to increase trans-competency in agency programming
- **To gain support from mgmt. & funders:** Framing need for Safer Hormone Injection Kits as **Public Health Issue** → kits reduce the risk of HIV & HCV transmission

Strategies for Agencies Con't.

- **No Harm Reduction Programming?** Partnerships & Satellite sites
- **Agency with little staff buy-in?** ID key staff & All-Staff trainings
- **No onsite health services?** Provide info & resources about trans-inclusive CHC's & Clinics with provision of HR kits
 - **If in GTA:** refer to QW (no catchment area for trans clients), Sherbourne HC, or research trans-friendly GP's in private practices (CPATH*)

References

- 1) <http://chadhowsefitness.com/2012/11/25-characteristics-of-an-alpha-maleext>
- 2) <http://piximggif.com/female-png>
- 3) <http://i.huffpost.com/gen/2294598/thumbs/o-GENDERQUEER2-570.jpg?1>
- 4) <http://images.huffingtonpost.com/2014-06-10-photo2.JPG>
- 5) <http://chadhowsefitness.com/2012/11/25-characteristics-of-an-alpha-maleext>
- 6) <https://www.withfriendship.com/images/f/26721/Genderqueer-image.jpg>
- 7) <http://piximggif.com/female-png>
- 8) <http://thesocietypages.org/socimages/files/2014/06/1-23-500x507.png>
- 9) http://everydayfeminism.com/wp-content/uploads/2014/03/tumblr_mleoqIPxvw1rgerj6o1_500.jpg

Questions?

The background of the slide features a light gray pattern of question marks and raised hands, suggesting a Q&A session or a community meeting.**Max Ducsharm**

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