



Strategic Plan 2013 - 2018

Vision:

A Canada without barriers to the health, well-being and self-actualization of trans and gender diverse people.

CPATH Strategic Plan 2013 – 2018

BACKGROUND AND CONTEXT

Transgender, transsexual and gender diverse (trans)¹ people are increasingly visible segment of Canadian society. Recent research indicates that between 0.5% and 1% of the population is trans, and 0.2% of the population may transition at some point in their lives (Conron, Scott, Stowell, & Landers, 2012; GIRES, 2011). Furthermore, the number of trans people coming forward for transition-related care is growing rapidly—numbers are doubling approximately every 5.5 to 6.5 years (GIRES, 2011; Spack et. al, 2012). Despite increasing numbers and visibility of Trans people, significant social prejudice and systemic barriers still exist.

Social attitudes towards trans people have varied across time and cultures. Gender diversity has always existed, and in many cultures throughout history, people currently considered trans or gender non-conforming held positions of leadership and esteem. In North American and European cultures throughout the 20th century, trans people progressed from and vacillated between being viewed as medical anomalies and wonders, delusional and mentally disordered, morally reprehensible, and socially destructive and dangerous. However, diverse gender identities and expression are overwhelmingly healthy experiences of self, and are, in and of themselves, non-pathological. All individuals have the right to their own unique gender identity and gender expression, regardless of the sex assigned to them at birth.

There has been considerable progress in the status of trans people in the last decades, owing in large part to the advocacy efforts of trans communities as well as professional organizations such as the World Professional Association for Transgender Health (WPATH—formerly the Harry Benjamin International Gender Dysphoria Association). However, significant social change is still needed for trans people to achieve equity in Canadian society.

¹ In this document, we use “trans” as a broad term which, refers to people whose gender identity and/or gender expression differs in whole or in part from stereotypical cultural expectations based on the person's sex assigned at birth. This may include people who identify as transgender, transsexual, two-spirit trans, transitioned, bigender, genderqueer, or simply as a man or woman who has a medical history of transitioning. This definition is adapted from the [Trans Pulse Project](#), Vancouver Coastal Health's Trans Health Program; and Vancouver Coastal Health's Prism Alcohol and Drug Services.

Not surprisingly, negative social attitudes impact the health and well-being of trans populations. The Public Health Agency of Canada (2011) indicates that the most important determinants of health include income and social status, social support networks, education and literacy, employment—including working conditions, and social and physical environments. Prejudice and discrimination have resulted in trans people being disproportionately poorer and poorly regarded, having greater barriers to employment, and experiencing difficult work environments. While individual Canadians may be supportive of trans people, it is not uncommon for trans people to be rejected by family members, friends, colleagues and employers following disclosure of their gender identity or changing their gender expression. Trans people also have concerns in relation to access to safe and respectful education, housing, and communities. Experiencing acts of prejudice, discrimination and violence—and knowledge of the possibility of these acts occurring—contribute to minority stress (Meyer, 2003).

Access to medical care is another determinant of health. Trans people, as with other Canadians, require access to health care for disease prevention and health promotion purposes, as well as for the treatment of illnesses, injuries, and diseases. Furthermore, dissonance between one's felt and assigned gender (dysphoria) can cause significant distress. Medical interventions and social steps—as appropriate to each individual—provide significant assistance in reducing dysphoria and allowing trans people to live authentic, integrated, lives. Some trans people may also desire and benefit from access to counselling and other mental health services to support resiliency and healthy coping in the face of prejudice, discrimination and violence they may experience due to being trans. Research in Ontario demonstrates that trans people who are planning a medical transition, and have not begun or completed that transition, experience higher rates of serious suicidal ideation and suicide attempts than those who had completed medical transition (Bauer, Pyne, Francine, & Hammond, 2013; Pyne, Bauer, Redman & Travers, 2012). This finding concerning the positive impact of access to medical transition indicates that barriers to timely and competent transition-related care may result in significant distress and poorer health outcomes for trans people seeking transition (Bauer et al, 2013; Pyne et al, 2012).

While some progress has been made, access to competent care continues to be complicated for trans people. Professionals who provide health and social services are not immune to being socialized into common negative beliefs and attitudes regarding trans people. Negative provider attitudes, as well as refusal of care, can be a source of trauma for trans people, and can build distrust and avoidance of the health care system. At present, comparatively few professionals working in health, social, and community services, as well as professionals in law and education, have had opportunities to learn how to provide accessible, competent and respectful care for transgender people (Obedin-Maliver et al, 2011).

Research in the US brings to life the extent of the barriers trans people face to accessing respectful, competent care. In *Injustice at Every Turn: A Report of the National Transgender Discrimination Survey*, health care related barriers included:

- Refusal of care: 19% of our sample reported being refused care due to their transgender or gender non-conforming status, with even higher numbers among people of color in the survey
- Harassment and violence in medical settings: 28% of respondents were subjected to harassment in medical settings and 2% were victims of violence in doctor's offices;
- Lack of provider knowledge: 50% of the sample reported having to teach their medical providers about transgender care (Grant, Mottet, Tanis, Harrison, Herman, and Keisling; 2011, p. 72)

CPATH seeks to address the historical and current effects of stigmatization and pathologization, and the impacts this has had on trans people's health and wellbeing. CPATH does this by improving access to trans positive care and reducing and reversing stigma through dissemination of information to support trans inclusion. Proactive approaches to addressing the determinants of health—including developing professionals' competencies in working with trans people—will contribute to the health, wellbeing and self-actualization of trans people and communities.

CPATH'S HISTORY AND ACCOMPLISHMENTS

The Canadian Professional Association for Transgender Health (CPATH) was conceived in 2007 when a group of Canadian health care providers met at the WPATH 20th Symposium held in Chicago, Illinois. This group saw the benefit of forming a cross-Canada network of care providers who could meet and share ideas and research, in order to better respond to the needs of their own patients as well as trans populations in Canada. In 2008, CPATH was registered as a non-profit society. The founding members envisioned CPATH as an organization that would educate clinicians, raise awareness of gender diversity, and advocate on macro issues of importance.

Since that time, CPATH has had a powerful impact provincially, nationally and internationally in promoting the health and well-being of trans and gender variant communities, as well as providing means for members and supporters to develop and enhance their competency in providing care. CPATH has been successful in several domains, and examples of successes include:

Professional development and education

- ✓ Creating and nurturing a national network of professionals from fields including physical and mental health, social and community services, law, and education
- ✓ Educating practitioners across many disciplines through: 3 national conferences, delivering clinical training in several provinces, providing clinical supervision, leading and supporting both formal and informal local initiatives, and through providing resources on the CPATH website

Advocacy and systems change

- ✓ Submitting letters to the Federal and Provincial Ministers of Justice support of healthy, safe, and dignified working conditions for sex workers in Canada,
- ✓ Succeeding in several systemic advocacy efforts, including expanding access to publicly-funded transition-related health care services across Canada
- ✓ Advising governments on legislative and governmental policy change through: providing evidence-based informational support, presenting to Federal and Provincial committees, and meeting with Federal and Provincial Ministries
- ✓ Contributing to the Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People, version 7 published by WPATH (Coleman et al, 2012).

Trans inclusion in CPATH's work

- ✓ Successfully attracting trans people to participate in working groups and committees at all levels of the organization, including serving on the Board.
- ✓ Attracting a significant proportion of conference participants who are trans-community leaders, front line workers, and professionals
- ✓ Removing financial barriers to the attendance of trans community members at our bi-annual conferences (including waiver of conference fees and travel bursaries). Support was provided to 13 trans people for the 2012 conference.

CPATH'S FUTURE:

OPPORTUNITIES FOR DEEPENING IMPACT AND FOSTERING CHANGE

Since the founding of CPATH, important changes have occurred. Trans health has become a more widely understood topic, gender diversity has become visible, and trans people and communities have grown in number and strength. "Trans health" has taken on a new meaning, shifting from a focus on transition-related health care services (such as prescription of hormones and access to surgery) to a broader

focus on the social determinants of health and the intersection of multiple barriers in the lives of trans people.

In an effort to respond to, and proactively engage with, the changing realities of trans health in Canada, CPATH's volunteer Board of Directors embarked on a strategic planning process. In March of 2013, they came together to reflect on the history and achievements of CPATH, and to determine the way forward. The planning process involved:

- Review of the findings from the stakeholder consultation conducted with community and professional stakeholders at the 2012 conference
- Participation of board members and past presidents in a situational analysis to identify the organization's strengths, challenges, opportunities and risks
- Reflection on significant issues/trends in the field
- Discussion on the key issues facing CPATH, including member priorities, representation, organizational development and sustainability

As part of the planning process, the Board and key stakeholders reflected on the growing global approach to engage patients in decision making regarding policy and programming. Many organizations are expanding how they conceive of and implement "patient centered care." This movement is showing significant positive results in how health care systems and professionals within them relate to patients. CPATH as a professional organization will ensure that our work is informed by and responsive to the lived realities of trans people and communities.

Through this planning process, the Board and key stakeholders articulated a new vision statement, refined the mission, and outlined six strategies with several goals and objectives nested under each. While this work is intended to guide CPATH over the coming five years, the goals and objectives will change as needs are met and emerging issues are identified.

Vision

A Canada without barriers to the health, well-being and self-actualization of trans and gender diverse people.

Mission

CPATH is an interdisciplinary professional organization which works to improve the lives of trans and gender diverse people. CPATH seeks to be both connected with and responsive to the needs emerging from trans people and communities. CPATH will:

1. Educate professionals and enable knowledge exchange to develop and promote best practice
2. Facilitate networks and foster supportive environments for professionals working with and for trans people
3. Encourage research to expand knowledge and deepen understanding about gender diversity
4. Advocate for institutional, policy, and legislative change by utilizing our collective knowledge and expertise
5. Address the population and geographic diversity of Canada in all that we do
6. Build CPATH's organizational capacity to realize its mission

Goals 2013 - 2018

Each of the six strategies of CPATH's mission involves a number of short and longer-term goals. The goals are broad aims, supported by time-limited, measurable objectives.

Strategy 1: Educate professionals and enable knowledge exchange to develop and promote best practice

Professionals working in physical and mental health, social and community services, law, and education are likely to interact with trans patients or clients during their careers. Individual practitioners across a broad spectrum of professions (for instance medicine, nursing, social work, counselling, and speech language therapy amongst others) require knowledge and skill development to provide accessible, competent and supportive care and service to their patients and clients who are trans. Structured educational opportunities are needed to support practitioners in developing knowledge and skills. Communities of practice², however small, have

² Etienne Wenger (2006) states that "Communities of practice are groups of people who share a concern or a passion for something they do and learn how to do it better as they interact regularly". Three characteristics include:

- The domain of interest (e.g. trans health);
- An interactive community where "members engage in joint activities and discussions, help each other, and share information. They build relationships that enable them to learn from each other."
- The practice: members "develop a shared repertoire of resources: experiences, stories, tools, ways of addressing recurring problems—in short a shared practice. This takes time and sustained interaction."

begun to emerge across Canada; these need to be strengthened to enable knowledge exchange and the spread of best practice.

Between 2013 and 2018, CPATH will:

- a. Promote the inclusion of trans-related content into other, large audience professional conferences (Canadian Psychological Association, Canadian Medical Association etc.)
- b. Create communities of practice to enable knowledge exchange and support professionals in addressing locally determined needs
- c. Continue to host a bi-annual conference focused on knowledge exchange and networking
- d. Provide targeted education through a variety of mechanisms
- e. Support the development and maintenance of Canadian guidelines for trans health care

Strategy 2: Facilitate networks and foster supportive environments for professionals working with and for trans people

Professionals in the field of trans health are often practicing in isolation and may lack supportive, collegial communities in which to work. The impact of this can be negative, both personally and professionally. CPATH's early work in creating a national network of professionals has been highly valued by its members; a concerted effort is now needed to expand the reach, deepen the connections and harness the power of this growing constituency.

Between 2013 and 2018, CPATH will:

- a. Cultivate communities of practice to foster collegial support for members
 - i. Develop and maintain an accessible membership directory
 - ii. Foster the establishment of co-consultation groups
- b. Support peer-to-peer member engagement
 - i. Foster the establishment of regional and national mentoring initiatives
- c. Support and facilitate access to professional programs, licensing and mentorship for aspiring trans professionals

Strategy 3: Encourage multidisciplinary research that will advance the health and wellbeing of trans people

Despite growing numbers and increased visibility of trans people in the population, research on issues of significance to trans communities—both academic and community-based—is in its infancy. CPATH will encourage dialogue and

coordination among researchers to create the foundations for research in Canada which will advance the health and well-being of trans people.

Between 2013 and 2018, CPATH will:

- a. Encourage coordination of trans research across Canada, incorporating participation from community, health practitioners and other professionals, and academics, and focused on community needs and priorities
 - i. Revitalize and expand the Research Committee
 - ii. Develop national ethics standards for trans research
 - iii. Engage with funding agencies to support ongoing research
 - iv. Network with researchers working in trans-related fields
 - v. Advocate for the inclusion of questions and analysis relating to trans people's lives and experiences into existing population health/surveillance research

Strategy 4: Advocate for institutional, policy and legislative change utilizing our collective knowledge and expertise

Major systemic barriers still exist for trans people. These barriers negatively impact the health, well-being and self-actualization of individuals, their families and communities. Human rights are violated, jobs lost and access to services and supports denied – all because of discriminatory practices, prejudicial attitudes and a lack of understanding of how to proactively support trans people and communities. Change is needed at many levels—both macro and micro; institutions must address inequities related to gender diversity and laws that enshrine equality for all citizens must clearly afford the relevant protections for trans people. Organizations must create new, and amend existing, policy to ensure human rights are protected for all.

As a national organization, CPATH is positioned to develop and implement a broad, multi-sectoral, Canada-wide advocacy agenda. CPATH can play an important capacity-building role, enabling the advocacy efforts of individuals and local, grassroots organizations through knowledge translation and the provision of templates and tools.

Between 2013 and 2018, CPATH will:

- a. Support efforts towards comprehensive, universal, public, portable and accessible (CUPPA) trans health care in every province and territory
- b. Develop and maintain a proactive and responsive advocacy agenda
 - i. In accordance with the CPATH advocacy policy, continue to champion evidence-based, non-partisan, advocacy for legislative and policy change, and human rights advancement and provide support

- to members as well as, local and provincial grassroots trans groups in their advocacy efforts
- ii. Formalize an advocacy toolkit and store in a shared drive
- iii. Support organizations in the development of trans inclusive policy
- c. Build partnerships with relevant professional colleges, accrediting and registration bodies as well as professional schools and training programs to incorporate trans competency content into pre and post-licensure curricula
- d. Support and facilitate access to professional programs, licensing and mentorship for aspiring trans professionals

Strategy 5: Address the population and geographic diversity of Canada in all that we do

CPATH has grown since its founding in 2008. Like most fledgling organizations, it has been reliant on existing hubs of activity and has reflected the interests and perspectives of its founders and early champions. In order to fulfill its mandate, CPATH now needs to proactively reach out to, and develop partnerships with, groups that reflect the diverse perspectives, needs and wishes of trans people. These include, but are not limited to organizations addressing housing, mental health, race and racism, refugee and immigration concerns, sex workers, as well as women's groups, Aboriginal and Two Spirit groups.

As a pan-Canadian organization, CPATH also needs to expand its reach in Quebec and in Francophone communities in other provinces. Moving beyond the translation of materials to the active recruitment and integration of French-speaking professionals and viewpoints, will be key in the next phase of organizational development.

Developing linkages in each region of the country will be a cornerstone for CPATH in the next five years. There are strong hubs of interest and activity in certain regions and their involvement will inform and strengthen CPATH in its national role. Additionally, there are provinces with professionals working in isolation; identifying these stakeholders, ensuring their voices are reflected and extending a supportive hand to them will be critical in the coming years.

Between 2013 and 2018, CPATH will:

- a. Identify and partner with organizations that share common interests
 - i. Proactively reach out and network with relevant organizations
- b. Ensure accessibility of conferences and trainings
 - i. Develop and implement a program for bursaries and travel grants
- c. Develop an engagement strategy for First Nations
- d. Develop a French-language engagement strategy

- i. Incorporate French language into the logo/naming
- ii. Engage in ongoing dialogue with Francophone community, professional and academic groups that are working on trans-related issues
- e. Strengthen “regional networks” and representation
 - i. Facilitate cross-region information sharing, learning, and action on common activities

Strategy 6: Build CPATH’s organizational capacity to realize its mission

In five short years, CPATH has had a significant impact on trans health nationally and internationally. The gains it has realized have been brought about with very limited financial and human resources; the majority of efforts have been volunteer-driven and led by a small group of leaders from the health care sector. The organization is now at a critical juncture and must turn its attention to organizational development and sustainability.

Building organizational capacity is, by necessity, a multi-pronged strategy. It means knocking on doors and encouraging others to get involved. It means creating meaningful opportunities for engagement for members. It means inviting a multiplicity of voices to the table and grappling with the issues that diversity raises. There are also the more mundane aspects of organizational capacity-building, the “chores” of building a sustainable organization: making plans and monitoring progress against them, developing a workable organizational structure and governance framework, and raising funds to enable the work to get done.

Between 2013 and 2018, CPATH will:

- a. Address CPATH’s financial sustainability
 - i. Develop and implement fundraising strategy (including individual and corporate donations)
 - ii. Secure fundraising consultation and support
 - iii. Explore membership fee structure
- b. Develop board capacity
 - i. Extend board tenure to term lengths that will ensure organizational continuity
 - ii. Expand the board, including recruitment of regional representatives
 - iii. Update board orientation materials
 - iv. Conduct a skills assessment
 - v. Retain content experts where necessary
- c. Mobilize CPATH membership
 - i. Prioritize initiatives based on member interests and energy
 - ii. Provide skills building training around working with volunteers
 - iii. Communicate range of specific opportunities or requests for member involvement

- iv. Track, communicate and celebrate contributions of volunteers
- d. Determine and implement an appropriate engagement and communications strategy, including social media
 - i. Update and maintain an interactive website
 - ii. Publish regular updates
- e. Review and revitalize Committee structure
 - i. Change “Committee” to “Task Group” where projects may be time-limited
 - ii. Craft a committee structure to match our Mission strategies or emerging strategic priorities
 - iii. Utilize relevant existing resources on website
- f. Develop strategic partnerships with professional groups, advocacy groups, key regional organizations, key population organizations to expand our reach and impact
 - i. Develop a “menu” of specific asks
 - ii. Identify and build relationships with key influencers

All of this – from the exciting to the mundane – is necessary work for CPATH in the next five years. While organizational development and capacity building is the last strategy stated in the mission, it will need to come first in the sequence of actions; developing more human and financial capacity will be essential to realizing the mission.

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