

CPATH 2017 Pre-Conference & Conference Program

Changer le Portrait
de la Santé et du Bien-être des Personnes
TRANSGENRES
VANCOUVER (C-B) • 2017  CONFÉRENCE CPATH

Transforming the Landscape of
TRANSGENDER
Health and Wellness
VANCOUVER, BC • 2017  CPATH CONFERENCE

We acknowledge that the CPATH conference is occurring on the unceded homelands of the Coast Salish people including the territories of the Skwxwú7mesh (Squamish), xʷməθkʷəy̓əm (Musqueam), and Səlilwətaʔ/Selilwitulh (Tsleil-Waututh) Nations.



October 25 - 29, 2017

Coast Plaza Hotel

Vancouver, British Columbia

www.cpath.ca

CPATH 2017 Conference

The Canadian Professional Association for Transgender Health
Gratefully Acknowledges Our Generous Sponsors

C'est avec une grande reconnaissance que l'Association Canadienne
des professionnels en santé des personnes transsexuelles
remercie nos généreux commanditaires.

Visionary



Trans Care BC is a new provincial program that aims to enhance the coordination of trans health services and supports across the province, bringing gender-affirming care closer to home wherever possible. Trans Care BC was established as a program of the Provincial Health Services Authority (PHSA) in fall 2015, following community engagement and input from transgender communities, clinical experts and stakeholders. BC is the first province in Canada to create a comprehensive provincial system to support transgender health. Trans Care BC is working closely with partners and stakeholders including transgender communities, individuals, nonprofits, regional health authorities and the First Nations Health Authority to develop a comprehensive provincial network of services.

Champion



The Institute of Gender and Health's mission is to foster research excellence regarding the influence of gender and sex on the health of women and men throughout life, and to apply these research findings to identify and address pressing health challenges.

Leaders



The Hospital Employees' Union represents 49,000 members working for public, non-profit and private employers. HEU members work in all areas of the health care system – including acute care hospitals, residential care, community group homes, medical labs, community social services, and Indigenous agencies – providing both direct and non-direct care services to British Columbians.

Vancouver Coastal Health and Providence Health Care Regional HIV Program work together to deliver a range of services in the Vancouver Coastal region designed to: Reduce the number of new HIV infections; Improve effectiveness and reach of prevention services and supports for people living with HIV; Diagnose HIV as early as possible and; Reduce the burden of HIV on the healthcare system.



Doctors of BC advocates for a fair health care system for all patients and makes a meaningful difference in improving health care for British Columbians by working alongside our members to achieve quality patient care through engagement, collaboration, and physician leadership.

Interior Health is committed to promoting healthy lifestyles and providing a wide range of quality health-care services to more than 740,000 people living across B.C.'s vast interior. For more information, visit www.interiorhealth.ca, follow us on Twitter @Interior_Health, or like us on Facebook at www.facebook.com/interiorhealth.ca.



The Michael Smith Foundation for Health Research, funded by the province of British Columbia, is BC's health research funding agency. MSFHR helps develop, retain and recruit the talented people whose research improves the health of British Columbians, addresses health system priorities, creates jobs and adds to the knowledge economy. Learn more at www.msfhr.org.

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Established in 1919, the University of British Columbia School of Nursing is the oldest university-based nursing school among Commonwealth countries. We offer bachelors, masters, and doctoral degrees, and our award-winning researchers, practitioners, and educators inspire and support nurses to promote health equity and lead solutions to today's complex health issues.



A MESSAGE FROM PREMIER JOHN HORGAN

As Premier of the Province of British Columbia, I am pleased to welcome everyone attending the 2017 *Transforming the Landscape of Transgender Health and Wellness* national conference here at the Coast Plaza Hotel and Suites in Vancouver.

This conference, unique in Canada, features the latest innovative research findings, clinical practices, models of care and community based approaches to improving transgender health and wellness. Participants will have the opportunity to connect face to face with health care providers, policy makers, educators, researchers and more. They will also have the opportunity to network and be connected with support and wellness programs.

I would like to thank the Board of Directors of the Canadian Professional Association for Transgender Health and the Conference Organizing Committee for all of their hard work organizing this event, and for all they do throughout the year to help trans communities.

Please accept my best wishes for an enjoyable conference!

HONOURABLE JOHN HORGAN
PREMIER OF BRITISH COLUMBIA



Mayor Gregor Robertson
Le maire Gregor Robertson
羅品信市長
ਗਵੈਰਗਰ ਰੋਬਰਟਸਨ, ਮੇਅਰ
Punong-bayan Gregor Robertson

ni7 ct xatəmotał, to fñimət, to tomax* 7i7 to k'ałk'a 1 *
We watch over the land and sea and in turn they watch over us.

October, 2017



A Message from the Mayor

On behalf of the City of Vancouver and my colleagues on City Council, I want to extend my warmest welcome to the members of the Canadian Professional Association for Transgender Health – 2017 CPATH Conference.

We are proud of the reputation Vancouver enjoys as one of the world’s most beautiful and unique meeting destinations. Transforming the Landscape of Transgender Health and Wellness program attracts a multidisciplinary group of health care providers, clinicians, health administrator and policy-makers, educators, lawyers, researchers, government and non-governmental organizations, change agents from within trans communities, students and others, with a shared interest in the health and well-being of trans and gender variant children, youth, adults, and older adults.

Best wishes for a successful event, and I hope everyone in attendance has an enjoyable time in Vancouver.

Yours truly,

Gregor Robertson
MAYOR

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Message from the Chair

Two years ago, as preparations were underway for the 2015 conference, my co-chair and I commented on the unprecedented change that was happening in relation to trans health and care. This year, as we prepare to hold the conference on the unceded territories of the Səlilwətaʔ, Xʷməθkʷəy̍əm, & Skwx̱ wú7mesh (Tsleil-Waututh, Musqueam & Squamish) peoples in Vancouver, BC, I find myself reflecting on both recent causes for celebration and the significant changes that have happened in Canada in the almost 10 years since CPATH was formed. Not even six months ago - after 12 years of work - Bill C-16 became a part of Canadian law, adding gender identity and expression to the Canadian Human Rights Act and to hate crimes provisions in the Criminal Code. In the past two years, we have seen groundbreaking investments in trans health by the BC and Ontario Ministries of Health, and every province is now funding some forms of transition related surgeries.

This conference also strives to reflect one of the most significant changes for Canadian society: the work to implement the recommendations from the Truth and Reconciliation Commission. Given the context of Truth and Reconciliation, CPATH made a commitment to take steps to Indigenize this conference. The Indigenous members of the conference planning committee, with input from the three Indigenous CPATH Board members – including Elder Mary Wilson (Cree) have been instrumental in shaping this conference. As the chair of the conference committee, I have found this exciting, challenging, and inspiring; as a committee, we have learned a great deal through the process.

This conference has grown to more than three times the size of the first CPATH, and it has about twice the content of the 2015 conference. This year, over 300 people will come together for an exciting mix of plenaries, workshops, panels, posters and presentations. Presenters and participants include health care providers, health administrators and policy-makers, government representatives, educators, lawyers, researchers, students, and others with a shared interest in advancing the health and wellbeing of trans and gender variant people. As with our last conference, a significant number of presenters and participants are members of trans communities and are partners and family members; indeed, close to half the presenters describe themselves in this way; furthermore, about 10% of our presenters are Indigenous. Overall, our presenters come from a breadth of social and professional backgrounds, which lends to the enormous richness we hope you will experience in the conference.

Across the preconference and conference, we will have many opportunities to learn from one another and expand our perspectives – not just in the sessions themselves, but in the conversations over meals, in self-organized caucuses, and other opportunities to meet new colleagues and cultivate networks. As CPATH's strategic plan will soon be renewed, we also invite you to contribute your thoughts during consultation opportunities at the conference.

At this conference, we encourage you to bring: a desire to contribute to the health and well-being of trans people and communities; a willingness to notice and reflect on your places of comfort and discomfort; a recognition that fellow participants come from a range of backgrounds and degrees of experience in relation to trans and Two Spirit health, and a sense of wonder and imagination for what we could create together in the future.



Devon MacFarlane,
CONFERENCE CHAIR, TORONTO
PAST-PRESIDENT, CPATH

Message du président

Il y a deux ans, alors que nous préparions la conférence de 2015, le coprésident et moi-même commentions le changement sans précédent qui se produisait dans la relation entre les soins de santé et la santé trans. Cette année, alors que nous nous préparons à tenir la conférence sur les territoires non cédés de la Nation Səlilwətaʔ, Xʷməθkʷəy̓əm, & Skwx̱wú7mesh h (Tsleil-Waututh, Musqueam & Squamish) à Vancouver, je me suis retrouvé à réfléchir sur les deux récentes causes qui nous permettent de célébrer ces significatifs changements qui se sont produits au Canada depuis la création du CPATH il y a presque 10 ans. Il y a à peine six mois de cela, après 12 ans de travail, le projet de Loi C-16 devenait une Loi canadienne, ajoutant l'identité de genre et d'expression dans la Loi canadienne sur les droits de la personne, et des dispositions sur les crimes haineux dans le Code criminel. Au cours des deux dernières années, nous avons été témoins des investissements sans précédent dans la santé trans de la part des ministères de la santé de la Colombie Britannique et de l'Ontario, et chacune des provinces est maintenant en train de trouver des solutions en ce qui a trait aux chirurgies pour les personnes trans.

Cette conférence s'efforcera aussi de refléter le changement le plus significatif aujourd'hui de la société canadienne : l'implantation des recommandations de la Commission de vérité et réconciliation. Dans ce contexte de vérité et réconciliation, le CPATH s'engage à prendre toutes les mesures pour donner une pleine place aux autochtones. L'implication des membres autochtones du comité organisateur de la conférence, avec la contribution de trois membres autochtones du Conseil d'administration du CPATH, incluant Elder Mary Wilson (de la Nation Cree), a été déterminante dans l'élaboration de la conférence. En tant que président du Comité de la conférence, j'ai trouvé l'exercice passionnant, stimulant et inspirant. En tant que Comité, nous avons appris énormément tout au long de ce processus.

La taille de cette conférence a plus que triplé comparativement à la première conférence du CPATH, et le contenu a doublé au regard de la conférence de 2015. Cette année, plus de 300 personnes se retrouveront pour cette stimulante rencontre à travers des séances plénières, des ateliers, des panels, et des présentations. Les conférenciers et les participants, incluant les fournisseurs de services, les professionnels, les gestionnaires, les décideurs en matière de santé, des représentants des gouvernements, des éducateurs, des avocats, des chercheurs, des étudiants, et tous celles et ceux qui partagent un intérêt dans l'amélioration de la santé et le bien-être des personnes trans et de genre non conforme pourront partager autour de leur expérience. Comme lors de notre dernière conférence, un nombre significatif de conférenciers et de participants appartiennent à la communauté trans ou sont leurs partenaires ou membres de leur famille. Près de la moitié des conférenciers se décrivent ainsi. De plus, environ 10 % des conférenciers sont autochtones. En général, les conférenciers proviennent d'un large milieu social et professionnel, ce qui apporte une très grande richesse à ce que vous vivrez au cours de cette conférence.

À travers la pré-conférence et la conférence, vous aurez de nombreuses occasions d'apprendre de chacun, et d'élargir votre champ de vision, non seulement pendant les activités elles-mêmes, mais au cours des échanges au moment des repas, ou lors de rencontres informelles. Vous aurez la possibilité de rencontrer de nouveaux collègues et d'accroître votre réseau de contacts. Comme le plan stratégique du CPATH est en cours de renouvellement, vous êtes aussi invités à apporter votre contribution à l'occasion de consultations qui auront lieu pendant la conférence.

Durant cette conférence, nous vous encourageons à venir avec : votre désir de contribuer à la santé et au bien-être des personnes trans et de leurs communautés ; votre souhait de constater et de réfléchir sur votre place à cette conférence en termes de confort ou de malaise ; votre conscience que les participants proviennent d'horizons différents avec des niveaux différents d'expérience dans leur connaissance de la santé des personnes trans et bi spirituelles ; et votre sens de l'imagination et de l'enchantement pour créer ensemble ce que nous désirons pour l'avenir.



Devon MacFarlane,
PRÉSIDENT DE LA CONFÉRENCE-VANCOUVER
PRÉSIDENT SORTANT DE LA CPATH

Fostering a Rich Learning Environment

CPATH conferences are known for providing a rich learning environment on several fronts. CPATH is known for curating content at the leading edges of the field, and our conferences bring together professionals – both cisgender and transgender – from a broad range of sectors and disciplines, alongside trans and Two-Spirit¹ community members who are working for positive change. Perhaps most importantly, participants are welcoming and inclusive, supportive, and recognize that we each have areas where we can learn and grow, and we each bring something of value, whether as newcomers to gender affirming healthcare, or people who have a decade or more of experience.

Many trans and Two-Spirit people are understandably frustrated and angry about the lack or rate of change they see in systems that can act as oppressive forces on their own and others' lives. Partners and family members of trans and Two-Spirit people may have witnessed their loved ones struggling with challenges in accessing support and services, and may have experienced similar frustration. Many cisgender people work tirelessly with their trans and Two-Spirit colleagues and with their local trans advocacy and frontline groups to improve health outcomes and to challenge and catalyze change in systems which aren't currently serving trans and Two-Spirit people well. Some providers may be the only person in their community who is working with trans or Two-Spirit people. And some conference participants – both trans and cisgender, Indigenous and of settler heritage – are brand new to learning about gender affirming healthcare.

As part of contributing to the shared learning environment at the conference, we invite you to consider – and perhaps ask one another – “How do you most hope to learn and grow through participating in this conference? How will you orient yourself to engage with new information? How will you be open to content that may challenge deeply held convictions and ways of functioning?”

Gender-related Etiquette

As the conference brings together a breadth of cisgender, trans, and Two-Spirit participants, please do not assume anyone's gender identity. Please ask about pronouns, especially when speaking of someone in the 3rd person. If in doubt, avoid pronouns or use gender neutral pronouns such as “they”.

Please be aware that washrooms are for everyone and that conference participants are invited to use the washroom that is most comfortable for them. Conference washrooms will be gender neutral.

¹ A term used within some indigenous communities, encompassing sexual, gender, cultural, and spiritual identity. Reflects complex indigenous understandings of gender roles and the long history of sexual and gender diversity in indigenous cultures. For more information, see <http://transhealth.phsa.ca/trans-101/two-spirit>

Favoriser un environnement d'apprentissage enrichissant

Les conférences du CPATH sont connues pour offrir un cadre d'apprentissage enrichissant à plusieurs niveaux. Le CPATH est connu pour être à la fine pointe dans son champ d'expertise, et nos conférences apportent aussi bien aux professionnels – cisgenres et transgenres – qui couvrent un large éventail de secteurs et de disciplines, qu'aux membres des communautés trans et bi spirituelles. Mais peut-être le plus important, les participants sont accueillants et inclusifs, solidaires, et savent que chacun de nous peut partager une expérience à partir de laquelle nous pouvons tous apprendre et évoluer, peu importe que nous soyons des nouveaux venus dans la volonté d'améliorer la santé des personnes trans, ou que nous ayons des années d'engagement et d'expérience en la matière.

Beaucoup de personnes trans et bi spirituelles sont, avec raison, frustrées et parfois en colère face à la lenteur et/ou au peu de changements. Elles perçoivent cette situation comme des forces oppressives jouant contre elles-mêmes et contre leurs proches. Les partenaires et les familles des personnes trans et bi spirituelles les soutiennent devant les défis auxquels elles doivent se confronter pour avoir accès à du soutien et à des services. Beaucoup de personnes cisgenres travaillent inlassablement avec leurs collègues trans et bi spirituels et avec les organismes trans pour améliorer les résultats, et pour relever les défis rencontrés dans le système qui actuellement ne sert pas adéquatement les personnes trans et bi spirituelles. Quelques fournisseurs de service sont parfois les seules personnes de leur communauté à travailler avec les personnes trans et bi spirituelles. Et plusieurs participants à la conférence, personnes trans et cisgenres, autochtones et non autochtones, en seront à leur première conférence pour en connaître plus.

Comme contribution à ce partage d'un environnement d'apprentissage durant la conférence, nous vous invitons à considérer – et peut-être à ce que chacun se demande – « Qu'est-ce que vous attendez le plus comme apprentissage en participant à cette conférence ? Comment vous engagerez-vous vous-même suite à ces nouvelles connaissances ? Comment envisagez-vous ce défi de remettre en questions des comportements et des convictions profondément ancrées ? »

Respecter le genre choisi

Comme la conférence rassemblera un large éventail de personnes cisgenres, trans et bi spirituelles, s'il vous plaît ne présumez pas de l'identité de genre de chacun. Demandez quel pronom vous devez utiliser, spécialement si vous parlez de quelqu'un à la 3e personne.

Veuillez aussi noter que les toilettes seront indifférenciées et les participants à la conférence seront invités à utiliser les toilettes dans lesquelles ils se sentiront le plus à l'aise. Les toilettes de la conférence seront neutres quant au genre.

¹ Terminologie utilisée au sein de certaines communautés autochtones qui recouvre l'identité sexuelle, de genre, culturelle, et spirituelle. Il reflète la perception complexe des rôles sexuels et la longue histoire de la diversité sexuelle et de genre dans les cultures autochtones. Pour plus d'information, consultez le site suivant : <http://transhealth.phsa.ca/trans-101/two-spirit>

What is a Safer Space?

It is becoming more common for Safer Spaces to be provided at large gatherings focusing on marginalized populations. Many CPATH conference participants may be familiar with the concept of “positive space” which helps to identify spaces and individuals that are welcoming of lesbian, gay, bisexual, transgender, Two-Spirit, and queer people. A Safer Space takes an intersectional approach, recognizing that people may seek spaces that are welcoming not only in relation to sexual orientation and gender identity, but also in relation to many other aspects of peoples’ identities or lived experiences, such as race, ability, class, etc.

At the CPATH conference, we recognize that no space is entirely safe; our aim is to continuously work with people to meet their needs in a “Safer Space”. At the conference, the Safer Space is a place where anyone can relax, can talk about their experiences, and will be welcomed and affirmed whether they are or aren’t a member of trans communities, whether they are Indigenous or are of settler heritage of any race/ethnicity, regardless of sexual orientation, cultural background, religious or spiritual affiliation, age, physical or mental abilities, or their professional or personal roles and affiliations in relation to the health and well-being of trans people and communities.¹

The Safer Space: Harwood Room

The Safer Space will be available during daytime conference events.

Participants who visit the safer space will notice:

- An evolving set of guidelines addressing respect, diversity, and anti-oppression
- That the space is located away from the main conference events/activities
- The availability of decompression activities, sensory enhancement activities and supplies, educational and identity affirming resources.
- That there is an easily identifiable and approachable active listener in the room. These individuals have skills in active listening, verbal and non-verbal communication, confidentiality and problem solving.^{2,3}
- Opportunities to provide anonymous feedback/expression/reactions in the Safer Space.

¹ Opportunities to provide anonymous feedback/expression/reactions in the safer space. Adapted from Advocates for Youth. (2005).

² Creating Safe Space for GLBTQ Youth: A Toolkit. Washington, DC: Advocates for Youth. <http://www.advocatesforyouth.org/publications/publications-a-z/608-creating-safe-space-for-glbtc-youth-a-toolkit>
The Mental Health Foundation. (2002). Peer Support Manual. London, UK: The Mental Health Foundation.

³ <http://www.mentalhealth.org.uk/content/assets/PDF/publications/peer-support-combined>.
Silverman, R. (2008). Peer Listening. <http://www.riseaboveit.org/peer-listening.html>

Qu'est-ce qu'un espace sécuritaire ?

Il est habituel maintenant d'offrir en général des espaces sécuritaires lors de rassemblements qui pourraient susciter de fortes émotions chez les participants. Beaucoup de participants à la conférence du CPATH sont peut-être familiers avec le concept « d'espace positif » qui aide à identifier des espaces collectifs et individuels dans lesquels les lesbiennes, les gais, les bisexuels, les bi spirituels, et les queers sont les bienvenus. Un espace sécuritaire est une approche intersectionnelle, qui reconnaît que des personnes souhaitent des espaces où elles sont les bienvenues en raison de leur orientation sexuelle ou de leur identité de genre, mais aussi avec des personnes partageant leurs origines, ou leur classe sociale, ou encore leur capacité physique ou mentale, etc.

Pendant la conférence du CPATH, nous sommes conscients qu'aucun espace n'est entièrement sécuritaire. Notre objectif est donc de continuellement travailler pour rejoindre les attentes des personnes en matière « d'espace sécuritaire ». Un espace sécuritaire est un endroit où chacun peut relaxer, parler de ses expériences, et se sentir le bienvenu tout en s'affirmant, indépendamment qu'il soit ou non membre des communautés trans, qu'il soit ou non autochtone, qu'il soit ou non d'une minorité racisée ou ethnique, et indépendamment aussi de son orientation sexuelle, de son milieu culturel, religieux, spirituel, de son âge, de ses capacités physiques ou mentales, ou de ses affiliations personnelles ou professionnelles en relation avec la santé et le bien-être des personnes et des communautés trans¹.

L'Espace sécuritaire : Salon Harwood

L'espace sécuritaire sera ouvert toute la journée durant tous les événements de la conférence.

Les participants qui visiteront l'espace sécuritaire remarqueront :

- un ensemble de lignes directrices concernant le respect, la diversité, et l'anti-oppression ;
- que l'espace est situé loin des activités et des événements de la conférence ;
- la mise à disposition d'activités de décompression, d'activités d'amélioration des capacités sensorielles, et des ressources d'éducation et d'affirmation de son identité
- Qu'il y a quelqu'un identifiable et accessible offrant de l'écoute active dans la salle. Ces personnes possèdent des compétences dans la communication verbale et non verbale, la confidentialité et la résolution de problèmes.^{2,3}
- La possibilité de recevoir de l'aide et du soutien en toute confidentialité.

¹ Adapté de : Girl's Best Friend Foundation and Advocates for Youth. Creating Safe Space for GLBTQ Youth: A Toolkit. Washington, DC: Advocates for Youth, 2005. <http://www.advocatesforyouth.org/publications/publications-a-z/608-creating-safe-space-for-glbq-youth-a-toolkit>.

² The Mental Health Foundation. Peer Support Manual. London, UK: The Mental Health Foundation, 2002. <https://www.mentalhealth.org.uk/file/1286/download?token=dhRMpN1b>.

³ Silverman, R. et H. Reynolds. Peer Listening. <https://web.archive.org/web/20120315140749/http://riseaboveit.org/peer-listening.html>.

Acknowledgements

CPATH is committed to providing conference content in English and French. Unfortunately, although we are committed to providing simultaneous interpretation for the entire conference, implementing full English/French/English language access is a complex and expensive process, and requires financial resources currently beyond CPATH's reach.

The CPATH 2017 Conference will be providing simultaneous interpretation for all Plenary sessions, and for two other sessions: Friday, 3:45 pm, #4, Gender Affirming Surgery: Using Client Feedback & Input to Improve Surgical Care & Access (Workshop), and Saturday, 4:15 pm, #1, Newcomers & Ethnocultural Minorities; Safety & Belonging (Oral Presentations).

The Vancouver 2017 CPATH Conference, *Transforming the Landscape of Transgender Health and Wellness*, acknowledges and thanks the Conference Planning Committee and additional volunteers for their extraordinary time and contributions to the task of organizing this year's conference:

Conference Planning Committee:

Devon MacFarlane, Chair (Toronto, Ontario)
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Gwen Haworth (Vancouver, British Columbia)
Yasmeen Persad (Toronto, Ontario)
Elizabeth Saewyc (Vancouver, British Columbia)
Kate Shewan (Halifax, Nova Scotia)

Stephanie Shostak (Edmonton, Alberta)
Julie Temple Newhook (St. John's, Newfoundland and Labrador)
Linda Van Pelt (Prince George, British Columbia)
Tuma Young (Mi'kmaq First Nation, Sydney, Nova Scotia)

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and Katia Glannikakis (Montréal, Québec)

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2017 CPATH Conference Coordinator:

Rachel Gillooly and Associates, Conference Planners, Minden, Ontario
Rachel Gillooly, Holly Fisher, Barb Lewis and John Schmidt

Remerciements

CPATH est engagé à fournir un contenu de la conférence en anglais et en français. Malheureusement, bien que nous souhaiterions assurer l'interprétation simultanée pour l'ensemble de la conférence, la mise en oeuvre d'une interprétation anglais / français / anglais représente un processus complexe et coûteux, et nécessite des ressources financières actuellement au-delà de la portée de la CPATH.

La Conférence 2017 de la CPATH fournira l'interprétation simultanée pour toutes les plénières, et pour deux autres sessions : vendredi 11h00, N ° 3, Être trans au travail (Présentations orales), et le samedi, 13h00, N ° 3, Naviguer vers le bien-être (Présentations orales).

La Conférence 2017 de la CPATH, Changer le portrait de la santé et du bien-être des personnes transgenres, reconnaît et remercie le Comité de planification et autres bénévoles pour leurs contributions extraordinaire à la mise sur pied de la conférence de cette année :

le Comité de planification :

Devon MacFarlane, Président (Toronto, Ontario)

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Lorraine Grieves (Vancouver, Colombie-Britannique)

Gwen Haworth (Vancouver, Colombie-Britannique)

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Équipe d'engagement des Autochtones de Trans Care BC

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Adrian Edgar (Fredericton, Nouveau-Brunswick)

Lorraine Grieves (Vancouver, Colombie-Britannique)

Stéphanie Maillet (Bathurst, Nouveau-Brunswick)

Zack Marshall (Waterloo, Ontario)

Albert McLeod (Cree Nation et Métis, Winnipeg, Manitoba)

Stel Raven (Inuit et Cree, Fredericton, Nouveau-Brunswick)

Renee Ryan (St. John's, Terre-Neuve-et-Labrador)

Francoise Susset (Montréal, Québec)

John R. Sylliboy (Mi'kmaq, Millbrook Première Nation)

Julie Temple Newhook (St. John's, Terre-Neuve-et-Labrador)

Linda Van Pelt (Prince George, Colombie-Britannique)

Mary Wilson (Cree, Winnipeg, Manitoba)

Traduction : *Denis-Daniel Boullé (Montréal, Québec), Craig Ross (Winnipeg, Manitoba), and Katia Glannikakis (Montréal, Québec)*

Site Web et bulletins d'information : *Calleigh Lim (Nanaimo, Colombie-Britannique)*

Coordination de la conférence 2017 de la CPATH :

Rachel Gillooly et associés, Plannificateurs de conférences, Minden, Ontario:

Rachel Gillooly, Holly Fisher, Barb Lewis et John Schmidt

CPATH Pre-Conference Program

This program has been reviewed by the College of Family Physicians of Canada and is awaiting final certification by the College's British Columbia Chapter.

Wednesday, October 25, and Thursday, October 26, 2017

Wednesday, October 25, 2017

PRE-CONFERENCE TRAINING SESSIONS

7:45 – 8:45 am Breakfast
9:00 am – 12:30 pm (Break 10:00 – 10:30 am)

Children & Youth 1:

1. Supporting Trans and Gender Diverse Children and Families

This session will provide participants with an understanding of how to support young trans and gender diverse children and their families using an affirmative, child/family-centred approach. The session will include an introduction to children's gender diversity, a review of emerging evidence and knowledge related to affirmative care, and a discussion of best practices to support younger children and their families. The team of presenters will highlight ways to bring families, schools, and communities into the conversation to build support for gender diverse, gender-questioning and trans children. The second part of the presentation will focus on supporting children and youth regarding mental wellness and supporting parents/caregivers and siblings across cultures.

Faculty:

Dr. Stephen Feder, MDCM, MPH, is an Assistant Professor at the University of Ottawa, the Division Chief of Adolescent Medicine, Medical Director of the Regional Eating Disorders Program of Eastern Ontario and Co-Director of the Diversity Clinic at the Children's Hospital of Eastern Ontario (CHEO). He is an active member of CPATH and WPATH.

Dr. Julie Temple Newhook is a Professional Associate with the Janeway Pediatric Research Unit, Faculty of Medicine, Memorial University. She founded the Trans Health Research Group at Memorial, which recently completed the TransKidsNL Study, and works closely with the newly established Gender Wellness Clinic at the Janeway Children's Health and Rehabilitation Centre in St. John's. In 2014, Dr. Temple Newhook founded Canadian Parents of Gender Creative Kids/Parents d'enfants transgenres Canada and Parents of Gender Creative Kids - Newfoundland and Labrador (PGCK-NL), the national and provincial peer support groups for parents of trans and gender diverse children. PGCK-NL is connected to the Trans Youth Group, for young people between 12 and 18 years of age, and the Gender Creative Kids Playgroup for children between 5 and 11 years. The parent and youth groups are located in St. John's and linked to families throughout the province.

Dr. Wallace Wong is a registered Clinical Psychologist who has been working with children and youth with a variety of sexual issues for over sixteen years. He has published several papers, book chapters, and books on transgender children and youth. He has also spoken at various national and international conferences and workshops addressing the clinical issues of transgender children and youth.

Trans Introduction:

2. Introduction to Gender-Affirming Practice

Gender diversity has existed throughout human history and remains part of the rich make-up of human experience across the world. As there will never be 'one trans story', it is integral that service providers remain open to the diverse identities, choices, and health care and support needs that our clients and patients self-identify.

If you are newer to this work and/or looking to brush up your trans cultural awareness, this session will prepare social service providers, clinicians and their support staff with foundational knowledge aimed at enhancing the inclusive, accessible, safer and gender-affirming elements of their practice. Content covered will include foundational concepts, language and questions, policies and forms, trans-accessible space, and gender-affirming practice approaches.

Learning Objectives:

This training will provide participants with tools to assess and enhance the accessibility of their practice through developing multi-pronged approaches that support service users, providers and their staff in the delivery of gender-affirming care.

Faculty:

Gwen Haworth is a trans-feminine gender diversity advocate currently working as the Education Project Manager with Trans Care BC. She has European settler roots; born, living and an uninvited guest on unceded Coast Salish Territory. Prior to her current role, Gwen worked for five years as the LGBT2Q+ educator with Prism Services, Vancouver Coastal Health, and also worked front line for nearly a decade with RainCity Housing and Support Society, focusing on harm-reduction, self-determination, and low barrier access to housing, shelter and services. Gwen has volunteer stints with the Vancouver Parks Board's Trans Inclusion Working Group, the City of Vancouver's LGBTQ advisory committee, the Trans Alliance Society, and the Catherine White Holman Wellness Centre. Gwen is likely best known outside of Vancouver for her past film work, primarily her feature documentary *She's a Boy I Knew*, which screened internationally at over 100 film festivals and continues to be used in curriculum at post-secondary institutions across North America.

Jenn Matsui De Roo, MA, RCC, is a genderqueer, Japanese Canadian, mixed race settler living and working in Vancouver, BC on unceded Coast Salish territories. Jenn is a registered clinical counsellor in private practice, and also volunteers as the clinical counselling supervisor for the Catherine White Holman Wellness Centre. Jenn's work is grounded in anti-oppression and feminist theory and practice, with a focus on supporting trans and gender diverse individuals. Areas of interest include healing from trauma and abuse; sexual health, wellness and pleasure; living with chronic pain and illness; and thriving in intercultural and queer relationships.

Nursing Part 1:  THE UNIVERSITY OF BRITISH COLUMBIA
School of Nursing

3. Gender Affirming Primary Health Care for Nurses in Community Settings

Objective: This pre-conference training session will provide nurses with information to enhance their ability to care for transgender, Two-Spirit and gender diverse clients in primary care settings, including Community Health Centres, sexual health and STI clinics, youth clinics, school nursing, and home care nursing.

Context: Transgender, Two-Spirit and gender diverse (trans) people have the right to respectful and dignified primary health care in their home communities. Nurses working in primary care settings are uniquely positioned to provide gender-affirming care to trans clients. Choosing to enhance your practice skills include the provision of gender-affirming care can have a profound impact on the health of trans people in your community.

Nurses that attend this session will learn about:

- gender diversity, transgender and Two-Spirit cultural competency;
- gender-affirming approaches to providing care;
- how to support and address fears/concerns of parents & guardians of gender-creative children;
- how to support schools & families to create safer spaces for gender-creative children;
- barriers that people experience when trying to access gender-affirming care;
- how to support people experiencing mental health issues that stem from transphobia and past negative experiences in the health care system, including resources, advocacy and re-building therapeutic relationships;
- supporting people through social, medical and surgical aspects of transition;
- how to make safer referrals;
- how to provide safer and more inclusive physical assessments and sexual health screening;
- how to facilitate referrals to gender-affirming medical and surgical care;
- how to advocate for trans people and their families across the lifespan and in different clinical settings;



- how to provide basic post-operative care to clients after gender-affirming surgery;
- how to liaise with local trans health care services

Faculty:

Fin Gareau is a trans and Two-Spirit nurse originally from Prince Albert, Saskatchewan, who fully embraces the importance of community reciprocity. He began his queer and trans activism in the early 2000's facilitating the Safe Spaces youth group in the Kootenays, and delivering trans workshops to rural social service agencies. He then began volunteering with the Trans Youth Drop-in and coordinated the program for over 8 years. He has worked with gender diverse and questioning youth and their families for over 15 years. Fin recently completed his Master of Nursing, Family Nurse Practitioner degree and has a strong passion for working with gender diverse and Two-Spirit people. Recognizing the need to create more trans specific and inclusive health care services, Fin was a founding organizer of the Catherine White Holman Wellness Centre. Providing trans visibility and 'first contact' with isolated trans youth is an experience that continues to resonate with and motivate Fin today.

Lauren Goldman is a registered nurse whose practice has focused on increasing access to low-barrier, gender affirming care. She is particularly passionate about sexual health and teaching clinicians how to create health care experiences that are considerate of gender, orientation, kink practices, bodies and ability. Lauren has been privileged to work with the Catherine White Holman Wellness Centre, the STI/HIV Clinic at the BC Centre for Disease Control, Options for Sexual Health, Insite and the Sexual Assault Service. As the Nurse Educator for Trans Care BC, Lauren works with the Education Team to develop educational resources for care providers that promote comprehensive, affirming health services for trans individuals across BC. Lauren is a queer woman of Middle Eastern and European descent, currently living in the unceded Coast Salish Territory of Vancouver. She has a cheeky dog named Arthur, loves hot sauce, and is always on the lookout for foods that remind her of home.

Sandy Gunderson is a Surgical Coordinator nurse and cis-gender ally with Trans Care BC and part of the Care Coordination Team. Her work has taken her to remote northern communities as well as urban and inner city locations where she has had the privilege of working with diverse communities. Before finding her way to Trans Care BC, she worked in a remote health centre in Nunavut, with the Sexual Assault Service, Sheway, Vancouver Native Health and Three Bridges Primary Care where she worked with many gender diverse clients. Sandy is excited to be able to continue supporting gender diverse people through her role at Trans Care BC. Sandy is passionate about accessible and competent health care for all British Columbians, and is currently enrolled in a Masters of Public Health program through the London School of Hygiene and Tropical Medicine. Sandy was born and raised in the Lower Mainland and in her spare time likes to watch scary movies and dog videos on Facebook.

1:30 – 5:00 pm

(Break 3:00 – 3:30 pm)

Children & Youth 2:

4. Pre-puberty/Puberty: Addressing On-coming Puberty (Part I)

This pre-conference training will allow participants to build on their current knowledge and practice with an aim to provide concrete clinical content that will enhance clinician's skills in working with gender creative and trans youth, children and their families.

This workshop is part one of two that will focus primarily on medical intervention and supports for transgender youth. For trans young people who are showing the earliest physical changes of adolescence, puberty blockers can delay the development of physical changes, which may allow a young person time to consolidate their gender identity, make decisions about subsequent medical intervention and/ or avoid puberty-related changes altogether. Puberty blockers have been demonstrated to improve psychosocial outcomes in transgender youth.

This session will focus on young people who are approaching adolescence or who are in early puberty and will cover clinical care of these clients and families focusing on the importance of mental health support and the timely use of puberty-blocking agents such as Lupron. The presenters will provide skills-building content designed to support newer clinicians to move towards more advanced practice with younger youth.

Faculty:

Dr. Ingrid Cosio, MD, studied medicine at UBC and completed her residency training in Family Medicine at UBC- Prince George site in 2005. She is clinical faculty of the UBC Family Practice Residency Program in Prince George and shares an office in one of the teaching clinics. She is also the site lead faculty for Behavioural Medicine for the Residency Program. Obstetrics and in-patient care are important parts of her practice. Dr. Cosio has gained experience in Transgender health over the last 10 years, through work with an increasing number of gender diverse patients from Prince George as well as other communities in the North. In August 2015, with the support of the Northern Health Authority, the Prince George Division of Family Practice and the Blue Pine Clinic, the Northern Gender Clinic was started in order to provide multidisciplinary care to gender diverse people in the North.

Dr. Margaret Lawson is a pediatric endocrinologist at the Children's Hospital of Eastern Ontario and Professor of Pediatrics at the University of Ottawa. She has been providing hormone therapy to trans youth since 2006, is the co-director of CHEO's Diversity Clinic, and a member of the Ontario Advisory Committee for the Independent Children's Project, Rainbow Health Ontario. Margaret has a Master's in Clinical Epidemiology and more than 20 years experience designing and conducting pediatric clinical trials. She

is the Co-PI and Clinical Lead on Trans Youth CAN! Margaret is very excited to be working with the multidisciplinary Trans Youth CAN! Research Team, which will be gaining and translating knowledge about best practices for trans youth, families and health professionals.

Dr. Dan Metzger is a Clinical Professor of Pediatrics at the University of British Columbia, and a Pediatric Endocrinologist working on the Endocrinology & Diabetes Unit of BC Children's Hospital. Dr. Metzger and his staff, working with mental-health colleagues at BCCH and in the community as a "clinic without walls", began seeing transgender kids in 1998. They have now seen over 300 kids with one of the busiest clinics in Canada. In 2014, they published one of the first North American reports on the results of their experience caring for trans and gender-questioning children and youth.

Dr. Wallace Wong is a registered Clinical Psychologist who has been working with children and youth with a variety of sexual issues for over sixteen years. He has published several papers, book chapters, and books on transgender children and youth. He has also spoken at various national and international conferences and workshops addressing the clinical issues of transgender children and youth.

Two-Spirit:

5. Decolonizing Your Practice of Providing Gender Affirming Care

Many conference attendees have worked with and provided care for gender diverse populations before, however, not everyone has had the chance to fully reflect on ways that they can enhance their practice when working with and for Indigenous communities. While some Two-Spirit people may have similar gender goals as those who identify as transgender, the way culture, spirituality, and intergenerational trauma intersect when it comes to health care differ vastly from those who are non-Indigenous. When we are providing care for Indigenous individuals and communities, it is imperative that we understand the impact of colonization on the wellbeing of Two-Spirit people and what is required of the healthcare field in terms of moving forward together in a good way. The first part of this pre-conference session will provide an introduction to colonialism as a determinant of health, the state of health research on Two-Spirit and transgender Indigenous people in Canada, as well as provide practitioners with practical tools and self-reflexive approaches to utilize in developing a decolonizing approach to gender affirming care when working with Indigenous peoples. The later part of the session will be spent hearing from a small group of trans and Two-Spirit care providers, on their approaches to decolonizing practice and gender diversity within Indigenous communities.

Faculty:

Dr. Sarah Hunt, PhD, is a Two-Spirit scholar from the Kwagwalth community of the Kwakwaka'wakw nation. She is an Assistant Professor at UBC in the Institute for Critical Indigenous Studies, and her scholarship builds on more than 15 years of community-based research, education and advocacy. Sarah's research uses a strengths-based approach in examining issues facing Indigenous youth, Two-Spirit people, women and families, including the health and social impacts of historic trauma, intergenerational and interpersonal violence, and systemic violence. She has published peer-reviewed reports and articles on Two-Spirit health, Indigenous gender relations, justice, sex work, and a range of other issues of concern to Indigenous communities.

Kyle Shaughnessy, RSW, is a Two-Spirit, trans person of mixed Indigenous (Dene) and European (Irish, Ukrainian) ancestry. He is a social worker and writer who grew up in the Northwest Territories and rural BC. Kyle has supported trans youth and their families in varying capacities since 2001 and has a strong background in youth education and queer and trans community building. Kyle has worked extensively with school districts, health care providers, and communities in their efforts to build capacity to better support trans and Two-Spirit youth. Kyle is the Lead for Indigenous and Child, Youth & Family Education at Trans Care BC and is currently completing a Master of Social Work degree at Dalhousie University, where he is focusing his studies on decolonial postvention and healing practice with trans and Two-Spirit youth.

Nursing Part 2:



THE UNIVERSITY OF BRITISH COLUMBIA
School of Nursing

6. Nursing Care Before, During and After Gender Affirming Surgery

Objective: This pre-conference training session will provide nurses with information to enhance their ability to care for transgender, Two-Spirit and gender diverse clients during the pre- and post-operative periods of gender affirming surgery.

Context: Gender-affirming surgeries change a person's physical characteristics to better reflect their gender identity. Many transgender, Two-Spirit and gender diverse (trans) people are happy with their bodies, or find comfort with their bodies through non-surgical means, while other people require surgery to provide relief from gender dysphoria (distress experienced when a person's gender identity does not match their sex assigned at birth), increase safety and comfort, and lessen or eliminate the need to take hormone therapies. As gender-affirming surgeries become more accessible, nurses are caring for more trans clients during the pre- and post-operative periods.

Nurses that attend this session will learn about:

- gender diversity, transgender and Two-Spirit cultural competency;
- gender-affirming approach to providing care;
- updated information to help people in BC navigate access to gender affirming surgeries (and considerations for clinicians in other provinces);
- basic overviews and when applicable, pre-operative teaching, planning, and post-operative care for the following surgeries
 - breast augmentation/construction
 - orchiectomy
 - vaginoplasty
 - sub-cutaneous mastectomy & chest contouring
 - hysterectomy & bilateral oophorectomy
 - metoidioplasty
 - phalloplasty;
 - how to liaise with local trans health care services

Faculty:

Fin Gareau is a trans and Two-Spirit nurse originally from Prince Albert, Saskatchewan, who fully embraces the importance of community reciprocity. He began his queer and trans activism in the early 2000's facilitating the Safe Spaces youth group in the Kootenays, and delivering trans workshops to rural social service agencies. He then began volunteering with the Trans Youth Drop-in and coordinated the program for over 8 years. He has worked with gender diverse and questioning youth and their families for over 15 years. Fin recently completed his Master of Nursing, Family Nurse Practitioner degree and has a strong passion for working with gender diverse and Two-Spirit people. Recognizing the need to create more trans specific and inclusive health care services, Fin was a founding organizer of the Catherine White Holman Wellness Centre. Providing trans visibility and 'first contact' with isolated trans youth is an experience that continues to resonate with and motivate Fin today.

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Thursday, October 26, 2017

7:45 – 8:45 am Breakfast

9:00 am – 12:30 pm (Break 10:00 – 10:30 am)

Children & Youth 1:

1. Adolescence: Moving Forward With Gender-affirming Care for Youth (Part II)

This pre-conference training will allow participants to build on their current knowledge and practice with an aim to provide concrete clinical content that will enhance clinician's skills in working with gender creative and trans youth, children and their families.

This session will build upon part one and will focus on clinical care and medical interventions for youth who are seeking transition-related medical interventions such as gender-affirming hormone therapy. Presented by a team working in diverse practice settings, this session will be designed to support clinicians in moving towards more advanced practice with youth who are older, have already experienced puberty, or because they've accessed blockers, require hormone therapy as they head into later adolescence. The importance of psycho-social supports, along with timely and accessible gender-affirming mental health support during this time will be discussed along with hormone and surgical assessments for older adolescents (up to age 24). Practice knowledge from two settings will be provided in order to provide examples that will be relevant for a range of settings.

Faculty:

Dr. Joey Bonifacio, MD, FRCPC, MSc, MPH, MA, is a pediatrician and adolescent medicine specialist at the University of Toronto. His clinical practice involves working with children and adolescents, in particular, lesbian, gay, bisexual, transgender, and queer (LGBTQ) adolescents and immigrant and refugee teens. His clinical care also involves eating disorders, reproductive health, and mental health. His outreach involves the provision of medical and mental health care for street-involved and homeless youth. Joey completed an AB (Cornell) and MD (UBC). He completed his general pediatrics residency at the Montreal Children's Hospital where he was also chief resident. He completed his adolescent medicine fellowship at SickKids. Joey has completed an MSc in Bioethics (McGill), MPH (Harvard), and an MA in medical anthropology (UoT). He is currently completing his MTS (Regis College, University of Toronto).

Dr. Carys Massarella, MD, FRCPC, is an attending emergency physician at St. Joseph's Health care in Hamilton and is also the lead physician for the Transgender Care Program at Quest Community Health Centre in St. Catharines. Dr. Massarella sees and treats transgender identified clients of all ages and is a leading expert in transgender care in Ontario. She teaches at the Degroote School of Medicine and is an Assistant Clinical Professor there. Dr. Massarella lectures widely on transgender health care and has also done a TEDx talk on "The Depathologization of Trans Identity". She recently appeared at TEDx Hamilton where she presented "The False Narrative of Deception". Dr. Massarella also appeared in the CBC doc zone documentary "Transforming Gender". She was the first transgendered person to be a President of a large teaching hospital medical staff anywhere in the world and was named one of the World's 50 Transgender icons by the Huffington Post. She also sits on the gender advisory committee for gender independent children for Rainbow Health Ontario, and is a member of WPATH.

Mental Health Part I:

2. What Mental Health Practitioners & Counsellors Need to Know About Medical / Social Transition

We invite mental health counsellors, social workers, therapists, students, and others to join us for this engaging and exciting full-day learning institute. We recommend this training for those who have a basic understanding of the issues and barriers trans, gender non-conforming and non-binary communities face.

The morning component will consist of sharing core clinical information about medical pathways used to support gender transitions (we fully acknowledge that many trans and gender-diverse folks do not medically transition, however this presentation will be looking at that aspect). We will cover current and emerging clinical practices for binary and non-binary trans and gender diverse clients seeking hormones. This will include a review of what masculinizing and feminizing hormones can offer in transitioning including what hormones do, the timelines of effects and expected outcomes, and health benefits and impacts. We will also touch briefly on surgeries, pre and post-operative preparation from a mental health standpoint, recovery, and care.

In the afternoon, we will focus on experiential learning by integrating the information on medical transition, with practical tools to inform our work. Through the use of role plays, media, case scenarios, arts-based exercises, and critical self-reflection, we will build clinical counselling skills in supporting trans and gender-diverse clients. We will also explore how to advocate for clients encountering institutional, social and cultural barriers when seeking access to medical transitions.

Opportunities to deepen our understanding of the intersections of medical and social transition, advocacy, trans and gender diverse positive approaches to care will be offered. Participants will be provided resources to bring back to their professional practices.

Learning Objectives:

1. To increase the capacity of mental health and social service providers working with trans and non-binary communities.
2. To better understand medical transition from a trans positive and gender diverse affirming approach.
3. To get acquainted with medical systems and social and institutional barriers from an anti-racist and anti oppression framework.

Faculty:

LeeAndra Miller, MA, RP, has more than 20 years' experience as a psychotherapist specializing in arts based therapy. LeeAndra works at Central Toronto Youth Services as the manager of Pride & Prejudice, a program that provides individual, group and family counselling for LGBTQ youth age 24 and under. LeeAndra's expertise is in providing positive and affirming psychotherapy for transgender youth, adults and their families. LeeAndra also facilitates trainings through Rainbow Health Ontario's Trans Health Connection program.

Jordan Zaitzow coordinates Trans Health Connection, a Rainbow Health Ontario (RHO) project. The project is increasing the capacity of primary health care systems across the province to provide high-quality, comprehensive care to trans communities through training, education, mentorship, resources, and networking. Previous to joining RHO, Jordan has also done years of front line shelter work, and has volunteered for and facilitated various drop-in programs for trans folks in Toronto. He also spent years as an independent trainer about trans access and issues.

Regional, Rural, Remote I:

3. Meet Me Where I'm At: Gender-Affirming Health Care in Regional Settings

Canadians living in regional, rural and remote settings commonly find geographical access to gender-affirming health care an added challenge. As more regional providers begin to offer gender-affirming health care, many quickly find their practices filled to capacity with a long waitlist due to word of mouth. Spanning the Maritimes to Northern BC, this session will present regional practice model examples and address some of the unique challenges faced in different provinces, regions, and health care systems. Join the presenters for discussions and exercises designed to encourage you to further explore ways to develop or enhance your gender-affirming health care services in your favorite neck of the woods.

Objective:

This session aims to provide participants with information, ideas and tools for developing gender-affirming health care in regional settings, thereby expanding primary care closer to home for gender diverse individuals living in regional, rural and remote settings.

Faculty:

Dr. Ingrid Cosio, MD, studied medicine at UBC and completed her residency training in Family Medicine at UBC- Prince George site in 2005. She is clinical faculty of the UBC Family Practice Residency Program in Prince George and shares an office in one of the teaching clinics. She is also the site lead faculty for Behavioural Medicine for the Residency Program. Obstetrics and in-patient care are important parts of her practice. Dr. Cosio has gained experience in Transgender health over the last 10 years, through work with an increasing number of gender diverse patients from Prince George as well as other communities in the North. In August 2015, with the support of the Northern Health Authority, the Prince George Division of Family Practice and the Blue Pine Clinic, the Northern Gender Clinic was started in order to provide multidisciplinary care to gender diverse people in the North.

Danielle Edwards is delighted to work for the Abbotsford Division of Family Practice in the role of Programs Lead. In this role, she oversees innovative programs and projects that involve collaboration with multiple members, stakeholder organizations, AHPs, and patients. Her background is in quality improvement and policy development, with a focus on strengthening health systems and advancing the social determinants of health. She has a Certificate in Voluntary and Non-Profit Sector Management from UVic; a Master of Arts degree from the University of Toronto; and a Bachelor of Arts social sciences degree from UVic.

Tj Jones is a trans-masculine GSM educator from St. John's, Newfoundland. He brings an approach informed by lived experience, and personally developed knowledge and relationships; he has been fortunate enough to share and further expand his perspective through his extensive experience delivering presentations regarding general LGBTQ+ and trans-specific awareness and inclusion. Tj has served as a member of St. John's Pride and the Trans Needs Coalition, as a Mentor Counsellor and consultant for the first year of Camp Rainbow (a trans youth camp) this past summer, currently co-facilitates the Trans Youth Group under PTGDK-NL, and hopes to be a part of establishing NL's future LGBTQ+ community center.

Dr. James Liu, MD, CCFP, is a recent graduate of the UBC Family Practice Residency Program. He is a staff physician at the Abbotsford Youth Health Centre, where he works as part of an interdisciplinary team in delivering transgender primary care to youth and young adults. He is currently working with the Abbotsford Division of Family Practice in developing a clear pathway to help family physicians offer timely and consistent care to patients with gender dysphoria.

Dr. Sharmeen Mazaheri is a family physician practicing since 2006 after completing Rural Family Medicine residency through UBC. She has worked in various remote communities including Masset in Haida Gwaii before locating permanently with her family to Courtenay on Vancouver Island. She has a full time primary care practice and is a clinical preceptor in family medicine for UBC. Dr. Mazaheri completed post-graduate clinical training in Palliative Care in 2010. In 2015 she became interested in gaining skills to provide care for the trans community and now provides hormone and surgical assessments for trans adults referred to her from Vancouver Island and the Gulf Islands. She also provides ongoing hormone management, long term follow up as well as post-surgical follow up for those who live locally to ensure accessible care.

Dr. Mari-Lynne Sinnott, MD, CCFP, is a two-time graduate of Memorial University. In 2009 she was a proud recipient of a Bachelor of Arts with honours in political science and French. From there she entered Memorial's Medical School, and graduated in 2009 with her MD. She finished her family medicine residency in June 2015, and worked in rural Newfoundland and the remote Northwest Territories, before she happily moved back to St. John's permanently in January 2016. Together with her friend and colleague, she opened a clinic in downtown St. John's that focuses on women's health and LGBTQ health, while also working with the province and community partners on developing a network of clinics to provide inclusive primary care to the marginalized populations of the city. She now has the largest transgender practice in the province, and holds a part time faculty position with the Family Medicine Department at Memorial University where she is involved in teaching medical students and residents around care of underserved populations.

Dr. Julie Temple Newhook is a Professional Associate with the Janeway Pediatric Research Unit, Faculty of Medicine, Memorial University. In 2014, Julie founded Canadian Parents of Trans and Gender Diverse Kids/Parents canadiens d'enfants transgenres and Parents of Trans and Gender Diverse Kids - Newfoundland and Labrador (PTGDK-NL), the national and provincial peer support groups for parents of trans and gender diverse children. PTGDK-NL is connected to the Trans Youth Group, for young people between 12 and 18 years of age, and the Gender Creative Kids Playgroup for children between 5 and 11 years. The parent and youth groups are located in St. John's and linked to families throughout the province.

Linda Van Pelt, NP, has been a health care professional for over 30 years. She started her career as a registered psychiatric and general nursing working in the areas of forensic psychiatry, community health, critical care and trauma, and flight medicine. She continued her career as a remote advanced practice nurse working in remote outpost health clinics in the Canadian Arctic and far North of the provinces. It was in the North where her interest in equitable and just access to health care began. Linda began her Family Nurse Practitioner Education in 2005 at the University of Northern BC. She was the first graduate of the program in 2007. Upon graduation from the FNP program Linda began work developing the Unattached Patient Clinic with Northern Health, a clinic designed to provide low barrier access to health care for populations that were marginalized from traditional medical practices. Linda continues to work as a Nurse Practitioner at the Blue Pine Primary Health Care Clinic and Northern Trans Care Clinic in Prince George, a multidisciplinary clinic that evolved from the Unattached Patient Clinic. Her current practice specifically focuses on providing Transgender care to patients from across Northern BC. Linda has been the Coordinator of the UNBC Family Nurse Practitioner (FNP) Program since 2009, and is a clinical instructor for both FNP and medical students. In her teaching roles she is able to share her passion for Transgender care and the delivery of barrier-less primary health care. Her current research work includes examining perceived barriers to primary health care by those with mental health, addictions and chronic pain conditions. Linda is also involved with primary care access work in rural India.

SLP Part I:

4. Delivering Voice and Communication Training for Transgender People

This intensive and interactive workshop offers current perspectives and practical training for SLP's working with transgender clients. In the morning three international experts will discuss how our understanding has expanded and deepened, and how this perspective can translate into what we do in the clinic.

The afternoon session will be devoted to practical aspects of transgender voice and communication training. We will be joined by experienced clinicians who regularly offer a program of voice feminization in BC. The number of experts in the room allows ample opportunity for discussion, 1:1 training and supervised practice.

Learning Objectives:

In this workshop the participants will learn:

- Current perspectives on the relationship between a person's gender identity and their voice and communication
- Components of a trans-specific voice evaluation
- Analysis of audio recordings to determine appropriate treatment goals and assess change during therapy

- Experienced clinicians' approaches to transgender voice and communication training, together with practical experience in using training techniques. This will occur in a 1:1 or small group situation
- Effective voice conditioning protocols for trans people
- How to manage a pre-existing voice disorder in a client presenting for transgender voice training

Faculty:

Georgia Dacakis is an adjunct lecturer in the Discipline of Speech Pathology, La Trobe University Melbourne, Australia. Georgia has extensive clinical experience in providing voice and communication training for transwomen and has published and undertaken research in this area since the early 1980's. Georgia led a collaboration with Canadian colleagues, Shelagh Davies and Judith Johnston to develop the first psychometrically evaluated self-report questionnaire designed to capture the perceptions of transwomen regarding their vocal functioning and the voice-related impact on their everyday lives (the Transsexual Voice Questionnaire [TVQMtF]). Georgia has been a member of the Monash Gender Clinic since its inception and prior to that the Queen Victoria Gender Clinic since 1980. Georgia is a founding member of ANZPATH.

Shelagh Davies is a speech-language pathologist with over 15 years' experience in transgender voice training. She was a founding member of the WPATH Standing Committee for Voice and Communication and was first author on the Companion Document to the Standards of Care for Voice and Communication, which was published in 2015. In 2004 Shelagh developed 'Changing Keys', a program of voice and speech feminization for transgender women. Changing Keys is now available in four Provincial Health Authorities and Shelagh has mentored colleagues in the program's delivery. Other work in transgender voice and communication includes co-writing the 2006 Transgender Speech Feminization and Masculinization: Suggested Guidelines for BC Clinicians, the development of the TSEQ (Transgender Self Evaluation of Voice Questionnaire) for male to female and to female to male transgender persons. She is co-author of the Transsexual Voice Questionnaire (Male to Female), which has been translated into 9 languages. Her work has been published in the Journal of Voice, the Journal of the Canadian Speech, Language and Hearing Association, the International Journal of Transgenderism and online magazines for Speech and Audiology Canada and the National Association of Teachers of Singing.

Sandy Hirsch, MS, CCC-SLP, is a speech-language pathologist with an expertise in voice. She is internationally renowned for voice and communication training with transgender and gender non-conforming people. Ms. Hirsch has over 25 years of experience working in the gender non-conforming community. She has made this the focus of her private practice, Give Voice. She is an active member of the Ingersoll Transgender Professional Consult Group in Seattle. Ms. Hirsch has co-edited two editions of Voice and Communication Therapy for the Transgender / Transsexual Client (Adler, R.; Hirsch, S.; Mordaunt, M. 2012 and 2006). She is currently working on a 3rd edition. Since 2007, Ms. Hirsch has been training voice clinicians who are committed to improving the quality of life of gender non-conforming people. It is her goal to ensure that voice and communication services are provided with the highest possible integrity. Ms. Hirsch presents internationally at transgender, professional speech and hearing and voice conferences and trainings. She has been featured in print, radio and television media. Ms. Hirsch lives in Seattle, WA. She is a classical and jazz singer, and is passionate about combining her art and clinical expertise in training clients and clinicians.

1:30 – 5:00 pm (Break 3:00 – 3:30 pm)

Children & Youth 4:

5. Cross Country Health Clinic Practice Panel: Models of Care and Clinical Practices

This pre-conference training will allow participants to build on their current knowledge and practice with an aim to provide concrete clinical content that will enhance clinician's skills in working with gender creative and trans youth, children and their families..

This session will be a panel discussion that will bring together four different teams from across the country to discuss their practice. This facilitated conversation will cover the different team members, their roles, how they have been able to build capacity within their communities and provinces through partnerships given their unique provincial landscape.

Facilitator:

Dr. Julie Temple Newhook is a Professional Associate with the Janeway Pediatric Research Unit, Faculty of Medicine, Memorial University. In 2014, Julie founded Canadian Parents of Trans and Gender Diverse Kids/Parents canadiens d'enfants transgenres and Parents of Trans and Gender Diverse Kids - Newfoundland and Labrador (PTGDK-NL), the national and provincial peer support groups for parents of trans and gender diverse children. PTGDK-NL is connected to the Trans Youth Group, for young people between 12 and 18 years of age, and the Gender Creative Kids Playgroup for children between 5 and 11 years. The parent and youth groups are located in St. John's and linked to families throughout the province.

Faculty:

Sara Bell was born and raised in Vancouver BC. She earned a Bachelor of Arts in English and Classical Studies at the University of Western Ontario before enrolling in the nursing program at BCIT. In 2010 she received an Executive MBA in Healthcare from the Sauder School of Business at the University of British Columbia, and in 2015 completed the certificate in Mental Health Law from Osgoode Hall at York University. Sarah began at BC Children's Hospital in 2005 during her role as the Facility Coordinator for the Mental Health Building. She moved through successive leadership positions across the program before becoming the Provincial Executive Director of Child and Youth Mental Health and Concurrent Disorders Services, and Reproductive Mental Health. Since that time, her portfolio has expanded to include the Provincial Specialized Eating Disorders Program, the Mental Health Metabolic Program, the Mental Health Literacy Program and the Provincial Early Hearing Program. She is currently the Interim Chief Operating Officer of BC Children's Hospital, and Sunnyside Health Centre for Children. Sarah is a practicing member of the College of Registered Nurses of BC, a member of the Canadian College of Health Care Leaders and holds the Certified Healthcare Executive designation.

Dr. Joey Bonifacio, MD, FRCPC, MSc, MPH, MA, is a pediatrician and adolescent medicine specialist at the University of Toronto. His clinical practice involves working with children and adolescents, in particular, lesbian, gay, bisexual, transgender, and queer (LGBTQ) adolescents and immigrant and refugee teens. His clinical care also involves eating disorders, reproductive health, and mental health. His outreach involves the provision of medical and mental health care for street-involved and homeless youth. Joey completed an AB (Cornell) and MD (UBC). He completed his general pediatrics residency at the Montreal Children's Hospital where he was also chief resident. He completed his adolescent medicine fellowship at SickKids. Joey has completed an MSc in Bioethics (McGill), MPH (Harvard), and an MA in medical anthropology (UofT). He is currently completing his MTS (Regis College, University of Toronto).

Dr. Ingrid Cosio, MD, studied medicine at UBC and completed her residency training in Family Medicine at UBC- Prince George site in 2005. She is clinical faculty of the UBC Family Practice Residency Program in Prince George and shares an office in one of the teaching clinics. She is also the site lead faculty for Behavioural Medicine for the Residency Program. Obstetrics and in-patient care are important parts of her practice. Dr. Cosio has gained experience in Transgender health over the last 10 years, through work with an increasing number of gender diverse patients from Prince George as well as other communities in the North. In August 2015, with the support of the Northern Health Authority, the Prince George Division of Family Practice and the Blue Pine Clinic, the Northern Gender Clinic was started in order to provide multidisciplinary care to gender diverse people in the North.

Lorraine Grieves, MA, RCC, is a queer, cisgender, registered clinical counsellor and health care leader who has worked in a range of roles, from therapist to program director, supporting the wellness of youth, families and adults in diverse settings. She is thankful to live and work on unceded territories of the **Səlilwətaʔ, Xʷməθkʷəy̓əm, & Skwxwú7mesh** (Tsleil-Waututh, Musqueam & Squamish) peoples in Vancouver, BC. Before moving to her current role as provincial program director with the Provincial Health Authority's Trans Care BC, Lorraine worked at Vancouver Coastal Health in community services where she was an operational manager responsible for the Trans Health Information Program, C.A.L.L. Out! and a portfolio of youth substance use and concurrent disorder services. In all of her work she strives to centre the expert, lived experience wisdom of service participants in informing work that impacts them.

Tj Jones is a trans-masculine GSM educator from St. John's, Newfoundland. He brings an approach informed by lived experience, and personally developed knowledge and relationships; he has been fortunate enough to share and further expand his perspective through his extensive experience delivering presentations regarding general LGBTQ+ and trans-specific awareness and inclusion. Tj has served as a member of St. John's Pride and the Trans Needs Coalition, as a Mentor Counsellor and consultant for the first year of Camp Rainbow (a trans youth camp) this past summer, currently co-facilitates the Trans Youth Group under PTGDK-NL, and hopes to be a part of establishing NL's future LGBTQ+ community center.

Dr. Carys Massarella, MD, FRCPC, is an attending emergency physician at St. Joseph's Health care in Hamilton and is also the lead physician for the Transgender Care Program at Quest Community Health Centre in St. Catharines. Dr. Massarella sees and treats transgender identified clients of all ages and is a leading expert in transgender care in Ontario. She teaches at the Degroote School of Medicine and is an Assistant Clinical Professor there. Dr. Massarella lectures widely on transgender health care and has also done a TEDx talk on "The Depathologization of Trans Identity". She recently appeared at TEDx Hamilton where she presented "The False Narrative of Deception". Dr. Massarella also appeared in the CBC doc zone documentary "Transforming Gender". She was the first transgendered person to be a President of a large teaching hospital medical staff anywhere in the world and was named one of the World's 50 Transgender icons by the Huffington Post. She also sits on the gender advisory committee for gender independent children for Rainbow Health Ontario, and is a member of WPATH.

Dr. Denise Medico, PhD, is Professor of Clinical Sexology at UQAM in Montreal with 15 years of experience working with trans people in Switzerland, developing trans-affirmative psychotherapy and advocating for transgender rights. She is a collaborator of Françoise Susset in clinical practice and of Dr. Annie Pullen Sansfaçon on research projects on youth in

trans-affirmative health care. Her own projects are on sexuality and relationship issues and on the construction of embodied subjectivities in a context of power and inequalities.

Dr. Annie Pullen Sansfaçon, PhD Ethics, Social Work, DeMontfort University, UK, is a Social Worker and an Associate Professor at the University of Montreal's School of Social Work. Her work focuses on the development of anti-oppressive theories, approaches and methodologies to promote ethical and emancipatory practice in social work. She has extensive experience in Social Action Research, a form of Community Based Participatory Action Research, and in Self-Directed Groupwork, a method of intervention to work with oppressed groups, based on the same principles. She is the principal investigator of two funded projects aimed at better understanding the experiences of trans children and their families (CIRH 2016-2019; SSRCH 2016-2019) and is the co-founder and current Vice-President of Gender Creative Kids Canada, a Montreal-based community organization working with trans children and youth and their families.

Dr. Mari-Lynne Sinnott, MD, CCFP, is a two-time graduate of Memorial University. In 2009 she was a proud recipient of a Bachelor of Arts with honours in political science and French. From there she entered Memorial's Medical School, and graduated in 2009 with her MD. She finished her family medicine residency in June 2015, and worked in rural Newfoundland and the remote Northwest Territories, before she happily moved back to St. John's permanently in January 2016. Together with her friend and colleague, she opened a clinic in downtown St. John's that focuses on women's health and LGBTQ health, while also working with the province and community partners on developing a network of clinics to provide inclusive primary care to the marginalized populations of the city. She now has the largest transgender practice in the province, and holds a part time faculty position with the Family Medicine Department at Memorial University where she is involved in teaching medical students and residents around care of underserved populations.

Dr. Françoise Susset, D. Ps/Psy.D, is a Clinical Psychologist, a couple and family therapist and clinical supervisor with over 25 years of experience working with LGBT populations. Her clinical work centers on trans adults and teens, during transition and beyond. She also focuses on supporting gender creative children, helping families and schools challenge notions regarding sexuality, sexual orientation, gender identity and gender expression. Françoise is a member of WPATH and is past president of the Canadian Professional Association for Transgender Health (CPATH).

Mental Health Part II:

6. What Mental Health Practitioners & Counsellors Need to Know About Medical/Social Transition *(cont'd)*

LeeAndra Miller, MA, RP, has more than 20 years' experience as a psychotherapist specializing in arts based therapy. LeeAndra works at Central Toronto Youth Services as the manager of Pride & Prejudice a program that provides individual, group and family counselling for LGBTQ youth age 24 and under. LeeAndra's expertise is in providing positive and affirming psychotherapy for transgender youth, adults and their families. LeeAndra also facilitates trainings through Rainbow Health Ontario's Trans Health Connection program.

Jordan Zaitzow coordinates Trans Health Connection, a Rainbow Health Ontario (RHO) project. The project is increasing the capacity of primary health care systems across the province to provide high-quality, comprehensive care to trans communities through training, education, mentorship, resources, and networking. Previous to joining RHO, Jordan has also done years of front line shelter work, and has volunteered for and facilitated various drop-in programs for trans folks in Toronto. He also spent years as an independent trainer about trans access and issues.

Regional, Rural & Remote 2:

7. Beyond Barriers, Borders & Binaries: Primary Health Care and Support in Rural Areas

When there's no interdisciplinary team, and there's a need to meet, you find a way to meet that need! In rural areas, Primary Health Care Providers (PHCP's) and Support Providers have to find creative ways to support Trans Individuals and their families to access health care and link them with community supports. Presenters include Christopher Nelson (Trans Connect Program), Jean Baptise (Coordinator of Trans Care Prince George), Zak Matieschyn (Nurse Practitioner, Nelson) and Beth Berlin (Nurse Practitioner, Burns Lake). These four presenters will address their experience delivering care and support to gender diverse individuals with a strong focus on what this can look like in a rural context. They will illustrate creative approaches that they have utilized in this unique context highlighting resources and challenges encountered along the way. There will be some sharing related to Indigenous Gender Diverse people's experiences in the rural context as well. PHCPs in Rural contexts have the added challenge of being "generalists"- seeing all people for all manner of health issues. There are unique supports, training opportunities, and challenges and this session will highlight the panel's experience with all of these.

Objective:

Through interactive panel discussion and world café breakout sessions, this session aims to provide participants with inspiration, resources and awareness of the challenges encountered in rural contexts.

Faculty:

Jean Baptiste traces their lineage back to the Wet'suwet'en nation and belongs to the Laksilyu (Small Frog) clan. Since coming out as transmasculine and Two-Spirit in university, they have completed their BSc in Psychology and First Nations Studies with a focus on reincarnation and Two-Spirit at the University of Northern British Columbia. In previous years, they have dedicated their time to working in northern BC in addition to East Africa in respect to trans advocacy, awareness, and education within the Indigenous and human rights community. Currently, they are the Regional Community Network Coordinator for Trans Care BC in Prince George.

Beth Berlin is a Nurse Practitioner working in the Lakes District of Northern BC. She has been practicing for 6 years with a large portion of First Nations patients. She and her husband and 2 boys live on the shores of Burns Lake and enjoy water sports, mountain biking, skiing and travel.

Zak Matieschyn is a family Nurse Practitioner with a practice in a West Kootenay family clinic, providing primary healthcare to the general public with a focus on marginalized populations since 2008. He became aware of a gap in care for transgender people in this rural region in 2014, and has been honoured to provide this specialized care to his rural area over the past couple years. Zak is also quite interested in health policy and advocacy work, and has just finished a term as President of the Association of Registered Nurses of BC. He looks forward to the next phase of his professional development through a Fellowship in Addiction Medicine through St. Paul's and the BC Centre for Substance Use from 2017-18.

Christopher Moore is the founder and coordinator of the Trans Connect program supported by ANKORS: AIDS Network Outreach and Support Services in the Kootenay/Boundary region of British Columbia. The Trans Connect Program provides support, health care and service navigation and resources for Transgender/ Non-Binary individuals living in small urban, rural and remote communities in the East and West Kootenays of British Columbia. The program also provides education for schools, community organizations and health care providers. Christopher is a long-time activist and social justice advocate. He was one of the original founders of the Maa Land Cooperative in Blewett, BC, an intentional community where he built a micro hydro system and lived in a cabin off the grid for 17 years. Christopher played a central role in challenging the City of Nelson to embrace the first Nelson Pride event over 20 years ago. As a volunteer, he founded the Gender Outlaws ("you know who you are") support group in Nelson. Christopher ran Gender

Outlaws on a volunteer basis for six years before founding Trans Connect. He has led Trans Connect in many successes over the last eight years. One of the highlights was being called to speak to 250 miners in Elkford, BC. The company was proactively seeking education for their workers in order to support a long-time employee who was in the process of transitioning. Now Christopher's work includes mentoring others in becoming involved in the work. Over the last eight years, Trans Connect has received funding from the Vancouver Foundation and Columbia Basin Trust. Now Trans Connect is funded by the BC Provincial Health Services Authority through Interior Health. The fact that funding is now connected to transgender health services is key as caring for the health of transgender individuals is central to the mandate of the Trans Connect program.

The Trans Primary Care Guide

An interactive, online tool to guide you through trans primary care needs



Rainbow Health Ontario

rainbowhealthontario.ca/tcg

SLP Part II:**8. Delivering Voice and Communication Training for Transgender People** (*cont'd*)**Faculty:**

Abby Brooks is a Victoria based Speech and Language Pathologist with a specialization in Transgender voice therapy. She has an undergraduate degree from the University of Victoria in Education and a Masters of Science degree in Communication Sciences and Disorders. She currently offers Changing Keys on Vancouver Island, British Columbia.

Georgia Dacakis is an adjunct lecturer in the Discipline of Speech Pathology, La Trobe University Melbourne, Australia. Georgia has extensive clinical experience in providing voice and communication training for transwomen and has published and undertaken research in this area since the early 1980's. Georgia led a collaboration with Canadian colleagues, Shelagh Davies and Judith Johnston to develop the first psychometrically evaluated self-report questionnaire designed to capture the perceptions of transwomen regarding their vocal functioning and the voice-related impact on their everyday lives (the Transsexual Voice Questionnaire [TVQMtF]). Georgia has been a member of the Monash Gender Clinic since its inception and prior to that the Queen Victoria Gender Clinic since 1980. Georgia is a founding member of ANZPATH.

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Gillian Grevstad is a speech-language pathologist currently offering the Changing Keys program in downtown Vancouver, British Columbia. Her interest in transgender voice therapy emerged in 2004 when she first heard about Shelagh Davies' work in this area. She was delighted to be brought on as a Changing Keys provider in 2016. As an undergraduate Gillian studied French and Spanish, earning a Bachelor of Arts degree from the University of British Columbia. She later continued her linguistic bent at UBC in the School of Audiology and Speech Sciences, earning her M.Sc. in Speech-Language Pathology. In addition to her work with transgender voice, Gillian is a speech-language pathologist working with elementary school children with communication disorders in the Burnaby School District.

Sandy Hirsch, MS, CCC-SLP, is a speech-language pathologist with an expertise in voice. She is internationally renowned for voice and communication training with transgender and gender non-conforming people. Ms. Hirsch has over 25 years of experience working in the gender non-conforming community. She has made this the focus of her private practice, Give Voice. She is an active member of the Ingersoll Transgender Professional Consult Group in Seattle. Ms. Hirsch has co-edited two editions of Voice and Communication Therapy for the Transgender / Transsexual Client (Adler, R.; Hirsch, S.; Mordaunt, M. 2012 and 2006). She is currently working on a 3rd edition. Since 2007, Ms. Hirsch has been training voice clinicians who are committed to improving the quality of life of gender non-conforming people. It is her goal to ensure that voice and communication services are provided with the highest possible integrity. Ms. Hirsch presents internationally at transgender, professional speech and hearing and voice conferences and trainings. She has been featured in print, radio and television media. Ms. Hirsch lives in Seattle, WA. She is a classical and jazz singer, and is passionate about combining her art and clinical expertise in training clients and clinicians.

Sherri Zelazny, RSLP, CCC-SLP, is a clinical speech pathologist with 29 years of experience. Sherri has specialized in voice and laryngeal airway assessment and treatment for the past 15 years. She has been providing Changing Keys voice training for the transgender community with the Transgender Health Information Program in Vancouver BC since 2015.

7:00 pm Welcome Reception

Sponsored by  EMD Serono

This program has been reviewed by the College of Family Physicians of Canada and is awaiting final certification by the College's British Columbia Chapter.

CPATH 2017 Conference Program

Friday, October 27 / vendredi, 27 octobre, 2017

All Day Registration / Inscription

7:30 - 8:30 am Breakfast

7:30 - 8:30 am **Caucus Opportunities**

8:30 - 9:00 am **CONFERENCE OPENING**



Welcome to the Traditional Territories of the X̱m̱əθkwəy̱əm (Musqueam), Skwxwú7mesh (Squamish), and Tsleil-waututh Nations.

Ceremonial Opening
Jewel Thomas, Musqueam Elder

9:00 - 10:30 am **PLENARY**
(service de traduction simultanée au besoin)

Centering Indigeneity and Decolonizing Gender

Indigenous people who transition socially and/or through medical interventions are resilient, despite facing a range of challenges to achieving optimal health and wellbeing. Challenges stem from intersections of colonization, racism, the general challenges that trans people experience in Canada, and a range of other factors. Topics explored in this plenary will include (re)connection with culture and community, fostering resiliency, and issues to consider in health care and other sectors.

Moderator:

Tuma Young is a traditional Two-Spirited person from the Malagawatch First Nation. Over the last thirty-five years, Tuma has been learning/teaching about the traditional roles of Two-Spirited people in Indigenous communities from elders, peers, activists and traditional folks. He is the co-founder of the Wabanaki Two-Spirit Alliance, a NGO focused on improving the lives of Two-Spirited people in Atlantic Canada. Tuma works as an Assistant Professor of Indigenous Studies at Cape Breton University and in his spare time, loves to take picture of birds with his partner of 23 years, Nicolaas.

Speaker:

Trudie Jackson is an enrolled member of Navajo Nation from Teec Nos Pos, Arizona. Her Clans are Bitterwater and Folded Arms People and paternal is the Mexican People and maternal is Yucca Strung Out In A Line. Trudie identifies as a Fifth Gender person. Trudie is currently a 1st year doctoral student in American Studies

at the University of New Mexico. She obtained her master degree in American Indian Studies with an emphasis in Tribal Leadership & Governance and a Graduate Certificate in Gender Studies. She obtained her dual undergraduate degrees in American Indian Studies and Public Service Public Policy and a Certificate in Public Administration & Public Management and Leadership & Ethics. All her degrees and certificates are from Arizona State University. Trudie's research emphasis is on the impact of Settler Colonialism, Decolonization, Indigenous Two Spirit Critique, Feminism, Queer Theory, and using the Peoplehood Model. Her research focuses on American Indian Transgender Women in Survival Sex Work by incorporating culture, traditions, and language into her research. Some other factors include homelessness, substance abuse, incarceration, discrimination, stigma, violence, and mental health. Trudie's passion in social justice addresses inclusion and diversity of Transgender Women of Color. She is a former member of the Southwest Indigenous Women Coalition – LGBT Community Advisory Council, of the Maricopa Community College District – LGBT Community Advisory Board, and Native PFLAG Phoenix.

Saylesh Wesley is Stó:lō on her mother's side (Fraser Valley, southwest BC) and Tsimshian (northwest coast of BC) on her father's. She has completed both her undergraduate and master's degrees in Education at UBC. As a two-spirited indigenous educator, she wishes to further contribute to the budding field of Queer Indigenous Theory. Her autobiographical paper, "Twin Spirited Woman: Sts'iyóye Smestíyexw Shá:li" published in Transgender Studies Quarterly, is centered around a Stó:lō worldview regarding her experience as a m2f woman and offers the first Coast Salish voice in this critical field. Her other interests as a transgendered woman include the privileges of 'beauty' and 'passability', tranny-chasing heterosexual men and objectivity / subjectivity, feminist and transgender intersectionality (male privilege), racism, classism and discrimination within the queer community, and the problematics of the "two-spirit" concept.

8:30 - 9:00 am **OUVERTURE DE LA CONFÉRENCE**

Bienvenue aux Territoires traditionnels X̱m̱əθkwəy̱əm (Musqueam), Skwxwú7mesh (Squamish), et Tsleil-waututh Nations.



Ouverture de cérémonie
Jewel Thomas, Musqueam Elder

9:00 - 10:30 pm **PLÉNIÈRE***Simultaneous translation provided***Les autochtones et la décolonisation du genre**

Les personnes autochtones qui font une transition sociale, avec ou sans interventions médicales, sont résilientes malgré l'éventail de défis auquel elles font face pour atteindre un niveau optimal de bien-être et de santé. Les défis viennent du croisement de la colonisation, du racisme, des défis généraux auxquels sont confrontées les personnes trans au Canada, et d'un éventail de facteurs. Ces sujets seront abordés lors de la plénière faisant un lien avec les communautés et les cultures autochtones. De plus, la résilience et les défis en soins de santé et autres secteurs seront abordés.

Modérateur :

Tuma Young est une personne bi spirituelle de la Première nation Malagawatch. Depuis les trente-cinq dernières années, Tuma a étudié et enseigné les rôles traditionnels des personnes bi spirituelles provenant des communautés autochtones à partir de l'enseignement des anciens, des pairs, de militants, et des arts traditionnels. Il est le cofondateur de l'Alliance bi-spirituelle Wabanak, une ONG dont la mission est l'amélioration des personnes bi-spirituelles des provinces atlantiques du Canada. Tuma travaille comme chargé de cours d'études autochtones à l'Université Cape Breton. Pendant son temps libre il aime prendre des photos d'oiseaux en compagnie de son conjoint Nicolaas.

Conférencière :

Trudie Jackson est une membre engagée de la Nation Navajo de Teec Nos Pos, en Arizona. Elle appartient aux tribus Bitterwater et Folded Arms People. Son père est mexicain, et sa mère est une Yucca Strung Out In A Line. Trudie s'identifie comme une personne du cinquième genre. Trudie poursuit sa première année d'études de doctorat en Études américaines à l'Université du Nouveau-Mexique. Elle est détentrice d'une Maîtrise en Études amérindiennes avec une emphase sur la gouvernance et le leadership tribaux, et a obtenu un certificat en Études du genre. Elle a obtenu un double diplôme de premier cycle en Études amérindiennes, en Politiques de services publics, et un certificat en Administration publique et Gestion publique, et Leadership et Éthiques. Tous ses diplômes et ses certificats ont été émis par l'Arizona State University. Les recherches de Trudie portent principalement sur le colonialisme, la décolonisation, les bi spirituels autochtones, le féminisme, la théorie queer, en se servant du Modèle Peoplehood. Ses recherches se concentrent sur les femmes transgenres amérindiennes dans un contexte de survie comme travailleuses du sexe, en intégrant dans sa recherche la culture, les traditions et la langue. D'autres facteurs sont inclus dans sa recherche, l'itinérance, la consommation de drogues, les prisons, la discrimination, la violence et la santé mentale. La passion de Trudie est la justice sociale en lien avec l'inclusion et la diversité des femmes transgenres racisées. Elle est

aussi ancienne membre de la the Southwest Indigenous Women Coalition – LGBT Community Advisory Council, of the Maricopa Community College District – LGBT Community Advisory Board, and Native PFLAG Phoenix.

Saylesh Wesley est d'origine Stó:lō de sa mère (Fraser Valley, sud-ouest de la Colombie britannique) et Tsimshian (Côte nord-ouest de Colombie britannique) de son père. Détentrice d'une Maîtrise en Éducation de l'Université, elle est professeure sur la bi spiritualité autochtone et souhaite développer le champ des études de la Théorie queer autochtone. Son article autobiographique, « Femme aux deux esprits, Sts'iyóye Smeštíyexw Sihá:li » publié dans Transgender Studies Quarterly, tourne autour de la vision du monde Sts'iyóye à travers l'expérience d'une femme bi spirituelle. Saylesh est la première voix de Coast Salice à s'exprimer dans le champ critique. Ses autres intérêts concernent les femmes transgenres, incluant les privilèges de la « beauté », et de ce qui est « passable » en termes de beauté, d'objectivité/de subjectivité des hommes hétérosexuels qui « cassent » du travesti, l'intersection entre le féminisme et la transidentité (le privilège masculin), le racisme, la hiérarchie et la discrimination à l'intérieur de la communauté queer, et des problématiques entourant le concept de la bi spiritualité.

10:30 - 11:00 am Break & **EXHIBITS****11:00 am - 12:30 pm****CONCURRENT SESSIONS****1. Safety & Respect in Service Provision to Trans People of Colour (Workshop)****Presenter:**

Jenn Matsui DeRoo, MA, RCC, Private Practice, Vancouver, British Columbia

Trans people of colour possess great resilience, wisdom and strength, yet systemic racism creates challenges and barriers to accessing needed services and care. This workshop will help you reduce barriers and foster cultural safety while working with racialized trans people. How does our own culture, worldview and social location affect how we work with trans people of colour? How can concepts like intersectionality and privilege translate into more informed, respectful client care? By using principles and processes of anti-oppression, we'll explore these questions and deepen our understanding of how social context informs our work with racialized trans people. Through interactive learning, we will foster reflection, constructive accountability, and skill development on a personal and professional level. Stories of lived experience will be presented and explored applying cultural safety, anti-oppression, intersectional and ethical lenses to increase participant competency in working with trans people of colour.

2. Between Asylum and Exile: “Double Punishment” & Precarious Refuge of Trans Migrants in Canada (Workshop)

Presenters:

*Sharalyn Jordan, Assistant Professor, Counselling Psychology,
Simon Fraser University, Burnaby, British Columbia;*
*Nora Butler-Burke, Doctoral Student, Interdisciplinary Centre
for Studies on Society and Culture, Concordia University,
Montréal, Québec*

Over the past 20 years, researchers and activists alike have highlighted the role of state violence, administrative erasure and criminalization in driving the precarity and social exclusion of trans people. Trans people who (im)migrate to Canada are both propelled and constrained by these forces. Presenting qualitative research informed by front-line work, activism and advocacy, panelists describe how everyday realities of migrant trans people are shaped by the racialized exclusions of the immigration system, criminalization and quotidian threats to safety. Montreal based study “Double Punishment of Trans Migrant Women,” focused on the everyday realities of migrant trans women who sell sex. Critical readings of legal documents and interviews illuminates how criminal convictions and immigration penalties intersect, resulting in “double punishment” and constraining life chances. Vancouver based study “Precarious Refuge” used narrative and ethnographic strategies to document the daily efforts of trans refugees to build safety and belonging in

their new communities. Both presenters highlight the survival and resistance strategies of trans migrants. Juxtaposing these studies raises critical questions about the Canadian nation state’s use of immigration controls, detention and deportation. At the conclusion of the workshop, the presenters hope to host a conversation about how community organizers, activists, health and service providers might work to resist these forms of violence and advocate for greater safety and belonging of trans migrants.

3. Better Understanding Trans Youth Health: Multi-method & Cross-national Investigations Into Well-being & Protective Factors (Panel)

Facilitator/Discussant:

*Elizabeth M. Saewyc, PhD, RN, FSAHM, FCAHS, FAAN,
Professor & Director, School of Nursing, University of
British Columbia; Executive Director, Stigma and Resilience
Among Vulnerable Youth Centre (SARAVYC), Vancouver,
British Columbia*

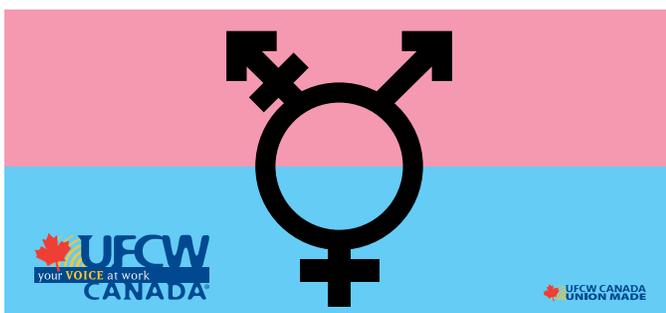
Panelists:

*Ryan Watson, Assistant Professor, Human Development &
Family Studies, University of Connecticut, USA;*
*Jaimie Veale, PhD, Lecturer, Psychology, University of
Waikato,
New Zealand;*
*Hélène Frohard-Dourlent, PhD, MA, Post-doctoral Fellow,
Sociology, University of British Columbia, Vancouver,
British Columbia;*
*Sabra Katz-Wise, PhD, Assistant Professor, Adolescent/
Young Adult Medicine, Boston Children’s Hospital,
Department of Pediatrics, Harvard Medical School, Boston,
USA*

Transgender youth often report poor mental health. There is growing interest in the health and well-being of these youth as demonstrated by the dedication of public discourse to transgender health (as demonstrated by recent laws in BC and federally that include gender identity and expression in human rights code). However, we lack robust data and scholarship regarding experiences, protective factors, and risks for this population. This 90-minute panel brings together four papers that utilized diverse methodologies to explore transgender youth experiences using four different sources of rich data, from two countries, and includes a discussant (Dr. Elizabeth Saewyc) to synthesize all four papers. Paper 1 used a national dataset of 923 Canadian transgender youth (Canadian Trans Youth Health Survey; CTYHS) surveyed in 2014 and found that different combinations of risk and protective factors (parent, friend, and teacher support) were strongly associated with disordered eating. Paper 2 used data from a 2016 study of 96 family members from 33 families of transgender youth and found high risk of mental health problems among transgender youth, such as clinically significant depression

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scores, which were associated with perceptions of the quality of communication among family members. Paper 3 used qualitative and quantitative data from the CTYHS to analyze how young people understand and argue for modern definitions of sex, gender, and gender identity. Last, Paper 4 analyzed younger youth in the CTYHS to investigate risk and protective factors related to substance use among transgender young people and found that protective factors lower the risk of cigarette and marijuana smoking, but not binge drinking. Taken together, these four studies investigated not only the disparities transgender youth face, but how the contexts they navigate can be leveraged to improve the lives of a vulnerable – yet resilient – population.

4. Oral Presentations

a) Interpersonal Communication Needs of Transgender People

Presenter:

matthew heinz, Professor & Dean, College of Interdisciplinary Studies, Royal Roads University, Victoria, BC

Starting with a data collection at the 2015 CPATH Conference, I have worked with community members British Columbia, Newfoundland, Nova Scotia, Ontario, and Quebec to collect the first Canadian interpersonal communication data set on transgender people. Fifty participants completed three long-standing social-psychological communication survey instruments measuring communication apprehension, willingness to communicate, and social isolation. In addition, they provided open-ended data on their communication experiences in cisgender-transgender communication settings. The quantitative findings were statistically significant and should be relevant to all who provide services to trans people, whether they are educators, health providers, or front line staff. They help identify differences and commonalities in interpersonal communication between cisgender and transgender people; they also offer participant-generated recommendations on improving communication dynamics.

b) Ethical Guidelines for Research Involving Trans People: Launch of a New Resource

Presenters:

Greta Bauer, Professor, Epidemiology & Biostatistics, Western University, London, Ontario;

Aaron Devor, PhD, FSSS, FSTLHE, Chair in Transgender Studies, Founder and Academic Director, The Transgender Archives, Professor, Sociology Department, University of Victoria, Victoria, British Columbia;

matthew heinz, Professor & Dean, College of Interdisciplinary Studies, Royal Roads University, Victoria, BC;

Zack Marshall, Lecturer, Renison University College, University of Waterloo, Waterloo, Ontario

With increasing visibility of trans people, the number of research projects involving trans-identified people, whether led by transgender or cisgender researchers, is also increasing. To promote greater research integrity, the CPATH Research Committee developed ethical guidelines for research involving trans people. Guidelines were developed through workshops at CPATH (2015) and WPATH (2016), as well as community and researcher consultations (2017). We present these final guidelines first to the CPATH community. The guidelines will then be made available as recommended practices to researchers and granting councils as well as institutional Research Ethics Boards. The guidelines will also be publicly available through the CPATH website and those of other related organizations. At the same time, the guidelines will be circulated in community and public organizations working with trans people across Canada so that they can make informed decisions about whether or not to participate in particular projects.

c) Investigating the Medicalization of Trans Identity

Presenter:

Kinnon Ross MacKinnon, PhD Candidate, Public Health, University of Toronto, Toronto, Ontario

Background: The theory of medicalization has been used to explain the addition and removal of “homosexuality” from the Diagnostic and Statistical Manual of Mental Disorders. Literature in the domain of trans studies similarly argues that the identities of transgender/transsexual (trans) people are medicalized and pathologized, to the detriment of respectful healthcare for this population. Meanwhile, debates within trans studies and amongst trans communities argue for de-medicalizing trans identities primarily through the obliteration of the psychiatric diagnosis “gender dysphoria”. Scholars, however, have yet to conceptually verify if trans identity meets the conditions necessary to make a claim that medicalization has indeed occurred. Objectives: Scholars’ claims surrounding the medicalization of trans identity will be substantiated using Sadler and colleague’s (2009) three-pronged rubric for identifying when a human experience has underwent medicalization. To this end, trans people’s experiences are explored in the context of clinical encounters with healthcare providers. Methods: A literature review of contemporary and historical trans studies research is used in connection with Sadler et al’s (2009) three-step rubric to conceptually confirm cases of medicalization. The process is comprised of: (1) historically situating trans identity to ensure it is a recent medical development; (2) identifying medical theories and meanings that are voiced by the larger culture and individuals within the trans population; and (3) a discussion of how explanations of trans experiences primarily use medical theory as a rationale. Conclusions: The positioning of trans identity as a diagnosable and treatable medical condition was completed through complex clinical interactions between trans patients, surgeons, sexologists, and other healthcare providers. Using Sadler and colleague’s (2009) rubric, the medicalization of trans identity has been conceptually verified.

5. Speech & Voice (Oral Presentations)

a) Doing Diversity in (vocal) Interaction: Insights From Analysing Interviews With Transmasculine People & Suggestions for Clinical Practice in the Areas of Voice & Communication

Presenter:

David Azul, Certified Speech Pathologist, La Trobe Rural Health School, La Trobe University, Bendigo, Australia

Transmasculine people, assigned female gender at birth but who do not identify with this classification, position themselves and are positioned diversely in terms of major categories of identity (e.g., gender, race, sexual orientation, age, dis/ability) just as is the case for every other person who goes about their everyday life. In clinical voice research with transmasculine people, this diversity tends to be limited to the category of gender and the question of whether or not transmasculine speakers' voices match the standard of cisgender male speakers' voices. As a consequence, such research is at risk of unduly simplifying and standardizing how individual transmasculine people would like to present themselves and be seen or heard in interaction. Further, clinical practice that is informed by voice research with such a limited scope might not meet transmasculine clients' needs. In this paper, I will present some of the results of a qualitative content analysis of interviews with 14 German-speaking transmasculine people, in which they spoke about their voices and their attempts at communicating their multifaceted subjectivities in everyday encounters. Focusing on the participants' accounts of their gender identity, sexual orientation, age, and perceived voice and communication difficulties, I will demonstrate the diversity and complexity of the processes involved in producing transmasculine subjectivities in (vocal) interaction. In conclusion, I will make a few recommendations for how the scope of clinical practice with transmasculine people in the areas of voice and communication could be expanded to become more inclusive of the variety of aspects of their identity clients would like to be able to communicate to others.

b) Self-perceptions of Vocal Functioning and Voice-related Impact on the Everyday Lives of Trans Women: Clinical Implications

Presenter:

Georgia Dacakis, Adjunct Lecturer, Discipline of Speech Pathology, La Trobe University Melbourne, Australia

Co-Authors:

*Jennifer M. Oates and Jacinta M. Douglas,
La Trobe University, Melbourne, Australia*

Because of the salience of voice in listener perceptions of gender and gender identity, a gender incongruent voice in women assigned male at birth holds the potential for significant negative personal and social consequences. Women in the qualitative

studies of Byrne (2007) and Pasricha, Dacakis and Oates (2007) identified a range of these negative voice-related experiences and the importance that they attached to using a gender congruent voice in everyday life situations. The development and psychometric evaluation of the voice self-report measure for trans women, the Transsexual Voice Questionnaire (TVQMtF) (Dacakis, Davies, Oates, Douglas and Johnston, 2013) provided further insight into the factors associated with varying degrees of impact on their activity and participation in everyday life. These factors include, but are not limited to, the woman's perception of the femininity of her voice and her stage of transition. This paper will report on the clinical implications of the findings of Byrne (2007), Pasricha et al. (2007), Dacakis et al. (2013), Dacakis, Oates and Douglas (2016a, 2016b & 2017) for voice assessment, setting voice training goals and monitoring progress in training and outcomes.

c) Ensuring Best Practice in Voice and Communication Training: Improving Quality of Life

Presenter:

*Sandy Hirsch, MS, CCC-SLP, Give Voice (private practice),
Seattle, Washington, USA*

Standards of Care, Version 7. The World Professional Association for Transgender Health promotes the highest standards of health care for individuals through the articulation of Standards of Care (SOC) for the Health of Transsexual, Transgender, and Gender Nonconforming People... The overall goal of the SOC is to provide clinical guidance for health professionals to assist transgender, and gender nonconforming people with safe and effective pathways to achieving lasting personal comfort with their gendered selves, in order to maximize their overall health, psychological well-being, and self-fulfillment." (www.wpath.org. Retrieved online 1/22/17). Quality of life is impacted by healthy and gender-congruent communication. Research studies are specifically beginning to target this area of inquiry, and are showing inarguably positive results. (Hancock, A; The Role of Cultural Competence in Serving Transgender Populations. Perspectives on Voice and Voice Disorders Volume 25, March 2015). Anecdotally, clients regularly report that learning the skills to align their communication with their gender identity makes them feel "complete", "safe" and "confident". A small body of voice clinicians has been working assiduously for decades to ensure safe and high quality services to their gender non-conforming clients. In the past decade, the increase in gender non-conforming people living freely and publicly, has increased the need for clinicians with the necessary expertise to serve the community with safety, respect and the highest integrity. This presentation provides an overview of a comprehensive training being provided by internationally recognized experts in the field, to voice clinicians seeking to best serve the gender non-conforming community. Participants will be able to apply their knowledge and understanding of voice and communication services as a part of transition, to the body of resources they provide to their clients and patients.

12:30 - 1:30 pm Lunch (provided) & **EXHIBITS**

1:30 - 2:00 pm **POSTER SESSIONS**
with Authors Present

POSTER SESSIONS

See Descriptions Section page 57

2:00 - 3:30 pm

CONCURRENT SESSIONS

1. Agookwe*: Transgender Ojibwe Healers and Warriors (Workshop)

Presenter:

Albert McLeod, Co-director, Two-Spirited People of Manitoba, Winnipeg, Manitoba

This workshop will review recent developments that address the inclusion of Indigenous trans men and women into First Nation social and health programs and policies. This generation of First Nations trans people increasingly demand a full complement of holistic services that include the physical, mental, emotional, and spiritual aspects of their health and wellbeing. In response, many Indigenous LGBT/Two-Spirit groups have advocated for more education, funding and services to address these needs. Historic and contemporary examples of Indigenous trans men and women will be shared with participants to demonstrate the impact of colonization and the challenges being faced today. The Indian Residential School era was a century long period in which the identities and roles of Indigenous transgender people was severely oppressed and suppressed resulting in transphobia in many First Nations today. The presenter will review recent research findings, writings, and art that portrays the resilience and strength of Indigenous trans men and women. Counsellors, psychologists, and therapists are increasingly called on to provide emotional and mental supports to Indigenous transgender people as they transition. Many are parents with children from rural, remote, and on-reserve locations who require intergenerational supports. This workshop will provide time for participants to discuss and recommend how best to deliver this kind of support and service. Participants will increase their knowledge about Indigenous transgender people and their health. Participants will increase their knowledge about the roles, purpose, and destinies that Ojibwe trans people continue to hold within their cultures and communities.

*In the Ojibwe language, Agookwe, means “hidden woman”

2. Doing Our Own Work (Workshop)

Presenter:

Margaret Drewlo, Doctorate, Clinical Psychology, MA, Psychology, Couple and Family Therapy, Vancouver Advanced Transgender Health Clinical Care Team, Vancouver, BC

Trans people seeking services in health care deal with overt and covert bias from professionals offering that care. The effect of our culture is both within and outside our awareness. Accordingly, well intentioned health professionals socialized in transphobic cultures may fall prey to transphobic attitudes and values without being aware of them. For the purposes of this presentation, the term trans will be used to encompass people who self-identify as transgender, transsexual, genderqueer, gender fluid, gender diverse, gender creative, or other self identities. The working definition of transphobia for the purposes of this workshop will be “negative attitudes and feelings directed toward trans people when they express their gender identity”. Oppression in the form of transphobia is implicated in higher rates of depression, anxiety, PTSD and suicidality for trans people. Trans individuals may be reluctant to seek out the services of psychotherapists and other health providers due to past negative experiences with service providers or negative views of trans people portrayed in the academic literature. Consequently, health providers may not be considered trustworthy allies to trans people. This workshop will introduce exercises health professionals can utilize to identify transphobic reactions in themselves, their clients, and supervisees. This process requires courage, self-examination, and a willingness to challenge the concepts of gender promoted by the dominant culture. Health professionals who examine their own transphobia become more aware of how social constructions of gender harm their clients, themselves and the public at large. Increased awareness and self-work may allow health professionals to become more trustworthy partners in health and wellness. In addition, examining transphobia helps to rebalance the responsibility for oppression; from the client to society. Overall, this will hopefully lead to reductions in depression, anxiety, PTSD and suicidality and increase levels of wellness for trans people.

3. Primary Care Approaches to Caring for Trans Youth (Panel)

Panelists:

Marria Townsend, MD, CCFP, Medical Director of Health, Trans Care BC, Provincial Health Services Authority, Vancouver, British Columbia;

Carys Massarella, MD, FRCPC, Lead Physician, Transgender Care Program, Quest Community Health Centre, St. Catharines, Ontario;

Ian Whetter, MD, Primary Care Physician, Klinik Community Health Centre, Winnipeg, Manitoba

Trans youth with supportive individuals in their families, schools, and communities have increased well-being and safety. Primary care providers can support trans youth by providing education, counselling, and assistance with accessing gender affirming medical and surgical care. Caring for youth, however, can present unique challenges depending on the youth's age, level of independence, level of family support, and the presence of physical or mental health concerns. Because of the potential increase in complexity in caring for trans youth, primary care providers require additional strategies to perform their important role. The aim of this talk is to present and discuss different approaches to providing gender affirming care within a primary care context with the goal of empowering primary care providers to better serve this population. This panel will bring together experienced primary care clinicians from British Columbia, Manitoba, and Ontario with the purpose of sharing their approaches to providing gender affirming care to youth. The conversation will be framed by an overview of the unique needs of youth and the impact of access issues on the health of young people. Presenters will describe their practice settings and the approaches they have taken to increase youth access. They will compare approaches to youth hormone readiness assessment and hormone initiation in the primary care context, and discuss any differences from their approach with adults. Finally, the presenters will address how they handle more challenging scenarios such as lack of parental support and how they make decisions regarding when to refer youth for more specialized care. The talk will conclude with a general discussion and audience questions related to the provision of youth care in the primary care context.

4. Ontario's Trans Health Expansion: The Journey So Far (Panel)

Presenters:

Devon MacFarlane, MA, Director, Rainbow Health Ontario, Toronto, Ontario;

Brenda Finlayson, RN, MSW, Manager, Adult Gender Identity Clinic, Centre for Addiction and Mental Health, Toronto, Ontario;

Cheryl Woodman, ND, MHSc, CHE, Chief Strategy and Quality Officer, Women's College Hospital, Toronto, Ontario;

Navi Boparai, Project Manager, Rainbow Health Ontario, Toronto, Ontario;

Susan Gapka, Chair, Toronto Trans Coalition & Trans Lobby Group, Toronto, Ontario

In March 2016, the Ontario Ministry of Health and Long-Term Care changed the Ontario Health Insurance Plan (OHIP) funding criteria for transition-related surgeries to allow "qualified providers" throughout the province to refer clients for surgery in order to reduce wait times and improve healthcare access and services for trans people. Previously, trans people seeking transition related surgeries could only access referrals for OHIP-funded surgeries through Ontario's Centre for Addiction and Mental Health (CAMH). Limited access, combined with an increased demand in services, resulted in a significant wait list for surgical referral in Ontario. To execute the change in legislation, the government directed Sherbourne Health Centre/Rainbow Health Ontario, CAMH and Women's College Hospital to partner to support the expansion of health services for trans individuals and communities across the province. This partnership is taking a collaborative systems approach to enhance and improve surgical access, waitlist management, training and education, and includes mechanisms for evaluation. The session will include a panel of representatives from each organization and a community member project participant to outline the work of the partnership progress to date, as well as the challenges and learnings.

5. Oral Presentations

a) How We Do It: Changing Keys – A Voice and Speech Feminization Program in British Columbia, Canada

Moderator:

Sherri Zelazny, RSLP, CCC-SLP, Transgender Health Information Program, Vancouver, British Columbia

Panelists:

Lorraine Grieves, Provincial Director, TransCare BC, Provincial Health Services Authority, Vancouver, British Columbia;

Shelagh Davies, Speech Language Pathologist, Transgender Health Information Program, Vancouver, British Columbia;

Abby Brooks, MSc, Speech Language Pathologist, Transgender Health Information Program, Victoria, British Columbia;

Gillian Grevstad, MSc, Registered Speech Language Pathologist, Transgender Health Information Program, Vancouver, British Columbia;

Stacy Wood, RSW, Health Navigator, Vancouver, British Columbia

Thirteen years ago a program of voice and speech feminization called Changing Keys was offered, free of charge, to 4 transgender women in Vancouver. Since then the program has blossomed and now over 150 people from around the province are Changing Keys graduates. This presentation will discuss Changing Key's development, structure and administration. We will describe how research has informed the program's development and give an overview of its format and weekly activities.

b) Trans Primary Care Guide: A Web-based, Visual Resource Guide on the Primary Health Care of Trans & Gender-diverse Clients

Presenters:

Kelly Speck, MSc, Biomedical Communications, University of Toronto, Toronto, Ontario;
Jordan Zaitzow, Trans Health Connection Coordinator, Rainbow Health Ontario, Toronto, Ontario

This presentation introduces the "Trans Primary Care Guide": A web-based, visual resource guide that helps primary care providers familiarize themselves with the guidelines and protocols for primary health care and hormone therapy for trans and gender-diverse clients. It is the product of a collaborative community-academic research project between the University of Toronto Biomedical Communications program and Rainbow Health Ontario. Since trans-sensitive care has not typically been part of medical/nursing curricula and in-person training sessions are often limited by time, place and instructor availability, this web-based resource gives health care providers convenient, non-sequential access to relevant information on trans care (including assessment, hormone therapy management and referrals). The presenters will firstly provide an interactive "walkthrough" of the website with examples of interactive visualizations and illustrations intended to enrich the medical discourse and to help health care providers learn how to provide care in a trans-competent manner. Secondly, the primary researcher will explain the iterative design research strategy employed and explain how community-based evaluations with trans participants, researchers and primary care providers shaped the design and development of this resource.

3:30 - 3:45 pm Break & **EXHIBITS**

3:45 - 5:15 pm

CONCURRENT SESSIONS

1. Trans and Two-Spirit Youth Talk Back! (Workshop)

Presenters:

Lau Mehes, Health Navigator, Trans Youth and Families, Trans Care BC, Provincial Health Services Authority, Vancouver, British Columbia;
Kyle Shaughnessy, RSW, Lead for Indigenous and Child, Youth & Family Education, Trans Care BC, Provincial Health Services Authority, Vancouver, British Columbia;
Saige Flaumitsch, Community Member, British Columbia;
Kaleb Gray, Community Member, British Columbia;
Everett Montiola, Community Member, British Columbia;
Brianna Price, Community Member, British Columbia;
Cellouin Solidarios Albano Caballero-Eguia, Community Member, British Columbia;
Vera Mid, Community Member, British Columbia

Let the voices of trans and Two-Spirit youth take center stage to gain deeper understanding of their unique experiences accessing support and affirming care. This workshop invites participants into a witnessing circle, where youth from across British Columbia share their stories, discuss their experiences with care, and answer questions that they've developed to talk about the impact of service access in their lives. Trans and Two-Spirit youth will teach us the skills required to address their specific needs, and guide us through a practice of integrating trans inclusion into our practice through storytelling. Rural trans and Two-Spirit youth are an underserved population, and struggling to access needed care, especially mental health care (see Canadian Trans Youth Health Survey, 2015). In this context, it is vital that care providers understand how to provide gender affirming care to transgender and Two-Spirit young people that truly works for them. Adults often define the experiences of youth. When we intentionally centre the voice of youth, families, community members, and service providers can gain a deeper understanding of their unique experiences accessing support and truly listen to their answers, without any preconceived notions of what works for young people. This innovative presentation allows us to hear from a group of trans youth who are directly impacted by our services through a youth-designed and led learning experience. Three adult allies from the Trans Care BC and the CALL Out! Project, which aims to build capacity for rural and remote LGBT2Q+ youth across BC, will co-facilitate. Participants are asked to witness and learn from these youth leaders, to truly let youth be the experts of their own experience.

2. HIV: Accessing Gendered Health and Housing (Oral Presentations)

a) How Does Intersecting Stigma Shape Access to HIV-related Healthcare for Trans Women? A Literature Review and Applied Example

Presenters:

Ashley Lacombe-Duncan, PhD Student, Factor-Inwentash Faculty of Social Work, University of Toronto, Toronto, Ontario;

Yasmeen Persad, Trans Education and Training Facilitator, The 519, Toronto, Ontario

This oral presentation will present results of a literature reviewed focused on how intersecting stigma shapes the experiences of trans women with HIV. Transgender women experience decreased access to HIV-related healthcare relative to cisgender people, in part due to pervasive transphobia in healthcare. This presentation describes intersectionality as a salient theoretical approach to understanding this disparity, moving beyond transphobia to explore how intersecting systems of oppression, including cisnormativity, sexism/transmisogyny, classism, racism, and HIV-related, gender nonconformity, substance use, and sex work stigma influence HIV-related healthcare access for transgender women living with HIV. The presenters will draw on results of a literature review which includes studies that the co-presenters have been involved in. Additionally, a case study developed from research and practice experience will be used to discuss intersecting stigma in HIV-related healthcare in Canada. Lastly, the presentation will include a discussion of whose experiences have been overlooked in intersectionality research and will highlight how trans women experience resiliency and empowerment in HIV-related healthcare settings.

b) The Diverse Ways Stigma Impacts the Lives of Trans Women Affected by HIV

Presenters:

Zack Marshall, Lecturer, Renison University College, University of Waterloo, Waterloo, Ontario;

Yasmeen Persad, Trans Education and Training Facilitator, The 519, Toronto, Ontario;

Gabrielle Leblanc, Outreach Worker, Action Santé Travesti(e)s & Transsexuel(le)s du Québec (ASTTeQ), Montréal, Québec

Background: Trans women have previously identified the ways stigma, marginalization, and violence often restrict their access to HIV information, support, and education. Despite this, the experiences of trans women affected by HIV and stigma remains under-researched. **Methods:** In March-June 2016, focus groups and interviews were conducted with 78 trans women affected by HIV in Vancouver, Edmonton, Winnipeg, Toronto, and Montreal, including Indigenous, and African, Caribbean and Black (ACB) specific groups. Data were analyzed using deductive content analysis and discourse analysis. In this presentation we explore

one of the key themes identified during data analysis: HIV stigma. **Findings:** Average age of participants was 40 years (SD 10.5, range 18-65). 38% identified as Indigenous, 26% white, 18% Latin American, 12% ACB, and 4% South Asian or SE Asian. 78% had exchanged sex for money or other goods, and 72% had used drugs in the past year or less. Within this group, stigma plays a complex role in silencing trans women affected by HIV. Trans women described diverse and nuanced forms of stigma including interconnected stigma, internalized stigma, victim blaming, intracommunity difficulties between community members related to stigma, and fear of stigma and its impact. Stigma was described both as a reason for why people found it difficult to talk about HIV, but also as a consequence of talking about HIV too much. For example, some participants felt that by highlighting trans women as a vulnerable group for HIV, researchers were associating trans women with disease and inadvertently increasing stigma for trans people. **Conclusions:** Researchers, service providers, and community leaders need to attend to the multifaceted complexities of HIV stigma facing trans women and to consider how to better support trans women affected by HIV without further stigmatizing trans communities by explicitly positioning them as a vulnerable group.

c) Sharing Our Wisdom: A Gender Diverse Project With a Focus on Trans

Presenter:

Arthur "Dave" Miller, National Transgender Project Coordinator, Canadian Aboriginal AIDS Network, Halifax, Nova Scotia

The Canadian Aboriginal AIDS Network (CAAN) launched a project in November of 2016 that focused on the wellbeing of Indigenous Transgender Peoples living with HIV and/or HCV. The principles of GIPA (Greater Involvement of People with HIV and AIDS) and "nothing about us without us" were incorporated into the study. A series of sharing circles were conducted across the nation for Indigenous Transgender Peoples living with HIV and/or HCV to address key issues that impact them. Policy recommendations and priorities were articulated through a regional and national lens through discussions that engaged the mental, physical, emotional and spiritual aspects of Indigenous Trans Peoples. This project was a first step in ensuring that Trans voices are, and will continue to be heard. This presentation will present key findings from the sharing circles: discrimination and access to care, supports and services, for example.

d) Experiences of Trans Women and Two-Spirit Persons
Accessing Women-Specific Health and Housing
Services in a Downtown Neighborhood of Vancouver,
Canada

Presenters:

Tara Lyons, PhD, Research Scientist, Gender and Sexual Health Initiative, British Columbia Centre for Excellence in HIV/AIDS, St. Paul's Hospital, Vancouver, British Columbia;

Sekani Dakelth, PACE Society, Atira Property Management, Vancouver, British Columbia;

Adrienne Smith, LLB, Human Rights Activist & Drug Policy Lawyer, Vancouver, British Columbia

Purpose: Little is known about trans women's experiences accessing gender-segregated health and housing services, particularly services for marginalized individuals living in poverty. As such, we conducted a qualitative investigation into experiences of accessing women-specific health and housing services among trans women and Two-Spirit persons in a downtown neighborhood of Vancouver, Canada. Methods: Between June 2012 and May 2013 interviews were conducted with 32 trans women and Two-Spirit individuals who had accessed women-specific health and/or housing services. Participants were recruited from four open prospective cohorts of sex workers and individuals who use drugs. Interview data were analyzed using a participatory analysis approach with two participants who were hired as research assistants. Results: Participants were generally able to access women-specific services in the neighborhood. However, there were reports of discrimination related to gender identity, discrimination based on gender expression (e.g., requirement of a feminine gender expression), and lack of staff intervention in harassment from other service users. Conclusions: Trans women and Two-Spirit persons in our study relied upon services for their health and safety and, therefore, exclusion from women-specific services had potentially severe consequences, such as homelessness and sexual violence. Recommendations to improve accessibility, including policy development, are put forth.

3. Centering Wholeness With Mindfulness:
An Embodied Anti-Oppression Teaching
Model for Inclusivity and Intersectionality
in Trans Health Education (Workshop)

Presenter:

Lu Lam, MEd, CCC, Clinical Counsellor & Mindfulness Consultant, Private Practice, Vancouver, British Columbia

In seeking health care, trans people are routinely denied services and, when they do receive services, treated often disrespectfully. And these barriers cost lives. We also know the more marginalized a trans person's social locations are, the higher their health risks are. How do we centre the wholeness of Two-Spirit, trans, gender diverse and non-binary, Black, Indigenous, people of colour and mixed race people? How do we celebrate liberational trans health practices that emerge from trans women of colour, gender diverse, Indigenous, Black, racialized, immigrant and refugee communities? Anti-oppression practices can offer intellectual understanding of how to serve trans clients living multiple marginalized social locations. However, oppression is profoundly felt and stored in our bodily experience. And anti-oppression practices do not include the embodied experience as a teacher. A creative pedagogy is urgently called for that includes our whole experience of oppression and liberation, one that re-integrates body, heart and mind. Learners need tools to bravely move through places of discomfort inevitably felt when undoing power and privilege. I have developed a new creative pedagogy I call the "Embodied Anti-Oppression Teaching Model" from an integration of my clinical, academic and mindfulness practice. The Embodied Anti-Oppression Teaching Model integrates mindfulness based practices with an intersectional and anti-oppressive lens. This teaching paradigm centres the wholeness of both trans people and the learner. By doing so, we can model an inclusive, interdependent, holistic health paradigm, which can mitigate colonial, individualistic and pathologizing paradigms found in mainstream health. This experiential workshop is for educators, counsellors, clinicians, and service providers in teaching, training and facilitation roles, who align with anti-oppression values and are curious about how to include mindfulness and embodiment in their trans health education practices.

4. Gender Affirming Surgery: Using Client Feedback & Input to Improve Surgical Care and Access (Workshop)

(service de traduction simultanée au besoin)

Presenters:

Hélène Frohard-Dourlent, PhD, MA, Post-doctoral Fellow, School of Nursing & Faculty of Education, University of British Columbia, Vancouver, British Columbia;

Lorraine Grieves, Provincial Program Director, Trans Care BC, Provincial Health Services Authority, Vancouver, British Columbia;

Fin Gareau, Surgical Coordinator Nurse, Trans Care BC, Provincial Health Services Authority, Vancouver, British Columbia;

Sandy Gunderson, Surgical Coordinator Nurse, Trans Care BC, Provincial Health Services Authority, Vancouver, British Columbia;

Lauren Goldman, RN, Nurse Educator, Trans Care BC, Provincial Health Services Authority, Vancouver, British Columbia;

Marría Townsend, MD, CCFP, Medical Director of Health, Trans Care BC, Provincial Health Services Authority, Vancouver, British Columbia;

Stacy Wood, RSW, Health Navigator, Vancouver, British Columbia

This workshop will focus on the ways that a provincial trans health program has partnered with community members, clinicians, health authorities, surgical teams, researchers and other key stakeholders to build capacity for gender-affirming surgical services and related care. The Trans Care BC team will share specific tactics used to move forward quality improvement work in partnership with surgeons and service providers around gender affirming surgeries, both locally and out-of-province. Guided by the recommendations of 2014/15 Trans Health Steering Committee that included the voices and feedback of community representatives, the program has implemented initiatives related to surgical care access that have applicability for other provinces and settings. The team will present, from multiple perspectives, concrete activities that aim to improve the client experience, safety and quality of care from referral to care completion. Concrete ideas and tools will be shared in order to coalesce the results of this work to-date nationally with other stakeholders. Part of the work has involved direct client engagement and partnership with researchers which will also be overviewed as part of the presentation.

Speakers will highlight work from the following perspectives:

Administrative - What have health administrators done to better understand challenges in the current state? Administrative processes, tools and resources to improve the care journey will be emphasized.

Medical - Engagement with the physician community and results of that work will be overviewed. Primary care and specialist access

improvements and work flow will be shared and efforts to improve client information and access to surgical readiness assessments will be shared.

Navigation and Care Coordination - Work of a small system navigation and care coordination team that intentionally includes team members with relevant lived experience will be shared. An overview of their short term role in direct support of clients will be highlighted. Additional work and success to date bridging clients to aftercare resources and assisting with care plans for clients who face barriers to access will be discussed.

Education - Client and clinician information tools, resources and approaches will be shared. Approaches to capacity building and clinician education will be highlighted.

Evaluation and monitoring - A working partnership with a local university and the Patient Experience of Care research project will be summarized to demonstrate ways publicly funded health care services can partner with research and community members to help raise awareness about clinical and system of care improvements.

4. L'affirmation du genre dans les chirurgies : Témoignages des patients pour amorcer l'amélioration l'accès et aux soins entourant les chirurgies (Atelier)

(Simultaneous translation provided)

Presenters:

Hélène Frohard-Dourlent, PhD, MA, Post-doctoral Fellow, School of Nursing & Faculty of Education, University of British Columbia, Vancouver, British Columbia;

Lorraine Grieves, Provincial Program Director, Trans Care BC, Provincial Health Services Authority, Vancouver, British Columbia;

Fin Gareau, Surgical Coordinator Nurse, Trans Care BC, Provincial Health Services Authority, Vancouver, British Columbia;

Sandy Gunderson, Surgical Coordinator Nurse, Trans Care BC, Provincial Health Services Authority, Vancouver, British Columbia;

Lauren Goldman, RN, Nurse Educator, Trans Care BC, Provincial Health Services Authority, Vancouver, British Columbia;

Marría Townsend, MD, CCFP, Medical Director of Health, Trans Care BC, Provincial Health Services Authority, Vancouver, British Columbia;

Stacy Wood, RSW, Health Navigator, Vancouver, British Columbia

Cet atelier mettra l'accent sur les façons dont le programme provincial de la santé trans travaille en partenariat avec les membres, les professionnels, les autorités de l'administration, les équipes de chirurgies, les chercheurs et les autres partenaires pour l'affirmation du genre dans les services chirurgicaux et dans

les soins subséquents. L'équipe spécialiste en santé trans de Colombie britannique partagera des stratégies particulières pour améliorer la qualité du travail en collaboration avec les chirurgiens et les fournisseurs de services autour de l'affirmation du genre dans les chirurgies, aussi bien localement qu'à l'extérieur de la province. Guidé par les recommandations 2014/2015 du Comité directeur de la santé trans, qui incluait la parole et les témoignages des représentants de la communauté trans, ce programme a introduit des initiatives relatives à l'accès aux soins chirurgicaux qui peuvent être appliquées par les autres provinces. L'équipe présentera, à partir de multiples perspectives, des activités concrètes qui aident à améliorer l'expérience client, la qualité et la sécurité des soins au regard de la réalisation des soins. Des idées concrètes et des outils seront partagés dans le but de rassembler nationalement à ce jour les résultats de ce travail avec les autres partenaires. Une partie de ce travail engage directement l'investissement du client en partenariat avec les chercheurs qui en donneront aussi un aperçu lors de cette présentation.

Les conférenciers souligneront les perspectives suivantes :

Administrative : Qu'est-ce que l'administration fait pour mieux comprendre les défis actuellement ? L'emphase sera mise sur les ressources, les outils et les processus administratifs pour améliorer le système de soins.

Médicale : Un aperçu sera donné de l'engagement de la communauté médicale et les résultats de ce travail d'engagement. Les améliorations des premiers soins ainsi que l'accès à

des spécialistes seront partagés et les efforts pour améliorer l'information au client et l'accès à des évaluations chirurgicales rapides seront aussi partagés.

Nouveaux arrivants et Minorités ethnoculturels. Sécurité et appartenance (Présentations orales)

I Belong Project pour les nouveaux LGBTQ. Aujourd'hui et demain
Projet de services communautaires pour les réfugiés LGBTQ axés sur le trauma.

6:15 - 8:15 pm Public Event

CPATH Community Reception for Trans and Non-binary Service Providers:

Trans and non-binary conference attendees and local community service providers are invited to attend this reception following the conclusion of concurrent sessions. This will be an opportunity to network and meet other providers. We will also invite attendees to engage in conversation about strategic planning efforts of CPATH, and to give input for future planning.

Light refreshments and hors d'oeuvres will be provided.



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CPATH 2017 Conference Program

This program has been reviewed by the College of Family Physicians of Canada and is awaiting final certification by the College's British Columbia Chapter.

Saturday, October 28 / samedi, 28 octobre, 2017

- All Day** Registration
- 7:30 - 8:30 am** Breakfast
- 7:30 - 9:00 am** **Caucusing Opportunities**
- 9:00 – 10:30 am** **PLENARY**
(service de traduction simultanée au besoin)



Fostering Safety & Celebrating Inclusion in Service Provision, Systems & Sectors

Across Canada, significant work is underway to improve safety and inclusion for trans people. Initiatives span a broad range of factors, from including gender identity and expression in the Canadian Human Rights Act and as protected grounds under the Hate Crimes provision of the criminal code, through efforts focusing on Indigenous trans and Two-Spirit people, and work to support trans refugees in coming to and landing in Canada.

Learning Objectives:

- To profile recent work in relation to fostering safety and celebrating inclusion in service provision, systems, and sectors.
- To enable participants to learn about issues to consider in working to foster safety and inclusion for trans people.
- To develop an understanding of factors contributing to successes and challenges, constraints and opportunities, regarding fostering safety and inclusion – whether in a system / sector as a whole, in an organization, or in program and service delivery.
- To equip conference participants with concrete considerations, tactics and approaches to fostering safety and inclusion that may be useful in their own contexts.

Moderator:

Stephanie Shostak is a Transgender Advocate from Edmonton, Alberta, Canada. She is a Director/Board Member on the Trans Equality Society of Alberta (TESA) and was the first Manager within the Government of Alberta and the first high level amateur sports referee in North America to transition. While serving with TESA, who has a mandate to be a witness to and a voice for matters concerning Trans Albertans, Stephanie has assisted in bringing positive change to Trans Albertans by working with the previous and current provincial government to make changes to

or to bring about new legislation. This included the Vital Statistics Act and Traffic Safety Act (allows easier changes to Birth Certificates, Drivers Licenses and Provincial Identification Cards); An Act to Amend the Alberta Bill of Rights to Protect our Children (allowed for the formation of Gay Straight Alliances (GSAs) in schools); and Alberta Human Rights Amendment Act, 2015 to include both gender identity and gender expression. Stephanie makes herself available to speak to students at schools, colleges, and universities; at various seminars, sessions, symposiums and conferences in Canada and the United States; and at various events like the Transgender Day of Remembrance (TDOR) and the Hate to Hope March and Rally.

Panelists:

Randy Boissonnault is the Member of Parliament for Edmonton Centre and the Special Advisor to the Prime Minister on LGBTQ2 Issues. Prior to his election, Randy was a successful entrepreneur, community leader, and philanthropist. He has a strong record of leadership in business, in public service, and in the not-for-profit sector. Randy discovered his passion for leadership and public service at the University of Alberta, where he served as President of the Students' Union. Since studying at the University of Oxford as a Rhodes Scholar, Randy has worked as a lecturer at the University of Alberta's Campus Saint-Jean, and as a journalist and political commentator for CBC Radio-Canada and Les Affaires. Randy also owned and led a consulting business that helped small and medium-sized businesses overcome their strategy and management challenges. A proud Rotarian, Randy has a long history of charitable work, both locally in Edmonton and abroad. He founded Literacy Without Borders, an international NGO devoted to promoting literacy for both children and adults in the developing world and in Canada. He has also served as Vice Chair of TEDx Edmonton and Chair of the Board of Directors of the Francophone Economic Council of Alberta, the Francophone Sport Federation of Alberta, and the Canadian Francophone Games. He was one of the 50 founders of Startup Edmonton and was a finisher of the Ironman Canada Triathlon.

Betty Iglesias works as a Peer Project Manager at Action Santé Travesti(e)s & Transsexuel(le)s du Québec (ASTTEQ) in Montreal. Betty supports groups who provide harm reduction materials and other specific resources for Trans people, sex workers and LGBTQ immigrants in Quebec. Betty also participated in different refugee empowerment programs and media projects, like "Project Fefuge", "Tranzister Radio", "Los colores de la diversidad" and "Mapping Memories".

Dr. James Makokis is a nehiyô (Plains Cree), Two-Spirit physician from Onihcikiskwapiwinihk (Saddle Lake Cree Nation) who practices Family Medicine in two Treaty 6 First Nations, Kinokamasihk (Kehewin Cree Nation) and Maskehkosihk (Enoch Cree Nation, “Where the medicines grow”). His passion drives him to elevate the nehiyô health system, which includes the use of nehiyâw maskihkiya (Cree medicines) and preventative interventions during the Cree Seven Stages of life, while simultaneously working to eliminate systemic racism and discrimination in the health care system and beyond. In addition to his work with First Nations Peoples, Dr. Makokis has a strong interest in providing high quality care to the Trans q-mmunity. Outside his clinical practice, Dr. Makokis serves as Chairperson of the Indigenous Wisdom Council of Alberta Health Services, and is a Board Member of the Waakebiness- Bryce Institute of Indigenous Health at the University of Toronto. He holds a Masters of Health Science from the University of Toronto and is a recipient of the National Aboriginal Achievement Award. He is excited to return to Vancouver where he married his husband Anthony in May 2017 while completing the Vancouver Marathon.

9:00 – 10:30 am

PLÉNIÈRE

(Simultaneous translation provided)



Renforcer la sécurité et Promouvoir l'inclusion, pour les Fournisseurs de service, et dans les Réseaux et les Services concernés

À travers le Canada, un effort significatif est en cours pour améliorer la sécurité et l'inclusion des personnes trans. Des initiatives couvrent un large éventail de domaines, de l'inclusion de l'identité de genre jusqu'à l'expression de genre dans la Charte canadienne des droits de la personne ainsi qu'à l'inclusion de recours contre des crimes haineux dans les dispositions du Code criminel, tout comme les efforts qui mettent l'accent sur les personnes trans autochtones et bi spirituelles, ainsi que sur le soutien aux personnes trans réfugiées lors de leur venue et leur installation au Canada.

Objectifs d'apprentissage :

- Recenser les différents travaux en relation avec le renforcement de la sécurité, et avec la promotion de l'inclusion pour les fournisseurs de service, dans les réseaux et les services.
- Susciter des réflexions chez les participants quant à la sécurité et l'inclusion des personnes trans.
- Développer une meilleure compréhension des facteurs qui contribuent à surmonter des défis, des contraintes et des opportunités renforçant la sécurité et l'inclusion – que ce soit dans un secteur / service dans son ensemble, dans un organisme, dans un programme ou dans la délivrance de services.

- Outiller les participants à la conférence par une réflexion concrète, de stratégies et d'approches pour renforcer la sécurité et l'inclusion, et qui leur seront utiles dans leur propre contextes de travail.

Moderatrice :

Stephanie Shostak est une avocate transgenre, d'Edmonton en Alberta, Canada. Elle est la directrice et membre du Conseil d'administration de la Trans Equality Society of Alberta (TESA) et a été la première Directrice transgenre dans le gouvernement de l'Alberta ainsi que la première athlète de haut niveau du sport amateur en Amérique du Nord à effectuer une transition. Comme activiste au TESA, dont le mandat est d'être à l'écoute des réalités trans et d'être la voix des Trans Albertains, Stephanie a contribué au changement positif pour les Trans Albertains en travaillant, aussi bien avec l'ancien gouvernement que l'actuel, pour changer et améliorer la législation. Cela inclut le Vital Statistics Act et le Traffic Safety Act (qui facilite les changements de mention de nom et de genre sur les actes de naissance, les permis de conduire, ainsi que les cartes d'identité provinciale), la loi pour amender le Alberta Bill of Rights to Protect our Children (qui autorise la création de Gay Straight Alliance (GSAs) dans les écoles de l'Alberta) : et la loi amendement, en 2015, l'Alberta Human Rights pour y inscrire l'identité de genre et l'identité d'expression. Stéphanie donne aussi des conférences à des étudiants dans les écoles, les collèges et les universités, et a participé à de nombreux séminaires, colloques, symposiums et conférences au Canada, aux États-Unis et à différents événements comme le Transgender Day of Remembrance (TDOR) et le Hate to Hope March and Rally.

Panelistes :

Randy Boissonnault est le député d'Edmonton-Centre et le Conseiller spécial du premier ministre sur les enjeux liés à la communauté LGBTQ2. Avant son élection au Parlement, Randy était un entrepreneur réputé, un dirigeant communautaire et un philanthrope. Son leadership est reconnu dans le monde des affaires ainsi que dans le secteur des organismes de service public et à but non lucratif. Randy a découvert sa passion pour le leadership et le service public à l'Université de l'Alberta où il a été président du syndicat étudiant. Après avoir étudié à Oxford à titre de boursier de la fondation Rhodes, il a travaillé comme chargé de cours au Campus Saint-Jean de l'Université de l'Alberta. Il a également travaillé à titre de journaliste et chroniqueur politique pour CBC/Radio-Canada et pour Les Affaires. Randy a aussi dirigé une société de service-conseil qui a aidé les petites et moyennes entreprises à résoudre les difficultés qu'elles éprouvaient sur le plan de la stratégie et de la gestion. Fier Rotarien, Randy s'implique depuis longtemps dans des actions de bienfaisance menées localement, à Edmonton, ainsi qu'à l'étranger. Il a fondé Alphabétisation sans frontières, une ONG internationale qui a pour mission de promouvoir l'alphabétisation parmi les enfants et les adultes dans les pays en développement et au Canada. Il a également été vice-président de TEDx

Edmonton et président des conseils d'administration du Conseil de développement économique de l'Alberta, de la Fédération du sport francophone de l'Alberta et des Jeux de la francophonie canadienne. Il a été l'un des 50 fondateurs de Startup Edmonton et il a complété le triathlon Ironman Canada.

Betty Iglesias travaille comme directrice de projet à Action Santé Transvesti(e)s & Transsexuel(le)s du Québec (ASTT(e) Q). Betty soutient les groupes qui favorisent la réduction des méfaits en fournissant du matériel et d'autres ressources pour les personnes trans, les travailleurs du sexe, et les immigrants LGBTQ au Québec. Betty a participé à différents programmes d'autonomisation des réfugiés, et à des projets dans les médias, comme « Project Refuge », « Tranzister Radio », « Las colores de la diversidad », et « Mapping Memories ».

Dr. James Makokis est un nehiyô (Plains Cree), médecin bi spirituel de Onihcikiskwapiwinihk (Saddle Lake Cree Nation) qui pratique la médecine familiale dans deux régions du Treaty 6 First Nations, Kinokamasihk (Kehewin Cree Nation) et Maskehkosihk (Enoch Cree Nation, "Where the medicines grow"). Sa passion l'a conduit à élever le niveau du système de santé nehiyô qui inclut l'usage de la nehiyâw maskihkiya (médecine cree) et de la prévention durant les Sept Étapes Cree de la vie, et simultanément, à oeuvrer à éliminer le racisme systémique et la discrimination dans et à l'extérieur du système de soins de santé. En plus de son travail avec les Premières nations, le Dr Makokis démontre un profond intérêt à dispenser des soins de très haute qualité aux personnes des communautés trans. En parallèle avec sa pratique clinique, le Dr Makokis siège à titre de président du Indigenous Wisdom Council of Alberta Health Services, et est membre du Conseil d'administration du Waakebiness Brice Institute of Indigenous Health de l'Université

de Toronto. Il détient une maîtrise en sciences de la santé de l'Université de Toronto et a été récipiendaire du National Aboriginal Achievement Award. Fier de retourner à Vancouver où il a épousé son conjoint Anthony en mai 2017, et a su compléter le marathon de Vancouver.

10:30 – 11:00 am Break & **EXHIBITS**

11:00 am – 12:30 pm

CONCURRENT SESSIONS

1. Embracing Traditional Models in Your Approach to Working with Two-Spirit Communities (Workshop)

Presenters:

Jean Baptiste, BSc, Regional Community Network Coordinator, Trans Care BC, Prince George, British Columbia;

James Makokis, MD, Family Medicine, Kinokamasihk (Kehewin Cree Nation) and Maskehkosihk (Enoch Cree Nation, British Columbia);

Kyle Shaughnessy, RSW, Lead for Indigenous and Child, Youth & Family Education, Trans Care BC, Provincial Health Services Authority, Vancouver, British Columbia

Being Two-Spirit has its own rich blend of spiritual, historical and cultural context, and resiliency for Two-Spirit folk is heavily reliant on being connected to their culture, community and family. Shifting practice of care to not just being client-centred, but being open to family, or community-centred care can mean all the difference in client wellbeing. In communities where

connection is resilience, how do we honour that within a medicalized space with oppressed populations? By coming from a place of compassion, empathy, and honouring experience rather than pathologizing and categorizing. When we speak about health and wellness, there are traditional approaches we can take to engagement, healing, medicine, and teaching. In this workshop, we will spend some time not only providing an overview of what being Two-Spirit means, but engaging in thoughtful discussion and exploring ideas for growing our practice in a way that affirms the cultural identities of Two-Spirit people.



Proud sponsor of the 2017 Canadian Professional Association for Transgender Health Conference

Miller Thomson is dedicated to fostering a welcoming, inclusive environment that respects and embraces diversity. We are pleased to acknowledge the excellent work of CPATH to support trans and gender diverse people.

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2. Clinical Case Consultation From an Informed Consent Perspective (Workshop)

Presenter:

Françoise Susset, D. Ps/Psy.D, Clinical Psychologist, Couple & Family Therapist, Montréal, Québec

For almost a century, clinicians have functioned as “gatekeepers” for trans individuals seeking transition related services. “Informed consent” has replaced “gatekeeping” as the recommended approach, yet moving away from a “gatekeeper” role is still a struggle for many when it comes to clients who face a greater number of mental health and psychosocial challenges. Beyond a medical definition of “informed consent” that focuses mainly on the physical impact of hormones and surgeries, this case based workshop will focus on what the approach means for mental health providers. In an informed consent perspective, the clinical assessment allows us to identify and address the potential challenges a client may face throughout the transition process and beyond. It allows us to work collaboratively with our clients, helping to remove obstacles that may be standing in the way of their goals. The workshop will encourage participants to reflect on their practice and identify ways to work consistently within an informed consent approach.

3. Supporting Parents; Rural Practice (Oral Presentations)

a) Families in TRANSition

Presenters:

Lindsay Elin, MSW, RSW, Pride and Prejudice (LGBTQ) Program, Central Toronto Youth Services, Toronto, Ontario;
LeeAndra Miller, MA, Registered Psychotherapist, Program Coordinator, Pride and Prejudice (LGBTQ) Program, Central Toronto Youth Services, Toronto, Ontario

One of the most challenging aspects of working with families of transgender youth is working skilfully with caregivers who struggle to accept their child’s gender identity. Parents report feelings of loss, fear and confusion when their child comes out. In the context of overwhelming emotions, a parent may say things out of fear, which can register as rejecting and hurtful to their youth and damage the parent-child relationship. Other parents may say very little or nothing at all when their youth comes out, which can also feel unsupportive to a youth who has just risked sharing their deepest truth. Driven by research indicating a high incidence of mental health problems, suicidality and homelessness among transgender youth with low and moderate levels of family support (TransPULSE, 2012), in 2015 Central Toronto Youth Services (CTYS) expanded its LGBTQ program to offer attachment-informed family services. Through parent counselling, psychoeducation, group-work, and family therapy we offer caregivers opportunities to build skills to manage strong emotions, work through their feelings, and learn accurate

information about gender identity, transition options, and the impact of transphobia, transmisogyny and micro-aggressions on adolescent mental health. We aim to repair and strengthen family relationships to build safer, more affirming home environments. In this oral presentation, we will present CTYS’s innovative clinical approaches for supporting transgender youth and their families, including: 1) an attachment-informed family therapy model; 2) a group-work model for parents of transgender youth focused on attachment and emotion regulation; and 3) a resource to support caregivers and clinicians working with transgender youth and their parents: the 2nd Edition of the Families in TRANSition Guide.

b) Transforming Connections: An Attachment-Based Group for Caregivers of Trans and Gender Nonconforming Youth

Presenter:

Antonia Dangaltcheva, Doctoral Student, Clinical Psychology, Simon Fraser University, Burnaby, British Columbia;

Co-Authors:

Marlene Moretti, PhD, Professor, Psychology, Simon Fraser University, Burnaby, British Columbia;
Chris Booth, FRCPC, Child & Adolescent Psychiatrist, Clinical Director, Maples Adolescent Treatment Centre, Burnaby, British Columbia

Gender nonconforming and trans youth experience higher rates of bullying and victimization resulting in greater mental health concerns (Grossman & D’Augelli, 2006; Veale, Saewyc, Frohard-Dourlent, Dobson, Clark & the Canadian Trans Youth Health Survey Research Group, 2015). Parent support is one of the most significant determinants of risk for mental health problems and suicidality in this population (Ryan, Russell, Huebner, Diaz, & Sanchez, 2010; Simons, Shrager, Clark, Belzer, & Olson, 2013). Interventions that support parents in understanding the challenges that their teens face and increased parental sensitivity are needed to support the well-being of teens and their families (Gray, Carter, & Levitt, 2012). The study examines the acceptance, uptake and caregiver satisfaction of an adapted version of a manualized attachment-based group, Connect (Moretti & Braber, 2013), that addresses the unique challenges and concerns of caregivers of trans and gender nonconforming youth. Participants in the first two pilot groups were 11 caregivers (9 mothers, 2 fathers) of 10 gender nonconforming youth (ages 14 - 18). All parents attended at least 80% of sessions and reported feeling respected, safe, and welcomed in the group. They indicated that learning about attachment was helpful in enhancing their understanding of their teen and their understanding of themselves as parents. Parents also rated the group as helpful in increasing their understanding of their teen’s gender identity and transition. Qualitative themes from clinical interviews completed post intervention included feeling more confident in parenting and being able to empathize with their teen more easily. Feedback from these pilot groups has informed further revisions of the program with the goal of co-creating a

culturally adapted, safe, and helpful intervention. A third group will be facilitated in Spring 2017. Challenges experienced in designing the program, leading the group, and implementing the service in the community will be discussed.

c) Creating Accessible, Safe/r, Quality Transgender Care in Primary Care Settings in Non-Urban BC Communities

Presenters:

Linda Van Pelt, NP, Coordinator, UNBC Family Nurse Practitioner (FNP) Program, Prince George, British Columbia;

Ingrid Cosio, MD, Clinical Faculty, UBC Family Practice Residency Program, Site Lead Faculty, Behavioural Medicine - Residency Program, UBC-Prince George, British Columbia;

Kerry Layton, RPN, Northern Health Authority, Northern Gender Clinic, Prince George, British Columbia

Until 2015, gender affirming health care was not readily accessible or coordinated in Northern BC. After significant planning, starting in early 2014, a small group of health care providers came together in partnership with the Northern Health Authority and the Prince George Division of Family Practice to create the Northern Gender Clinic, within an existing primary health care clinic (PHCC) in August of 2015. The team included a family physician that had been caring for a growing number of transgender patients in their private practice over the previous ten years, a family nurse practitioner who had been caring for transgender patients within the PHCC clinic, and a mental health clinician interested in providing supports to the transgender population in the North. The team worked with their partners to try to create a safe/r and enduring space for gender diverse clients to receive quality gender affirming health care, and to meet the needs of the increasing number of people requiring access to gender affirming treatments. This presentation outlines the evolution of the Northern Gender Clinic in Prince George BC, as well as gender affirming care within the Northern Health Region of BC. The approaches and lessons learned while striving to create appropriate services in northern rural and remote practice settings will be discussed. This presentation is of interest to health care providers, health care administrators, community leaders, and transgender advocates interested in developing gender affirming care services in their communities, and will address, but will not be limited to, the following questions.

1. What challenges and opportunities are often faced when integrating safe/r, inclusive, gender services into existing family practices and communities?
2. In rural and remote settings, how can we educate and support health care providers in providing safe/r, quality transgender health care, and what are the current supports for providers practicing in non-urban settings in the province?
3. How can health care professionals contribute to the development of community services and supports for the gender diverse population in their region?

4. ORAL PRESENTATIONS

a) Later and End of Life Care Concerns Among Trans Older Adults in Canada

Presenters:

Celeste Pang, PhD Student, Social-Cultural & Medical Anthropology, University of Toronto, Toronto, Ontario;
Gloria Gutman, Research Associate & Professor Emerita, Simon Fraser University, Burnaby, British Columbia

While grassroots and community-based efforts have led to increased awareness of the general need for trans-inclusive healthcare services, in Canada little attention has been given by the practice community to the special needs of trans older adults in late and at the end of life. With noticeable exception (Hebert et al 2012, 2015) the same is true of the research community. Canadian-based research has documented the health challenges and systemic barriers that members of trans communities face (Rotendi et al, 2011; Bauer et al 2014, 2015) and employed an intersectionality framework to analyze the interaction of race/ethnicity and gender-based discrimination (Marcellin et al, 2013). However, the concerns and experiences of older trans adults in late and at end of life have been largely unstudied. In an effort to better understand and spur conversation about aging and later and end of life care within and for the LGBT community, a series of



focus groups were conducted in five Canadian cities in 2015-16: Vancouver, Edmonton, Toronto, Montreal and Halifax. In each city separate groups were held with gay men, lesbians, trans persons and persons providing services to these groups. This presentation shares findings from the trans groups. In total, 24 individuals participated (6 men and 18 women). They ranged in age from 55-89. Themes and examples were extracted from coded transcripts of the discussions. The presentation will highlight those that were unique to trans participants. It will also highlight similarities and differences between the experiences and concerns of trans men and trans women older adults.

b) Cancer's Margins: Biopolitical Implications of Gender Marginalization & Cancer Health & Treatment

Presenter:

Evan Taylor, MSW, PhD Candidate, Department of Language & Literacy Education, University of British Columbia, Vancouver, British Columbia

This presentation presents findings from the Cancer's Margins project (www.lgbtcancer.ca), Canada's first nationally funded research project which investigates the complex intersections of gender and sexual marginality, experiences of cancer treatment and support, and health literacy issues pertaining to decision-making and knowledge mobility. Cancer's Margins conducted qualitative interviews with over 130 LGBTQ2Q cancer patients and members of their support networks and prioritized the generation of a purposefully diverse (age, race, place, language, SES) sample of participants from across Canada. Utilizing genealogical-phenomenological schematization approaches to analyze the interview data, findings presented in this session represent the subsection of trans and gender nonconforming patient interviews in order to document the intersection of gender and cancer, specifically in relation to trans and gender nonconforming people's experiences of cancer health and care, knowledge mobility & decision-making, and gender embodiment and marginality. Findings in this presentation document the specific functions of gender, and specifically, gender marginality, in the cancer health and care experiences of trans and gender nonconforming people diagnosed and treated for breast and gynecologic cancer. The organization of breast and gynecological cancers as "women's cancers" has a significant impact on the cancer care and treatment experiences of trans and gender nonconforming people, with participants reporting various forms of service refusal. While cancer health and risk profiles are an integral part of care decision-making for trans and gender nonconforming people and their care providers, gender affirming care options are not concurrently considered by cancer care providers, and participants often reported that they were unable to locate any cancer resources that were specific to trans and gender nonconforming people. The findings presented identify and explore the specific functions of gender and gender marginality in access to cancer health knowledge, and cancer health decision-making. This presentation will be

useful to service providers who are working with trans and gender nonconforming patients who have been diagnosed with cancer, as well as professionals who are involved in health policy and program design, and interested community members. The presentation provides research-based, patient-centered evidence that can inform the design of health programs and policies that are both medically competent and culturally safe/r care environments for trans and gender nonconforming patients.

c) If You Build It, They Will Come:

The Infirmiry Trans Pod to Support Individuals Recovering from Transition-Related Surgery

Presenters:

Charlene Chan, RN, Floor Nurse, ARC Program, Sherbourne Health Centre, Toronto, Ontario;

Nadine Idle, Case Manager, ARC Program, Sherbourne Health Centre, Toronto, Ontario

Sherbourne Health Centre (SHC) in Toronto provides primary care, counseling and community programs with a focus on serving newcomers, homeless/marginally housed individuals and LGBTQ communities. It also has an Infirmiry – the only medical respite program in Canada offering 24/7 nursing care and allied professional support to serve individuals who are homeless/vulnerably housed with an acute medical issue, acute exacerbation of a chronic health condition, recovering post-operatively or undergoing cancer treatment. Our goal is to provide high quality health care and support that is compassionate and client-centred, in an inclusive, trans-positive, welcoming, supportive environment, regardless of social location, income, status, ethnicity, race, sexual orientation or gender identity. The fall of 2015, transgender issues and barriers to accessing health care for transition-related surgeries became a priority issue for the Ontario government. SHC in partnership with the Centre for Addiction and Mental Health and Women's College Hospital developed a joint submission proposing an integrated model of service delivery to expand access for assessments, surgeries and post-operative support, as well as build provincial capacity to better serve individuals undergoing transition-related treatment and surgery. In March 2016, SHC received government funding to increase the Infirmiry's capacity from 10 – 14 beds. Since April 2016, we have established a 4-bed "trans pod" within our existing Infirmiry program. Our catchment is Toronto, however, this new "pod" is designed to offer medical respite and support to anyone provincially, who needs and would benefit from a short-term stay when recovering from a transition-related surgery. This expansion not only increased access to service for trans individuals, it changed the staff, both in numbers, as well as individually and as a team. This presentation will highlight our experiences and learnings throughout our journey to expand and grow with the addition of a "trans pod".

d) Exploring the Association Between Eating Disorders and Gender Dysphoria in Youth

Presenter:

Stephen Feder, MDCM, MPH, Assistant Professor, University of Ottawa; Division Chief, Adolescent Medicine; Medical Director, Regional Eating Disorders Program, Eastern Ontario; and Co-Director, Diversity Clinic, Children's Hospital of Eastern Ontario, Ottawa, Ontario

Co-Authors:

Leanna Isserlin, MD; Emily Seale; Nicole Hammond, MA; Mark L. Norris, MD

This report is based on the retrospective analysis of health threatening behaviours including eating disorder symptomatology in 97 youth (aged 12-18). It sought at the role and understanding of these behaviours within the context of gender diversity, eating disorders as well as the overlap into both. The study demonstrated significant participation in such behaviours, higher than in natural samples, and definitely mandates co-evaluation in gender dysphoric as well as eating disordered populations. Speculation as to the role of eating disorder behaviours within the gender dysphoric populations is proposed. This data reinforces the potential for health threatening behaviours within the distress of gender dysphoria and urges a wide-based approach during interviews.

5. Non-Binary Inclusion in Systems of Care (Panel)

Moderator:

Gwen Haworth, MFA, Education Project Manager, Trans Care BC, Vancouver, British Columbia

Presenters:

Beth Clark, RCC, PhD Candidate, University of British Columbia - Trainee, Stigma and Resilience Among Vulnerable Youth Centre (SARAVYC), Vancouver, British Columbia;

Gail Knudson, MD, MPE, FRCPC - President, World Professional Association for Transgender Health (WPATH), Vancouver, British Columbia;

Karina Zeidler, MD, CCFP – South Hill Family Health Centre, Vancouver, British Columbia;

Lu Lam, MEd, CCC, Clinical Counsellor & Mindfulness Consultant, Private Practice, Vancouver, British Columbia

Though not new to human experience, the visibility of non-binary individuals has surged in recent years. This has been accompanied by increased awareness of challenges faced in accessing equitable care within systems that are often gender-segregated on multiple levels and unable to effectively provide gender-affirming care for non-binary individuals. The ability to adequately address barriers to care relies heavily on dismantling the conditioned perception of non-binary genders as illegitimate, temporary and undesired states of being, recognizing genders

that fall outside the binary as valid and working toward inclusion of non-binary people across all systems of care. This rapid-fire session will consist of four 12 minute presentations, followed by a moderated Q&A. The session will look at non-binary genders through current Canadian research from the Stigma and Resilience Amongst Vulnerable Youth Centre (SARAVYC), recommendations from the World Professional Association for Transgender Health (WPATH), and clinical expertise related to direct delivery of primary care and mental health and well-being services.

12:30 – 1:30 pm Lunch (provided) & **EXHIBITS**

1:30 – 2:30 pm **CPATH ANNUAL GENERAL MEETING**

1:30 – 2:00 pm **POSTER SESSIONS**
with Authors Present

POSTER SESSIONS

See Descriptions Section page 57



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2:30 – 4:00 pm

CONCURRENT SESSIONS

1. What Does Inclusion Look Like for CPATH and How Can We Do It? (Round Table)

Facilitators:

Mary Wilson, Member at Large, CPATH Board, Winnipeg, Manitoba;

Melinda Fowler, MD, Member at Large, CPATH Board, Winnipeg, Manitoba;

Adrian Edgar, MD, CCFP, CPATH Board President, Medical Director, Clinic 554, Fredericton, New Brunswick

Addressing the population and geographic diversity of Canada in CPATH's work is one of the 6 goals explicit in our organization's mission statement. In addition, all levels of government and members of society have been called to action by the Truth and Reconciliation Commission of Canada in order to improve the health and equity of our Indigenous peoples. To achieve this goal in a meaningful way, we seek to expand our relationships with, and real representation from, many under-represented members in our communities who we have failed to include in the past. In recognition of the significant commitment required to build trust, relationship, and solidarity, a new Diversity and Inclusion Committee is being considered. Please join us for a 1.5-hour round-table brainstorming discussion to answer the question, "What does inclusion look like for CPATH and how can we do it?"

2. Caring for the Family: Models and Possibilities for Parent Support Groups (Panel)

Moderator:

Cindy Holmes, PhD, Assistant Professor, School of Social Work, University of Victoria, Victoria, British Columbia

Panelists:

Alyx MacAdams, MSW Student, University of Victoria, Victoria, British Columbia;

Lindsay Elin, MSW, RSW, Pride and Prejudice (LGBTQ) Program, Central Toronto Youth Services, Toronto, Ontario;

Lau Mehes, Health Navigator, Trans Youth and Families, Trans Care BC, Provincial Health Services Authority, Vancouver, British Columbia;

Julie Temple Newhook, PhD, Professional Associate, Janeway Pediatric Research Unit, Faculty of Medicine, Memorial University, St. John's, Newfoundland;

Laura Sheils, Community Programs Facilitator, Calgary Sexual Health Centre, Calgary, Alberta;

Ashleigh Yule, MA, RPsych, Child Psychologist, Doctoral Candidate, Applied Child Psychology, University of Calgary, Calgary, Alberta

Research shows that support from parents, caregivers, and family members is integral to the health and well-being of Two-Spirit, trans, and gender creative children and youth. This panel brings together the experience and knowledge of six panelists, who started and continue to participate in community, peer, and service-based family support models in St. John's, Toronto, Calgary, Victoria, and in other remote and urban centres across British Columbia. The conversation will be enriched by the unique perspectives of each panelist, including as parents of trans and gender creative children, as trans and Two-Spirit people, as researchers, as service providers, and as community organizers. Through narrative and collaborative conversation, panelists will outline what brings them to this work; the details of how their groups were formed; the models and frameworks that guide them; and the barriers, challenges, and successes they have experienced through this transformative work. Specific topics will include: supporting families in rural and remote areas; Two-Spirit history and context; funding; addressing barriers to making spaces accessible to marginalized (i.e. racialized, disabled, low-income, queer, etc.) families; and balancing how to hold space for emotional processing, resource and information sharing, and education, while supporting families to understand and mitigate the impact of transphobia and transmisogyny on their children. The purpose of this panel is to demonstrate the diversity of possible support models and to provide knowledge and learning to service providers, families, and/or trans activists wanting to grow parent and family support in their community.

3. Trans Data Collection & Privacy (Oral Presentations)

a) Improving Trans Health Data: Evaluation of Trans-Inclusive Sex/Gender Measures for Population Surveys

Presenter:

Greta Bauer, PhD, Professor, Department of Epidemiology & Biostatistics, Western University, London, Ontario

Despite evidence of health inequalities, there is usually no option for trans people to identify themselves on large population health surveys. Options used in trans community surveys, such as expansive check-all-that-apply gender identity lists and write-in options that offer maximum flexibility are generally not appropriate for broad population surveys, which require limited questions and a small number of categories for analysis. We present data from a mixed methods evaluation of two English-language trans-inclusive sex/gender survey item sets. Items tested include a two-step set, which consists of items on sex assigned at birth and current gender identity, and a multi-dimensional series, which consists of gender identity and trans status, with additional sex/gender dimensions collected from trans respondents to allow grouping on varying dimensions in analysis. Data were collected via an online survey of 311

participants age 14+ who resided in Canada, and follow-up cognitive interviews with a maximum-diversity subgroup of participants (n=79). We found no indicators of confusion on the part of cisgender participants, and agreement between the two measures on gender identity was very high. However, gender identity was a poor proxy for other dimensions of sex or gender among trans participants. Issues that emerged from analysis and may inform measure development or use included dimensions of sex/gender measured, whether non-binary identities were trans, Indigenous traditional identities, proxy- versus self-reporting, change over time, and the inability of a single survey question to provide a valid measure of sex/gender. Based on this evaluation, we recommend a new Multidimensional Sex/Gender Measure for testing that includes three simple items (one asked only of a small sub-group) to assess gender identity and lived gender, with add-in options. We provide considerations for adapting this measure to different contexts.

b) Data Privacy and Trans Research: New Challenges

Presenter:

Greta Bauer, PhD, Professor, Department of Epidemiology & Biostatistics, Western University, London, Ontario

This presentation is for academic and community researchers, for students who will be doing research, and for potential participants in research. I will present a case study based on my experience in 2016 wherein an application was made to the Quebec Superior Court to order me (an expert witness in a case) to produce raw data on trans participants from a research project, despite my clear statement that this was not something I could ethically do. Ethical concerns included the protection of participants' identities and privacy, maintenance of trust with trans communities, preserving the ability of researchers to engage in future research with both trans and other communities that experience marginalization, and preventing researchers working with communities requiring privacy protections from being bullied off of court cases that may impact those communities. While the court decision was ultimately favourable, this likely depended on many factors, including: 1) clear wording in the letter of consent; 2) clear wording in the Research Ethics Board-approved protocol; 3) clear policy by the research team; 4) consistent non-sharing of data; 5) strong arguments presented by the researcher; 6) strong legal arguments by counsel in the case; 7) the support of university legal counsel; 8) the support of the university research office. While such court challenges are exceedingly uncommon, there was an unfavourable result in one case not involving trans participants (wherein the court ordered the researcher to produce raw data). Thus, it is imperative that researchers become aware of the criteria that affect decisions on whether research communications (data) are "privileged communication", and thus not subject to disclosure in legal situations. Lessons learned in planning for and conducting research will be discussed.

c) Count Us In, But Don't Label Us: The State Has No Business in the Undies of the Nation

Presenter:

barbara findlay, QC, Vancouver, British Columbia

This is an important topic for anyone who

- Has forms that ask about a person's gender
- Maintains records that have a gender field
- Maintains data bases with gender fields
- Relies on identity documents

What if your birth certificate displayed your sexual orientation? Your race? The law is recognizing that it is no more appropriate to collect or display "gender" in connection with individual identity than it would be to do the same with other personal identifiers like sexual orientation or race. Though the state used to need to know which of its citizens were male and which female, in order to be sure who could and couldn't vote, own property, etc, that reason no longer exists. Collecting gender information intrudes into a person's privacy, and perpetuates the oppression of trans people. Because of a recent case brought by barbara findlay, the federal government is now reviewing all gendering practices which are connected to a person's identity. It is of course necessary and acceptable to gather anonymous demographic data. This session will outline the emerging case law and best practices for gender identification.

4. ORAL PRESENTATIONS

a) Enhancing Post-sexual Assault Services for Transgender Survivors: An Initial Assessment of Care Provided by Specialized Hospital-based Violence Services in Ontario, Canada

Presenter:

Daisy Kosa, Research Associate, Ontario Network of Sexual Assault/Domestic Violence Treatment Centres (SA/DVTCs), Women's College Hospital, Toronto, Ontario

It is essential for service providers at hospital-based violence treatment centres to be knowledgeable of, and sensitive to, the complex and diverse needs of trans-survivors of violence as they may differ from other survivors in body configurations, high levels of poly-victimization, histories of depression and suicide attempts, and receipt of insensitive services. The 2013 US National Protocol for Sexual Assault Medical Forensic Examinations (SAFE) for Adult/Adolescents contains 25 specific recommendations/statements with respect to the appropriate care of trans clients which have been endorsed by the trans focused anti-violence organization FORGE. To date, however, little is known about whether the services, provided by Ontario's Sexual Assault/Domestic Violence Treatment Centres (SA/DVTCs), which provide acute medico-legal care to persons who have been sexually assaulted, meet SAFE protocol recommendations. Therefore, we

are working with the Network of 35 SA/DVTCs and an Advisory Group comprised of experts in trans-related health issues, as well as individuals with lived experience, to develop a survey to determine whether their protocols, policies, and training need enhancement to meet SAFE Protocol recommendations for supporting trans survivors of sexual assault. This survey will be distributed to the Program Managers of Ontario's 35 SA/DVTCs and as well as their forensic nursing staff (N=300). The data collected will be used to develop recommendations for how to better address the needs of trans identified persons and shared with SA/DVTC staff and affiliated community organizations and policy makers. The study will lay the groundwork for potential enhancement of hospital-based violence services and training to better meet the diverse needs of trans survivors of sexual assault.

b) Paradoxical Prisoners: Trans Subjects, "Care", & the Canadian Prison

Presenter:

William Hébert, PhD Candidate, Social-cultural Anthropology, University of Toronto, Toronto, Ontario

In Canada, there has been a recent proliferation of initiatives to respond to trans person's thwarted life chances in society, projects that gradually extend to their victimization in correctional facilities. Indeed, in a national context where anti-discrimination protections are becoming normative, institutional policies in federal and provincial correctional facilities have started targeting trans prisoners, while legal advocates, NGOs, and activist groups gradually center these persons in their service provision and political projects. This research presentation is based on 20 months of anthropological ethnographic fieldwork undertaken across Canada since 2014, during which I carried out multi-sited participant-observation and conducted interviews and informal conversations with legal professionals, law enforcement officers, NGO workers, activists, and formerly or currently incarcerated trans people. I provide an overview of the rationales and intended effects of the strategies deployed to respond to trans inmates' over-representation and vulnerability within correctional facilities, and I identify their shortcomings and often harmful unintended consequences. I argue that the ways in which "care" for trans inmates materializes within the prison – as well as through the spaces trans persons navigate before, and after, incarceration – requires them to be 'virtuous victims'. This is a subject position that is often untenable, not only because trans prisoners are paradoxical figures who straddle the border between "offender" and "victim", but also because under liberal logics of rights and protections they are first and foremost understood through their gender identity or presentation, occluding how other aspects of their subjectivities are integral to their lives as gendered persons.

c) Towards Inclusion: Integrating Trans Inclusion Policy & Practices Within Sexual Assault Centres – and Beyond

Presenter:

Alexa Robin, Trans Inclusion Coordinator, Victoria Sexual Assault Centre, Victoria, British Columbia

Trans, Two-Spirit, and Gender Diverse people experience sexualized violence at extremely elevated and alarming rates – and yet so few people from these communities are comfortable accessing support, services, or counselling. Are there barriers present in current sexual assault centres that prevent trans clients from accessing care, and if so what are they? What may need to change for a sexual assault centre to be truly open, inclusive, and accessible to trans people? For more than four years the Victoria Sexual Assault Centre (VSAC) has taken an active role in the struggle to answer these questions, and to constantly push for more accessible services within our centre and within our community. This has been an ongoing and challenging undertaking, necessitating deep learning, growth within the agency, and a great deal of personal reflection from every member of staff. It's driven us to challenge dominant narratives around sexual assault and sexualized violence, to work to move beyond the (gender) binary, and transformed how we approach access, service delivery, creating safety, and how we address the needs of the diverse communities we serve. Join me as I reflect on our experiences, our mistakes, our progress, and our hopes for the future, as well as on why I feel this is critical work that needs to begin at every sexual assault centre – and indeed at every service provider.

5. Improving Access to, And Delivery of, Surgical Care: Lessons From a Research-Government Partnership (Panel)

Panelists:

Hélène Frohard-Dourlent, PhD, MA, Post-Doctoral Fellow, School of Nursing & Faculty of Education, University of British Columbia, Vancouver, British Columbia;

Elizabeth Saewyc, Professor & Director, School of Nursing, University of British Columbia, Vancouver, British Columbia;

Lorraine Grieves, Provincial Program Director, Trans Care BC, Provincial Health Services Authority, Vancouver, British Columbia;

Nina Usherwood, Member, Trans Care BC Peer Reference Group, Comox Valley, British Columbia

This panel proposes to describe a research collaboration between the Stigma and Resilience Among Vulnerable Youth Research Centre (SARAVYC), located at the School of Nursing at The University of British Columbia, and Trans Care BC, a program of the BC Provincial Health Services Authority. This collaboration has led to two research projects designed to

evaluate client experiences of gender-affirming surgical care, with special attention to access and delivery of this care: a large-scale anonymous online survey that has gathered over 200 responses as well as 35 in-depth interviews. In this panel, representatives from SARAVYC, Trans Care BC, and the peer reference group convened to provide guidance to Trans Care BC, will speak to their experience of working together with the goal of creating evidence-based practices in gender-affirming health care, including the motivation for such research-government partnerships. Speakers will introduce the specifics of each research project, including the development of research tools, the process of multi-modal data generation, and the role of a peer reference group and team members with lived experience. We will also discuss how some of the preliminary findings from this research are being used to inform institutional practices and advocate for improvements in the access and delivery of gender-affirming care in the province. At the end of the panel, time will be dedicated to questions and answers from the audience to expand the conversation of how health care practitioners and research can work together to ensure the development of evidence-based practices for improving access to, and delivery of, gender-affirming care.

4:00 – 4:15 pm Break & **EXHIBITS**

4:15 – 5:45 pm

CONCURRENT SESSIONS

1. Newcomers & Ethnocultural Minorities; Safety & Belonging (Oral Presentations)

(service de traduction simultanée au besoin)

a) I Belong Project for LGBTQ Newcomers: Today & Tomorrow of a Community Based LGBTQ Refugee Trauma Focused Project

Presenters:

Zarghoona Wakil, Manager, MOSAIC Settlement and Integration Program, Vancouver, British Columbia;
Masashi Yoshida, Program Facilitator, I Belong Project, MOSAIC Settlement and Integration Program, Vancouver, British Columbia

I Belong was launched in 2014 as a pilot project with funding from the federal government. With a vision to support LGBTQ newcomers to fully integrate in Canadian society, the pilot project focused on understanding the unique needs of LGBTQ newcomers, increasing awareness and building capacity among immigrant-settlement organizations to better serve the LGBTQ newcomer community. As the project evolved over the years, I Belong has implemented several direct service activities to address the significant service gaps and unique needs of LGBTQ newcomers. Currently, I Belong is focusing on building

social connection, breaking isolation and supporting mental wellness of LGBTQ newcomers by providing clinical counselling sessions, peer support group, mentorship and other relevant settlement support. Transgender rights are new territory and may feel overwhelming, if not intimidating. They can particularly face problems when trying to access gender-specific shelters, and may also experience discrimination in finding employment. What's more, these issues occur in addition to experiences of racism, xenophobia, classism, or language and cultural barriers that newcomers may face after arriving in Vancouver. I Belong conducted interviews during its project development phase to learn about unique experiences of transgender newcomers. I Belong strives to be a safe space for transgender newcomers, to advocate for clients' rights and to raise awareness within the organization. One of the most important parts of being an ally to transgender people is learning what it means to be transgender.

b) Trans Migration

Presenter:

Kusha Dadui, Trans Program Coordinator, Sherbourne Health Centre, Toronto, Ontario

This is a presentation to describe the barriers that the trans community faces as migrants and refugees. From personal experiences of clients with the service providers and organizations, I have researched and presented around these barriers and how they impact the overall health of this community. I have sat in refugee hearings with trans refugees who have had to explain what trans means and explain their gender identity and bodies many times. This is not acceptable and one of the main reasons is because of issues around ID documents and the difficulty of getting these document from governments even if it's legal. Many times, the presentation of the person and the gender identity does not match and that creates many problems, even incarceration at borders. Access to health care, shelters and essential needs can also be very difficult for trans refugees and non-status trans identified people. Many times, the immigration officers at the border have no or very little knowledge about trans identity and they are the first people that trans refugees come out to as trans to claim refuge. The goal of this presentation is to have service providers think differently around provision of service and their role particularly as a part of the system that is oppressive.

c) Stories & Photos From “The Trans, Two-Spirit & Gender Nonconforming Community Safety and Well-Being Photovoice Project”

Panelists & Co-Researchers:

Cherese Reemaul, Co-Researcher, Photovoice Project, Vancouver, British Columbia; Velvet Steele, Co-Researcher, Photovoice Project, Vancouver, British Columbia; Stefan de Villiers, Co-Researcher, Photovoice Project, Vancouver, British Columbia; Abby Hipolito, Co-Researcher, Photovoice Project, Vancouver, British Columbia

Project Coordinator:

Cindy Holmes, PhD, Assistant Professor, School of Social Work, University of Victoria, Victoria, British Columbia

We will share stories and photos from a community-based participatory research project about safety, belonging, well-being and place in the lives of trans, Two-Spirit and gender nonconforming people in Vancouver, BC. The study used Photovoice, which combines photography, storytelling and social action. It has been guided by a commitment to undertake meaningful and accountable research that respects the lived experiences of trans, Two-Spirit and gender nonconforming people, celebrates their resilience, and focuses on strategies for social action. Our presentation will include sharing a small selection of photos and stories from our diverse co-researcher team.

d) Unique Issues and Challenges in Working With Chinese Canadian Families With Transgender Children and Youth

Presenters:

Wallace Wong, Registered Clinical Psychologist, Vancouver, British Columbia; Nena Wang, MA, Clinical Psychology Doctoral Student, Simon Fraser University, Burnaby, British Columbia; Sulin Tan, PsyD, Clinical Psychology Graduate Student, Adler University, Vancouver, British Columbia

There are many issues that are unique to ethnic minority families who have a transgender child. In this presentation, we will focus on the experiences and challenges of Chinese families who are living in Canada and have a transgender child or youth. We will discuss themes that are present in the literature as well as seen from our clinical experience. One main theme will examine differences in parent perspectives and acceptance of their transgender children based on parents' level of acculturation with Western society and their status as first- or second-generation immigrants. A second main theme will examine the importance of the role of individualistic versus collectivistic world views in working with these families and children, and the impact of the one-child policy. Lastly, we will provide concrete strategies for clinicians to develop more culturally sensitive skills and improve care when working with this unique population.

1. Nouveaux arrivants et Minorités ethnoculturels. Sécurité et appartenance (Présentations orales)

(Simultaneous translation provided)

a) I Belong Project pour les nouveaux LGBTQ. Aujourd'hui et demain Projet de services communautaires pour les réfugiés LGBTQ axés sur le trauma.

Conférenciers :

Zarghoona Wakil, Manager, MOSAIC Settlement and Integration Program, Vancouver, British Columbia; Masashi Yoshida, Program Facilitator, I Belong Project, MOSAIC Settlement and Integration Program, Vancouver, British Columbia

I Belong a été lancé comme un projet pilote financé par le gouvernement fédéral. Avec une vision pour soutenir les nouveaux arrivants dans le but d'une intégration totale à la société canadienne, ce projet pilote met l'accent sur la compréhension des besoins spécifiques des nouveaux arrivants LGBTQ, pour améliorer la prise de conscience et donner des outils aux organismes pour les réfugiés, et donner un meilleur service aux nouveaux arrivants LGBTQ. Le projet évoluant au fil des années, I Belong a implanté des services et des activités comblant les manques et les besoins spécifiques de nouveaux arrivants LGBTQ. Présentement, I Belong se concentre pour bâtir des connexions sociales, pour briser l'isolement et veiller au bien-être mental des nouveaux arrivants LGBTQ en offrant un service de sessions de soutien clinique, de groupes de soutien par des pairs, par le mentorat ou tout autre soutien pertinent. Les droits des personnes transgenres constituent un nouveau territoire qui peut sembler impressionnant, voire intimidant. Elles font particulièrement face à des problèmes quand elles essaient d'avoir des services spécifiques en raison du genre et elles subissent de la discrimination face à l'emploi. De plus, s'ajoutent à ces situations des expériences de racisme, de xénophobie, le classisme, ou d'autres barrières culturelles et/ou linguistiques auxquelles les personnes transgenres doivent faire face à leur arrivée. I Belong a mené des entrevues durant la phase de développement du projet pour en savoir plus sur les expériences singulières des nouveaux arrivants transgenres. I Belong s'efforce d'être un espace sécuritaire pour les nouveaux arrivants transgenres, pour les conseiller sur leurs droits et pour améliorer leur connaissance au sein de l'organisme. Un des aspects les plus importants de l'organisme dans sa volonté d'être un allié des personnes transgenres est d'apprendre ce que veut dire être transgenre.

b) Immigration et transidentité

Conférencier :

Kusha Dadui, Trans Program Coordinator, Sherbourne Health Centre, Toronto, Ontario

Cette présentation décrira les obstacles auxquelles les personnes transgenres migrantes ou réfugiées sont confrontées. À partir des expériences vécues par les personnes transgenres avec les fournisseurs de service et les organismes que j'ai recensées, je présente ces obstacles et comment ils ont des répercussions sur la santé globale des personnes transgenres. J'ai assisté à des audiences de demande de statut de réfugié de personnes transgenres qui devaient de nombreuses fois expliquer ce qu'être trans voulait dire, et expliquer ce que l'identité de genre signifiait. Ce qui est inacceptable et l'une des principales conséquences touchant à l'émission des documents d'identité, et de la difficulté de les obtenir du gouvernement même si c'est légal. Souvent, l'apparence de la personne et l'identité de genre ne correspondent pas et créent de nombreux problèmes, jusqu'à des emprisonnements dès la frontière. L'accès aux services d'aide, et aux besoins essentiels deviennent aussi très difficiles pour des personnes transgenres dont le statut de personnes transgenres n'a pas été reconnu. De nombreux agents d'immigration à la frontière n'ont pas, ou peu de connaissance sur la question de la transidentité alors qu'ils sont les premiers à rencontrer les personnes transgenres demandant le statut de réfugié en raison de leur identité de genre. L'objectif de cette présentation est d'arriver à ce que les fournisseurs de services pensent différemment dans leur offre de services et sur leur rôle particulier qui dans le système peut être oppressif.

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c) Stories & Photos From “The Trans, Two-Spirit & Gender Nonconforming Community Safety and Well-Being Photovoice Project”

Conférenciers et co-chercheurs :

Cherese Reemaul, Co-Researcher, Photovoice Project, Vancouver, British Columbia;

Velvet Steele, Co-Researcher, Photovoice Project, Vancouver, British Columbia;

Stefan de Villiers, Co-Researcher, Photovoice Project, Vancouver, British Columbia;

Abby Hipolito, Co-Researcher, Photovoice Project, Vancouver, British Columbia

Chef de projet :

Cindy Holmes, PhD, Assistant Professor, School of Social Work, University of Victoria, Victoria, British Columbia

Nous présenterons des histoires et des photographies à partir d'un projet de recherche participative sur la sécurité, l'appartenance, et le bien-être et de leur place dans la vie des personnes transgenres, bi spirituelles ou avec une identité de genre non conforme à Vancouver. L'étude se sert de Photovoice qui combine la photographie, les histoires de vie, et l'action sociale. L'étude se fonde par un engagement à mener une recherche profonde et responsable de respecter les expériences vécues par les personnes transgenres, bi spirituelles et avec une identité de genre non conforme, pour mettre en lumière leur résilience, et mettre l'accent sur les stratégies d'action sociale. Notre présentation inclura une petite sélection de photos et d'histoires de vie de notre équipe de co-chercheurs.

d) Unique Issues and Challenges in Working With Chinese Canadian Families With Transgender Children and Youth

Conférenciers :

Wallace Wong, Registered Clinical Psychologist, Vancouver, British Columbia;

Nena Wang, MA, Clinical Psychology Doctoral Student, Simon Fraser University, Burnaby, British Columbia;

Sulin Tan, PsyD, Clinical Psychology Graduate Student, Adler University, Vancouver, British Columbia

Il y a de nombreux problèmes spécifiques aux familles appartenant aux minorités culturelles qui ont des enfants transgenres. Au cours de cette présentation, nous nous concentrerons sur les expériences et les défis de familles chinoises qui vivent au Canada et qui ont un enfant ou un adolescent transgenre. Nous aborderons des thèmes provenant aussi bien de la littérature que de ce que nous avons vu dans notre expérience clinique. Un des thèmes importants portera sur les différences qui existent dans la perception et l'acceptation des enfants transgenres selon le niveau d'acculturation des parents dans la société occidentale et selon qu'ils appartiennent à la première – ou à la seconde – génération d'immigration. Le second thème important abordera le rôle de la perception

individuelle du monde versus la perception collective de ces familles et de leur enfant, et de l'impact de la politique de l'enfant unique. Enfin, nous ferons part de stratégies concrètes pour les médecins travaillant avec cette population particulière pour qu'ils développent une plus grande sensibilité à cette culture.

2. Surgeries and Surgical Processes at the Montreal Clinic (Oral Presentations)

a) The Preoperative Process & the Importance of Multidisciplinary Work: Everything Starts at the Very Beginning!

Presenter:

Anne Dubé, Clinical Nurse, Trans Care Director, GRS Montréal, Montréal,

This presentation consists of a detailed description of the preoperative process at GRS Montréal in order to provide a better understanding of the information required by the surgical team. This detailed information will provide a better understanding to all stakeholders involved in the various aspects of the client's experience in gender affirmation surgery process. It will also offer a close look at the rationale for the processes involved, and how they help ensure an overall safe surgical experience. Cases will be used to help professionals be better equipped to support clients in access to surgery, and to understand the beneficial impact of the preparation and involvement of the professionals in the preparation for the surgical experience of their clients.

b) Facial Feminization Surgery

Presenter:

*Éric Bensimon, FRCSC, Plastic Surgery, GRS Montréal;
President of the Association des spécialistes en chirurgie
Plastique et Esthétique du Québec and of the Canadian
Society of Aesthetic Plastic Surgery, Montréal, Québec*

The presentation will describe our experience with facial feminization surgery in Montreal. The presentation will include a review of surgical techniques and clinical results with all the scope of facial procedures used in facial feminization surgery. We will review cranioplasty, rhinoplasty, cheek implants, jaw surgery etc.

c) Types of Phalloplasty: What to Know, How to Choose?

Presenter:

*Maud Bélanger, FRCSC, Plastic Surgery, GRS Montréal,
Montréal, Québec*

This presentation will explain the types of phalloplasty that are done around the world. It will explain in detail – the phalloplasty done by radial forearm flap, dorsal flap, alt flap; and explain how to choose which flap is best for the patient. The risks that go along with each type of phalloplasty will be discussed.

3. Navigating Legal, Ethical and Clinical Challenges: Youth Consent to Gender Affirming Medical Care (Panel)

Panelists:

barbara findlay, QC, barbara findlay & associates, Vancouver, British Columbia;

Lorraine Grieves, MA, RCC, Provincial Program Director, Trans Care BC, Provincial Health Services Authority, Vancouver, British Columbia;

Beth Clark, MM, RCC, PhD Candidate, Interdisciplinary Graduate Studies Program, University of British Columbia, Vancouver, British Columbia;

Tina Tsobanis, MSW, RSW, Collaborative Practice Lead, Children, Family and Youth, Trans Care BC, Provincial Health Services Authority, Vancouver, British Columbia;

Tania Culham, MD, CCFP, Three Bridges Community Health Centre, Vancouver Coastal Health, Vancouver, British Columbia

This session reviews the complex issue of how the law in BC deals with consent by youth to health care from three perspectives: Legal, clinical ethics and practice-based. The governing statute in BC is the Infants Act which provides that a child can consent to care, without their parents' agreement, provided that they understand the nature of the care and the potential adverse effects. A groundbreaking BC case recognizes the right of a youth to determine their own care when parents disagree. A lawyer will be on the panel to talk about this case. Ethical issues are frequently raised by clinicians and parents when it comes to trans health care with concerns amplified if parental support for gender affirmation is low or fractured. A 2016-2017 research project investigated the perspectives of youth, parents and trans health care providers in BC exploring decision-making about initiating hormones. Findings related to clinical ethics will be overviewed to inform the discussion. The Infants Act in BC informs the clinical practice of health care providers in BC who routinely work with youth in a range of care areas and, at times, with no parental involvement by using "Mature Minor Consent" as the basis for providing care without parental consent. To help guide discussion, a family physician, social worker and clinical counsellor will present practice examples related to mature minor consent and the Infant's Act from the fields of substance use, mental health, sexual and reproductive health, and trans care in order to inspire reflection and local application for clinicians across Canada engaged in trans health care and services for youth. Facilitated small group discussion guided by reflective questions will focus on applicability to clinical practice in provinces across Canada and the practice setting of participants in the room.

4. Toward Trans-friendly & Trans-appropriate Nutritional Care: A Workshop to Inform and Guide the Work of Dietitians (Workshop)

Presenters:

Catherine Morley, PhD, Pdt, FDC, Associate Professor & Registered Dietician, School of Nutrition and Dietetics, Acadia University, Wolfville, Nova Scotia;

Sfé Monster, Comic, Artist, Writer, Co-Founder, Beyond Press, Halifax, Nova Scotia

Nutrition assessment, the process of determining someone's nutritional status and nutritional requirements involves estimating nutrient needs (e.g. energy, protein, some vitamins and minerals) for 'males' and 'females'. Nutrition counselling incorporates consideration of psychosocial aspects of eating. How, if at all, are these affected by transitioning? As there is no extant literature on nutrition assessment and counselling approaches when working with trans people, these are some of the questions we plan to explore in a workshop to articulate trans-friendly and trans-appropriate approaches to nutritional care. Findings from the workshop will inform much needed guidelines for nutritional care and research projects. Learning objectives: 1. Raise awareness about the limits of standard nutrition assessment approaches and the lack of nutrition counselling guidelines for use when working in trans health 2. Acquire and contribute insights toward making nutrition assessment and counselling trans-friendly and trans-appropriate 3. Contribute to creating a community of people interested in enhancing nutrition services and nutrition care and research for trans people Workshop format: The workshop will have four parts: 1) Catherine will provide a brief overview of how nutrition assessment is typically done, and where attention is needed to make nutritional care trans-friendly and trans-appropriate. Sf e will share how transitioning affected their experiences of body shape, appetite, the social experience of eating, and eating behaviours. 2) Participants will work in small groups to contribute ideas toward trans-friendly and trans-appropriate nutrition assessment. 3) All groups will share their ideas with the large group and present questions arising. 4) Sum up/large group discussion about next steps.

5. Advocacy & Autonomy: Disability, Chronic Illness and Aging (Workshop)

Presenters:

Marie Carlson, RN, BSN, CRN , Clinical Instructor, Department of Psychiatry, Faculty of Medicine/Sexual Medicine, University of British Columbia, Vancouver, British Columbia;

Cory Grandinetti, OTR/L, Occupational Therapist, Seattle, Washington, USA;

Taylor Straw, Community Member, Vancouver, British Columbia

Gender identity, expression and related sexual expression are integral parts of being human and healthy living. However, these important aspects of well-being are often overlooked or avoided when a person is aging, has a disability or chronic illness, needs personal supportive care, or enters a care facility or assisted living residence. Avoidance of these issues by health care professionals, service providers, family or caregivers is common because the issues of gender identity and expression and sexuality are complex, can be value-laden, and encroach on private areas of our lives. When combined with institutional settings, what were private matters must be addressed in less-than-private contexts, multiple values and lack of privacy add to the complexity. Stigma related to age and ableism in our society impacts health care professionals, persons with disability and their friends, family and other allies. These issues intersect with trans care and transphobia and can create added barriers to the ability to seek and access support. Persons who are aging, with disability and chronic illness can often benefit from professional advocacy. Health care professionals and other care providers and educators may benefit from support and education about how to sensitively provide comprehensive care. This workshop will bring together health care professionals, educators, advocates and ally's of all abilities to explore the challenges of aging, living with a disability as a trans identified person and/or supporting someone in this situation. It will include common issues faced by those requiring assistance in activities of daily living, examples of care situations, resources available to support the ethical, legal and clinical rights of individuals, and interdisciplinary experiences of applied advocacy. The intent is to provide a space and to work to support the resiliency and autonomy of trans individuals who are aging, live with disability or chronic illness.

6:30 pm RECEPTION

7:00 pm GALA DINNER

9:00 - 11:00 pm BODY PARTY

The DJ duo behind the beats of all your favourite queer dance parties in East Van.



CPATH 2017 Conference Program

This program has been reviewed by the College of Family Physicians of Canada and is awaiting final certification by the College's British Columbia Chapter.

Sunday, October 29 / dimanche, 29 octobre, 2017

7:30 - 8:30 am Breakfast

7:30 - 9:00 am **Caucusing Opportunities**

9:00 – 11:00 am

CONCURRENT SESSIONS

1. Supporting Trans Youth (Oral Presentations)

a) At the Crossroads of Social Identities: Being Young, Asian & Transgender

Presenter:

Sulin Tan, PsyD, Clinical Psychology Student, Adler University, Vancouver, British Columbia

Little is known about the lived experiences of youths who belong to both the transgender and Asian communities. Besides the paucity of research focusing on this vulnerable population, existing literature tends to extrapolate from research on gay and lesbian youths, thereby obscuring the needs of transgender ethnic minority youths. This phenomenological study adopts an intersectional framework to examine the lived experiences of youths at the intersections of gender and ethnic minority identities. Semi-structured individual interviews will explore their experiences pertaining to identity development, coming out, challenges, and strengths related to their dual identities as transgender and Asian. It is hoped that this study will provide these “invisible” youths with a voice that will be heard by healthcare professionals, schools, LGBTQ organizations, Asian-focused groups, and the research community at large, so that their needs can be better understood and addressed.

b) A Youth Driven, Multi-faceted Approach to Supporting Trans Youth

Presenter:

Kate Shewan, Executive Director, The Youth Project, Halifax, Nova Scotia

The Youth Project is a not-for-profit, charitable organisation supporting Nova Scotia youth, 25 and under, around issues of sexual orientation and gender identity. We provide support, education, social support, services, special events and much more. Many of our services are programs and services are trans specific, and all are trans-inclusive. Every year we provide direct services to hundreds of youth and reach thousands more with our classroom education offerings. The presentation will examine the Youth Project model for supporting trans youth, with a focus on assisting groups in other regions in developing services for trans youth.

1. Youth Leadership Model. The Youth Project is a youth driven organisation, our Youth Board, made entirely of youth who are accessing services, has responsibility for determining the activities undertaken and services provided. We will discuss the Youth Board model of governance, planning and leadership development.
2. Overview of services we provide to support trans youth:
 - a. Support Services
 - i. One on one supportive counselling and referrals
 - ii. Social Support groups for youth, including “Transformers” a discussion group for trans identified youth, support groups for parents of trans youth and other social support groups for all LGBTQ2+ youth.
 - iii. Binder program
 - b. Education and school based services: including classroom workshops, supporting GSAs, healthy relationship programs, resource development, professional development training etc.
 - c. Special Events: Camp Coyote (summer camp for trans youth), Queer Prom, Pride events TDOR Trans Mosaic and more.
 - d. Consultation and advocacy: including guidelines for trans students, advocacy and consultation for trans rights legislation, trans inclusive health services etc.
3. Organizational development: How we grew an integrated organisation to support trans youth: We will discuss our organisational history and development, our structure, staffing, funding models and partnerships which have helped us grow to the point of being able to offer a broad range of integrated services for trans youth.

c) TRANSforming Justice: Legal Needs of Trans People in Ontario

Presenters:

Neshama Nicole Nussbaum, LLB, Legal Aid Ontario, Project Lead, Transforming Justice: Trans Legal Needs Assessment Ontario, London, Ontario;*

Julie James, PhD, Assistant Professor, Child and Youth Care Department, Ryerson University, Toronto, Ontario

Co-Authors:

David Brennan, PhD, Associate Professor, OHTN Chair in Gay & Bisexual Men's Health (Social Work); Director, CRUISElab, Factor-Inwentash Faculty of Social Work, University of Toronto, Toronto, Ontario;

Greta Bauer, Associate Professor, Department of Epidemiology & Biostatistics, Western University, London, Ontario;

Ryan Peck, LLB, Executive Director, HIV & AIDS Legal Clinic Ontario, Toronto, Ontario

Access to justice and legal services as well as broader experiences of justice in day-to-day life and in society, have unquestionable impact on the health and well-being of trans people. TRANSforming Justice is a community-based mixed-methods research project to assess the legal needs of trans persons age 16 or older living in the province of Ontario. Research priorities for the Transforming Justice project were informed by four advisory groups: the Trans Community, Legal Service Provider, Social/Health Service Provider, and Court and Tribunal. An online survey (n=232) and series of 13 focus groups (plus individual interviews) were conducted for trans Ontarians in 2016. We compared frequencies for broad categories of legal needs (within the past three years) for trans Ontarians with data from a national legal needs assessment. Focus group and interview transcripts were examined for quotes that illustrated experiences of different types of legal needs. The sample was evenly divided between transmasculine and transfeminine persons with 26% non-binary. The most common categories of legal needs identified by trans participants were discrimination (43% vs 2% for Canada), medical (25% vs 2%), employment (22% vs. 18%), housing (22% vs 2%), and personal injury (19% vs 3%). Additional legal needs for trans persons related to police action (16%), disability benefits (15%), social assistance (6%), and immigration/refugee (5%). Among those with legal problems in the past three years, 66% reported experiencing mental/emotional health issues as a result, with 51% similarly reporting social and family problems, and 29% physical health issues. 25% agreed that they knew where to go to get trans-competent legal services; 19% knew where to get trans-competent legal services for HIV-related issues. Overall, legal needs within trans communities far exceeded those observed within broader Canadian society, with evidence of effects on health and well-being.

d) Transforming Justice for Trans Youth: Youth Legal Issues and Well-being

Presenter:

Julie James, PhD, Assistant Professor, Child and Youth Care Department, Ryerson University, Toronto, Ontario

Authors:

Julie James, Greta Bauer, David J. Brennan, Nicole Nussbaum, Ryan Peck

Transforming Justice is a mixed-methods research project to assess the social and legal service needs of trans persons age 16 or older living in the province of Ontario. Research priorities for the Transforming Justice project are informed by four advisory groups: Trans Community, Legal Service Provider, Social Service Provider, and Court and Tribunal. An online survey (n=232), a series of 22 focus groups, and 19 interviews were conducted for trans Ontarians in 2016. One third of the survey respondents, one-fifth of the focus group participants, and 12 out of 19 of the interviewees are trans youth, between the ages of 16 and 24 years old. Trans youth focus group and interview participants (16 to 24 years old) shared experiences of violence, discrimination, and the subsequent impact on their well-being across multiple contexts, including: family, school, medical care, community youth groups, in-care experiences, and in public. Impact on well-being, coping strategies, stories of community-building within trans youth circles, and trans-youth led advocacy initiatives were also shared. These narratives as well as survey data on well-being will be reviewed. Youth-identified recommendations for service providers will be overviewed to offer practice considerations specific to community service work with trans children, youth, and their families.

2. Two-Spirit and Indigenous Transgender Stories and Photos of Safety, Belonging and Well-Being (Panel)

Panelists (Co-Researchers & Advisory Members):

Bon Fabian, Co-Researcher, Photovoice Project, Vancouver, British Columbia;

Kyle Shaughnessy, Lead, First Nations & Families Education, Trans Care BC, Provincial Health Services Authority & Advisory Member, Photovoice Project, Vancouver, British Columbia;

Chase Willier Nirkwuscin, Co-Researcher and Advisory Member, Photovoice Project, Vancouver, British Columbia

This presentation will discuss themes from Two-Spirit and Indigenous trans co-researchers in a community-based participatory research project about safety, well-being, belonging and place in the lives of transgender, Two-Spirit and gender nonconforming people in Vancouver BC. This research project was developed and conducted in collaboration with transgender, Two-Spirit and gender nonconforming community members to address community health concerns and strategies for action. The study used Photovoice, a participatory action research approach

that combines photography, storytelling and social action. In this presentation, Two-Spirit and Indigenous members of the team will share photos and stories from Two-Spirit and Indigenous trans co-researchers and discuss themes related to the effects of colonialism, racism, sexism, transphobia, homophobia and cisnormativity, as well as courage, resilience, perseverance, places of safety and healing.

3. NT: Standards of Care Revision Forum (Workshop)

Presenter:

Gail Knudson, MD, MEd, FRCPC, President, WPATH, Clinical Associate Professor, University of British Columbia - Faculty of Medicine; Consultant Psychiatrist, Vancouver Coastal Health, Expert Medical Advisor - Trans Care BC; and Chair, BC Trans Clinical Care Group, Vancouver, British Columbia

The Standards of Care (SOC) for the Health of Transsexual, Transgender, and Gender Nonconforming People promote evidence-based care, education, research, advocacy, public policy and respect. The last version of the SOC, version 7, issued in 2012, was presented at the biennial WPATH symposium in Atlanta. As the world is rapidly changing, and the trans world in particular, adaptations and new recommendations are strongly needed on a regular basis. At this moment there are many issues and debates around a number of different topics such as: non-binary identities, criteria for surgeries, age of genital surgery for youth, competencies to write letters of support, elaboration of “informed consent”, management of psychiatric co-occurrence, and the global applicability of the SOC. These and perhaps other subjects need to be addressed and elaborated in the new version. The SOC Revision Committee is eager to gather feedback from WPATH and CPATH members. Feedback will be gathered on the SOC 8 draft and circulated to the SOC 8 Committee. This workshop will be a forum where, after a short introduction, everyone will be invited to participate in the discussion on key topic area of revision. “Listening panels” and feedback from WPATH and CPATH members, professionals as well as people from the transgender community are needed to develop a SOC that is reflective of best practices, evidence-based medicine and is globally applicable.

4. Pregnancy and Birth (Oral Presentations)

a) Pregnancy, Postpartum Care and Community Supports

Presenters:

Cora Beitel, Registered Midwife, Strathcona Midwifery Collective, Vancouver, British Columbia;

Michelle MacLean, Program Coordinator/Doula Trainer, Holistic Doula Certificate Program, Pacific Rim College, Vancouver, British Columbia;

Elliot Wheatcroft, Parent, Child and Youth Care Worker, Vancouver, British Columbia

Pregnancy and postpartum care for trans families will be explored by our multi-disciplinary panel. Sensitive and honouring clinical care and community supports are necessary to support transgender clients through the childbearing year. The Strathcona Midwifery Collective has established a focus on inclusive care by bridging both the clinical care needs for pregnancy, birth and the early postpartum with community supports through the Queer and Trans Pregnancy and Parenting Group. The specific issues surrounding transgender pregnancies will be explored from the midwifery, doula, childbirth educator and client perspectives while exploring what is known and what is needed from the research.

b) Improving Reproductive Care for Trans Clients Who Are Pregnant

Presenter:

Juana Berinstein, Director, Policy and Communications, Association of Ontario Midwives, Toronto, Ontario

The Association of Ontario Midwives (AOM) is cultivating organizational and sector change to improve trans people's experiences of midwifery care during pregnancy, birth and postpartum, as well as increasing visibility of trans families. Midwifery is unique in that it provides clients with informed choice and continuity of care. Midwives are also the only health care provider who offer out of hospital births in Ontario, including at home and at birth centres. These factors may be particularly appealing to trans clients who may have had negative experiences in the traditional health care system (Institute of Medicine, 2011). In Ontario, 27% of trans people in Ontario are parents (Bauer et al, 2010), and in Toronto, some fertility clinics report that 15-25% of their clients are from LGBTQ communities (LGBTQ Parenting Network, 2013). In this presentation, we'll provide an overview of our organizational and sector work to make reproductive care a safer and welcoming experience for trans communities, including addressing the impact of the exclusion of trans communities from reproductive health.

c) Intersecting Identities: Transmasculine Experiences of Pregnancy & Birth

Presenters:

Michelle Walks, Teacher, Kelowna/Vancouver, British Columbia

Transgender men who have not had a hysterectomy might choose to use and engage their bodies to be pregnant, birth a baby, and/or chestfeed. As part of a larger, CIHR-IGH-funded, University of Ottawa study that considered the pregnancy, birth, and infant feeding experiences of transmasculine individuals, this paper focuses on participants' intersectional identities and experiences of the health care system during the perinatal period. The data presented is from 22 initial semi-structured interviews and 4 follow-up interviews conducted with transmasculine individuals who had experienced one or more pregnancies. Participants from North America, Europe, and Oceania were interviewed by Trevor via Skype, between 2014

and 2015. While being trans was significant to the participants' experiences of pregnancy and birth, an intersectional and anti-oppression analysis highlights how race, age, disabilities, religion, immigration status, and socioeconomic status also affected their experiences. Participants sometimes found it difficult (or impossible) to pinpoint whether the discrimination they were experiencing was due to their being trans or another factor, or even a combination of factors. Furthermore, all study participants navigated a historically patriarchal and oppressive medical system by virtue of being "maternity" patients. While the participants' intersectional identities often resulted in the questioning of best practices and if they received the best care, or if they were in fact discriminated against, the transmasculine individuals we spoke with were not simply passive in their experiences. They demonstrated and spoke significantly of their individual agency in terms of making decisions and being in control of their experiences, and also remarked on needed changes at the systemic level.

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5. Calling the Clients to the Front: Reframing Health Care from the Perspective of Consumers (Panel)

Facilitator:

Nesa Tousi, Member of Collective & Three Bridges Primary Care Clinic, Vancouver, British Columbia

Panelists:

Fin Gareau, MSc, FNP, Member of Collective & Trans Care BC, Vancouver, British Columbia;

Kelendria Nation, Vancouver, British Columbia;

Jesse Blanchard, Vancouver, British Columbia;

Steps, Vancouver, British Columbia

We are a group of trans and gender non-binary community members and allies who formed a collective in order to facilitate a forum for engaging with and centering the voices of community members. We facilitated a community gathering that elevated and prioritized stories of individuals who have been historically absent in health discourse. The primary purpose was to draw attention to current gaps in care that are often not talked about in many health-related contexts, and name the further marginalization of trans and non-binary individuals who are part of the Black, Indigenous, Two-Spirit, Mixed-race, and People of Colour (BIMPOC-2S) community. In planning this event, we recognized and prioritized the voices of BIMPOC-2S individuals as well as sex workers, elders, and those living with disabilities. We collected and documented these stories using various mediums. We present these stories in an effort to create an opportunity for health professionals to learn about how trans people experience systems and approaches that can come across as pathologizing gender, policing bodies, and creating barriers to holistic trans-centered care. In presenting these stories we also draw attention to the disparate barriers that exist in accessing health services compared to cis populations and hope that through these stories we can inject the health community with motivation to engage in conversations around shifting models of health care to ones that uphold the lived experience of community members and prioritize the decolonization of medical practice. The community consultation was conducted using two mediums: a community forum and an online survey. Following this, the collective has compiled the stories of various Trans and gender diverse individuals who wished to participate. These stories will be presented by panel members using three formats: a graphic recording of the community forum, a compilation of art and poetry created during the community forum that will be available to session participants as a pamphlet, and through story telling by panel members. Themes: Experience of trauma and discrimination at various levels of health care; medical transitioning and systemic barriers to accessing care; inequity of care between urban, sub-urban and rural populations; systemic racism intersecting systemic transphobia.

A question and answer period will follow and will be facilitated by a member of the collective.

10:30 – 11:00 am Break & **EXHIBITS**

11:00 am – 12:30 pm **PLENARY**

(service de traduction simultanée au besoin)

Supporting Older Trans People

At this point, there is little focus on trans seniors within the context of trans health and wellbeing, or in the context of seniors' health more generally. This plenary will provide an overview of the research findings in relation to the health and well-being of trans seniors, and will also showcase practice-based learnings in both clinical and community work with trans seniors. Some of the topics explored will include transitioning later in life, aging in place, and issues related to residential care.

Learning Objectives:

- To develop a shared understanding of current research relating to trans seniors, including issues to be considered from the perspectives of policy, clinical care, and community supports.
- To foster awareness of approaches to supporting the health and well-being of trans seniors in community and clinical settings, including successes, challenges, and learnings.

Moderator:

Yasmeen Persad is a trans woman of colour originally from the Caribbean. She is a Trans Education and Training Facilitator for The 519. She has been providing education and training around LGBTT related issues for the past 10 years. Her experience ranges from working with Trans Youth, HIV Positive Women, Sex Workers to many other diverse populations. She provides training to front-line workers (housing, corrections, etc.) around Trans community inclusion and support and runs a group called the Trans Sex Worker Empowerment Project (TSWEP). Yasmeen has participated in several research projects focused on advancing Trans health, including Trans PULSE, The Trans Priorities Project: Cross Country Trans Women and HIV Priority Setting, and the Canadian HIV Women's Sexual and Reproductive Health Cohort Study (CHIWOS). Yasmeen has presented at many universities across North America on various topics about access for Trans people. She has been part of ground-breaking recognition of trans women as women in the Violence Against Women sector.

Panelists:

Rosalyn Forrester walks with several identities; queer, pagan, a woman of colour, single woman loving mom of two beautiful daughters, a person born with transexualism, a person living with chronic pain, an activist, a femme, an educator, a care giver. Currently Rosalyn works at The 519 in Toronto working with the older LGBTQ community and East Mississauga Community Health Centre co facilitating a Drop In for members of the Greater Trans Communities and an LGBTQ Drop In.

Kelsey Rounds has a BSN and MN in Clinical Nurse Leadership. They are currently a PhD student at the University of Victoria in BC. Kelsey's research interests include resilience, health equity, and LGBTQ health with an emphasis on trans elders. Their goal

is to conduct research that makes a positive impact for LGBTQ communities, and helps people who encounter overlapping oppressions by giving voice to the intersectional experience in ways accessible to program designers and policymakers.

Dr. Kate Whitehead is an attending physician in the Palliative Care Program at the Toronto Grace Hospital in Toronto, Ontario. She has a focused expertise in end of life care and communication in health care for LGBTQ clients and presents frequently on these topics nationally and internationally. She is a Lecturer at the University of Toronto Faculty of Family Medicine and is actively involved in teaching and curriculum development for learners from many health care professions. Kate is a member of the Consent and Capacity Board of Ontario and is an assessor for the College of Physicians and Surgeons of Ontario.

11:00 am – 12:30 pm **PLÉNIÈRE**

(Simultaneous translation provided)

Soutenir les personnes trans âgées

À ce point, il y aura un focus sur les personnes trans âgées, dans le contexte de la santé et du bien-être trans, ou dans le contexte de la santé des personnes âgées en général. La plénière présentera un aperçu des recherches menées en relation avec la santé et le bien-être des trans âgées, et abordera également les connaissances pratiques aussi bien dans le champ clinique que dans le champ communautaire des personnes trans âgées. Les thématiques porteront sur la transition à un âge avancé, vieillir chez soi, ainsi que des questions relatives aux soins résidentiels.

Learning Objectives:

- Développer et partager la compréhension des recherches actuelles relatives aux personnes trans âgées, incluant les questions quant aux politiques, aux soins de santé, et du soutien communautaire.
- Conscientiser les participants à propos des approches qui soutiennent la santé et le bien-être des personnes trans âgées dans la communauté et dans les services de santé en lien avec les réussites, les défis, et les apprentissages.

Modérateur :

Yasmeen Persad est une femme trans originaire des Caraïbes. Elle est une facilitatrice en formation et en éducation trans pour le 519 à Toronto. Elle donne des formations sur les questions LGBTTT depuis les 10 dernières années. Son expérience s'étend des jeunes trans, des femmes séropositives, des travailleurs du sexe, à divers groupes sociaux. Elle forme les travailleurs de première ligne pour l'inclusion des personnes trans dans la communauté et gère un groupe nommé le Trans Sex Worker Empowerment Project (TSWEP). Yasmeen a participé à de nombreux projets de recherches centrés sur l'amélioration de la santé Trans, incluant PULSE, The Trans Priorities Project : Cross Country Trans Women and HIV Priority, et le Canadian HIV Women's Sexual and Reproductive Health Cohort Study

(CHIWOS). Yasmeen a donné de nombreuses conférences sur l'accès des personnes trans dans les universités à travers l'Amérique du Nord. Elle a été à l'avant-garde de la prise en considération des femmes trans dans le secteur de la Violence contre les femmes.

Panélistes :

Rosalyn Forrester vit avec plusieurs identités; queer, païenne, femme de couleur, célibataire et mère aimante de deux superbes filles, personne née avec le transexualisme, vivant avec une maladie chronique, activiste, femme, éducatrice, aide-soignante. Actuellement, Rosalyn travaille au 519 à Toronto auprès de la communauté âgées LGBTQ et au East Mississauga Community Health Centre tant qu'animatrice d'un centre pour les membres du Greater Trans Communities and LGBTQ Drop In.

Kelsey Rounds détient un baccalauréat en soins infirmiers ainsi qu'une Maîtrise en Clinical Nurse Leadership. Elle est actuellement étudiante au doctorat à l'Université de Victoria en Colombie-Britannique. Les intérêts des recherches de Kelsey incluent la résilience, l'équité en santé, et la santé LGBTQ, plus particulièrement la santé des personnes trans âgées. Son objectif est de mener des recherches qui ont un impact positif pour les communautés LGBTQ, aidant ainsi les personnes qui ont été opprimées en leur offrant une voix et les rendant accessibles aux créateurs de programmes et ceux qui exercent un pouvoir de décision.

Dre Kate Whitehead est médecin traitant au Palliative Care Program au Toronto Hospital de Toronto en Ontario. Elle a centré son expertise sur les soins de fin de vie et sur la communication dans les services de santé pour les clients LGBTQ. Elle présente fréquemment son domaine d'expérience au niveau national ainsi qu'à l'international. Elle est maîtresse de conférences à la Faculté de Médecine familiale de l'Université de Toronto. Elle est engagée dans l'enseignement du développement de programme pour les professionnels de soins de la santé. Kate est membre du Consent and Capacity Board de l'Ontario et experte auprès du College of Physicians and Surgeons de l'Ontario.

12:30 – 12:45 pm

Plenary / Conference Closing **Jewel Thomas, Musqueam Elder**

Plénière / Conférence de clôture **Jewel Thomas, Musqueam Elder**

Thanks and Reflections

Remerciements et recommandationse

CPATH 2017 Poster Sessions

AUTHORS PRESENT	Friday, October 27, 2017	1:30 – 2:00 pm
	Saturday, October 28, 2017	1:30 – 2:00 pm

1. Social Determinants of Health among Trans Women with HIV in Canada: Results of a National Community-based Cohort Study

Presenters:

Yasmeen Persad, Trans Education and Training Facilitator, The 519, Toronto, Ontario;

Ashley Lacombe-Duncan, PhD Student, Factor-Inwentash Faculty of Social Work, University of Toronto, Toronto, Ontario

Co-authors:

Greta Bauer, Carmen H. Logie, Angela Kaida, Alexandra de Pokomandy, Nora Butler-Burke, Nadia O'Brien, Mona Loutfy, on behalf of the CHIWOS Research Team

Globally, trans women are disproportionately affected by HIV. Drivers of HIV vulnerability, including gendered stigma and discrimination, poor social determinants of health (SDoH), and violence have been well documented. Less is known about the experiences of trans women with HIV in Canada. Our study's purpose was to compare SDoH including healthcare access and mental health outcomes between trans and cisgender (cis) women living with HIV in Canada. We analysed baseline survey data from the Canadian HIV Women's Sexual and Reproductive Health Study (CHIWOS), a multi-province (BC, Ontario, Quebec), community-based cohort study. We computed descriptive statistics and compared distribution among trans (n=53) and cis (n=1362) women using chi-square and ANOVA. Trans women in CHIWOS reported a mean age 41 years (SD=10). Similar to cis women with HIV, many reported clinical depression (44%), PTSD (44%), past incarceration (45%), and food insecurity (64%). Compared to cis women, more trans women reported a household income <\$20,000/year (92% vs. 64%, p<.001), unstable housing (25% vs. 10%, p<.001), current use of recreational drugs (45% vs. 17%, p<.001), sex work for income (9% vs 2%, p<.05), childhood violence (88 vs 68%, p<.001), and never accessing HIV healthcare (8% vs 3%, p<.05). Over 80% of trans women reported sometimes/many times being made fun of or called names for being trans, hearing that trans people were not normal, and being fetishized sexually because they were trans. These descriptive findings highlight a multitude of factors across the SDoH that shape the health and wellbeing of trans women with HIV in Canada, including economic insecurity, mental health issues, violence, and stigma, adding to the growing body of literature about trans women and HIV globally.

2. Trans Women's Experiences of Participating in HIV Research: A Reflection on Process and Community-Based Research

Presenters:

Yasmeen Persad, Trans Education and Training Facilitator, The 519, Toronto, Ontario;

Gabrielle Leblanc, Action Santé Travesti(e)s et Transsexuel(le)s du Québec (ASTT(e)Q); Zack Marshall, Lecturer, Renison University College, University of Waterloo, Waterloo, Ontario

Background: Trans women in HIV research have commonly been excluded, miscategorized as men who have sex with men (MSM), or narrowly defined through public health outputs (e.g. as 'vectors of disease' or a 'high risk population'). In recent years, there has been a demonstrated interest in understanding the experiences and impacts of HIV amongst trans women in Canada. It is important to examine how research is being conducted within a community that has a complex relationship with academia and research. Methods: Focus groups and interviews with 78 trans women were conducted in Toronto, Montreal, Edmonton, Winnipeg, and Vancouver, and analyzed using deductive content analysis and discourse analysis. Study design and data collection were led by trans women on the research team, and research participants were recruited by peers in each of the cities. Analysis of results is underway, and aims to centre the involvement and leadership of trans women from the research team and amongst the local peer workers. Findings: Trans women shared their reasons for involvement in research including opportunities to educate others, financial compensation, to contribute to social change, for its therapeutic value, and to connect with others. Respondents stated that they did not participate in some research projects because they were concerned that they may be potentially misrepresented, or that their experiences could be ignored. Participants also identified the need for enhanced diversity in research and more focus on Indigenous lives. Conclusions: There is a need for critical reflection on the involvement of trans women affected by HIV in community-based research. As trans women are increasingly included in calls for research and service provision funding, this project offers an important case study to better consider strengths and limitations of current community-based HIV research models, and to reflect on ways researchers can work to overcome oppressive research practices.

3. The Impact of Construction and Gentrification on an Outdoor Trans Sex Work Environment: Violence, Displacement, and Policing

Presenters:

Tara Lyons, PhD, Research Scientist, Gender and Sexual Health Initiative, British Columbia Centre for Excellence in HIV/AIDS, St. Paul's Hospital, Vancouver, British Columbia;

Sekani Dakelth, PACE Society, Atira Property Management, Vancouver, British Columbia

Historically trans sex workers have been pushed out of newly gentrified areas of Vancouver by community organizations and police. The Downtown Eastside trans work environment has been impacted by recent major road construction and increased housing development. Therefore, the objective of this study was to investigate how environmental and structural changes to a trans outdoor work environment impacted on sex workers in Vancouver, Canada. In-depth semi-structured interviews with 33 trans sex workers were conducted between June 2012 and May 2013 where issues related to changes to the work environment arose. In response, ethnographic walks using photography were undertaken with trans sex workers from October 2013 until March 2015. Participants were recruited from four open prospective cohorts of sex workers and individuals who use drugs. Interview data was analyzed using a participatory analysis approach with participants who were hired as research assistants. Environmental and structural changes to the work environment were found to (1) increase vulnerabilities to client violence by disrupting traffic patterns; (2) influence policing practices; and (3) to displace trans sex workers through gentrification processes. Participants reported that their working conditions were increasingly unsafe because of overlapping structural vulnerabilities of construction activity (e.g. decreased client traffic), criminalization of sex work (e.g. police harassment), and gentrification (e.g. resident complaints). Our findings demonstrate how overlapping structural vulnerabilities of construction activity, criminalization of sex work, and gentrification made working conditions unsafe and contributed to the displacement of trans sex workers.

4. Introducing the Trans Research Map: An Evidence Map of Peer-Reviewed Research Including Trans, Gender Diverse and/or Two-Spirit People

Presenter:

Zack Marshall, Lecturer, Renison University College, University of Waterloo, Waterloo, Ontario

Background: There is limited information about how transgender, gender diverse, and Two-Spirit (trans) people have been studied and represented by researchers. The objectives of this study were to: 1) map and describe trans research in the social sciences, sciences, humanities, health, education, and business; 2) identify evidence gaps and opportunities for more responsible research with trans individuals and communities; and 3) increase access to trans research for key stakeholders through the creation of a web-based evidence map. Methods: A scoping review was designed informed by community consultations and pilot searches. Eligibility criteria were established to include all original research of any design, including trans people or their health information, and published in English in peer-reviewed journals. A complex search strategy based on relevant concepts in 15 databases was developed to obtain a broad range of results. Searches conducted in early 2015 resulted in 25,242 references after removal of duplicates. Findings: This data analysis includes all articles published between 2010-2014 that met the screening criteria. 3,273 references were reviewed on full text and 1,597 met the inclusion criteria: of these 713 articles were trans-focused. The most common study topics were: 1) therapeutics and surgery; 2) mental health; 3) relationships, family, and social support; 4) discrimination and marginalization; 5) physical health; and 6) health and social services. This poster will present an evidence map of trans-focused peer-reviewed literature including information about study topic, study design, methods and data sources, researcher name and affiliation, country where research was conducted, and funding source. Conclusions: Who conducts research with trans people and how this research is carried out has implications for trans people and our health. Review results will increase awareness of existing trans research, identify evidence gaps, and have the potential to inform community responses to increasing research investigation.

5. TRANSforming Justice: Legal Needs of Trans People in Ontario

Presenter:

Nicole Nussbaum, Lawyer & Project Lead, Transforming Justice: Trans Legal Needs Assessment Ontario, London, Ontario*

Access to justice and legal services as well as broader experiences of justice in day-to-day life and in society, have unquestionable impact on the health and well-being of trans people. TRANSforming Justice is a community-based mixed-methods research project to assess the legal needs of trans persons age 16 or older living in the province of Ontario. Research priorities for the Transforming Justice project were informed by four advisory groups: the Trans Community, Legal Service Provider, Social/Health Service Provider, and Court and Tribunal. An online survey (n=232) and series of 13 focus groups (plus individual interviews) were conducted for trans Ontarians in 2016. We compared frequencies for broad categories of legal needs (within the past three years) for trans Ontarians with data from a national legal needs assessment. Focus group and interview transcripts were examined for quotes that illustrated experiences of different types of legal needs. The sample was evenly divided between transmasculine and transfeminine persons with 26% non-binary. The most common categories of legal needs identified by trans participants were discrimination (43% vs 2% for Canada), medical (25% vs 2%), employment (22% vs. 18%), housing (22% vs 2%), and personal injury (19% vs 3%). Additional legal needs for trans persons related to police action (16%), disability benefits (15%), social assistance (6%), and immigration/refugee (5%). Among those with legal problems in the past three years, 66% reported experiencing mental/emotional health issues as a result, with 51% similarly reporting social and family problems, and 29% physical health issues. 25% agreed that they knew where to go to get trans-competent legal services; 19% knew where to get trans-competent legal services for HIV-related issues. Overall, legal needs within trans communities far exceeded those observed within broader Canadian society, with evidence of effects on health and well-being.

6. Supporting Transgender and Gender Diverse Students Through a Natural Disaster: Learning From Fort McMurray

Presenter:

Ashleigh Yule, Registered Psychologist & Doctoral Candidate, School and Applied Child Psychology, University of Calgary, Calgary, Alberta

Transgender and gender diverse students face a number of challenges in today's schools, and many also demonstrate immense resiliency in the face of these and other obstacles. Similarly, the experience of a natural disaster impacts students, educators, and families in complex and unique ways. This workshop will discuss the ways in which the challenges faced by trans and gender students may intersect with the experience of community trauma, through the lens of the 2016 wildfire in Northern Alberta. The author of this poster is a trans health student support consultant for a Fort McMurray school district and was evacuated on May 3, 2016 alongside students, staff, and families. The poster will outline stories of risk and resilience during and after the evacuation. Specific considerations for supporting trans and gender diverse students through a community disaster will be outlined in the context of best practices and trauma-informed care.

7. Trans Youth CAN!: Introducing a New Study of Medical, Family, and Social Outcomes for Trans Youth Referred to Clinics for Hormone Treatment

Presenters:

Greta Bauer, PhD, Professor, Department of Epidemiology & Biostatistics, Western University, London, Ontario;
Margaret Lawson, Co-Director, CHEO Diversity Clinic, Children's Hospital of Eastern Ontario, Ottawa, Ontario

We will introduce plans for, and progress on, a newly CIHR-funded study of trans youth referred to clinics for puberty suppression or hormone treatment. Trans Youth CAN! is led by a multi-disciplinary team of 20 clinicians, researchers and advocates with many years of experience working within trans communities and caring for trans patients and clients. Approximately 300 youth from puberty to age 16 will be enrolled from 9 clinics in Halifax, Montreal, Ottawa, Toronto, St. Catharines, Winnipeg, Calgary, Edmonton and Vancouver. We are collecting data at the start of the study and over two years of follow-up using youth and parent surveys, as well as the youths' medical information acquired during their clinic visits. As a result, we will know much more about the youth who are referred for gender issues and their families, including their previous care, gender identities, family dynamics, social stressors, and factors that affect their health and well-being. We will understand more about medical and mental health outcomes for youth undergoing puberty suppression and other medical interventions, and identify factors that may result in better outcomes, for example age at which treatment is started, type of treatment, or level of parental, school and community support. We will also learn about treatment side effects. We will know more about gender and sex development among trans youth, and how their physical, mental and social health develops. In addition, we will study how family functioning and parent/caregiver's well-being may change over time. We expect our study will result in changes to medical care, social services, and youth and family decision-making, and welcome input as to how our results may be used by those working to improve trans youth health.

8. Predictors of Body Image Concerns Among Transgender Men and Women

Presenter:

Rylie Moore, PhD, Psychologist (Supervised Practice), Adult Gender Identity Clinic & Neuropsychologist, Inner City Family Health Team, Centre for Addiction and Mental Health, Toronto, Ontario;

1st Author:

Phillip Jai Johnson, PhD, CPsych, (supervised practice), Staff Psychologist, Adult Gender Identity Clinic, Centre for Addiction and Mental Health, Toronto, Ontario

Objectives: Identify and discuss predictors of body image among transgender men and transgender women.

Examine how gender identity might impact lived experiences. The aim of this study was to examine predictors of body image among transgender individuals, given the emphasized role of gender dysphoria in past research. As transgender individuals experience significant discrimination, we sought to determine the extent to which minority stressors, i.e., enacted and internalized stigma, might also influence body image. The study was a secondary analysis of data from 163 transgender individuals in the United States. Participants were categorized based on self-reported gender identity, and included 87 transmen and 76 transwomen. Participants completed measures of the following predictors: enacted stigma, internalized stigma, gender dysphoria, hormone use, and gender-affirming surgeries. Enacted stigma was assessed by asking participants if they had experienced transphobic discrimination in various contexts. Internalized stigma was assessed using the Transgender Identity Scale with four subscales: identity shame, pride, alienation, and beliefs about passing. The dependent variable, body image, was assessed using The Body Image Scale (Lindgren & Pauly, 1975). Sociodemographic variables such as age, gender identity, sexual orientation, relationship status, household income, and education were included as covariates. A hierarchical regression analysis was conducted on the data separately for transmen and transwomen. In the final model, for transmen, only surgeries and identity shame predicted body image concerns. For transwomen, only enacted stigma and beliefs about passing emerged as predictors. Gender dysphoria was not a significant predictor for either group. That different predictors emerged for the two groups is surprising, and future research should examine how transgender individuals' lived experiences might differ as a function of gender identity, and experiences of body image among non-binary individuals. Results are discussed as they relate to future research, clinical practice, and public policy.

9. Review of Healthcare Services and Experiences of Trans Youth in Manitoba

Presenter:

Jack Heard, 3rd Year Medicine, Max Rady College of Medicine, University of Manitoba, Winnipeg, Manitoba

Abstract Objectives: To describe the pediatric transgender population accessing healthcare through the Manitoba Gender Dysphoria Assessment and Action for Youth (GDAAY) program, and report youth's experiences accessing healthcare in MB. **Methods:** Demographic, medical, surgical, and mental health information was extracted from the medical records of youth referred to the GDAAY program (n=174). A 77-item online survey was conducted with a subset of those youth (n=25) to identify common healthcare experiences and perceptions of trans youth in Manitoba. **Results:** Chart review of 122 natal females and 52 natal males, ranging in age from 4.7 to 17.8 years (mean 13.9 years), found sixty-six patients (46.8%) with a pre-existing or current mental health diagnosis, of which anxiety and depression were the most common (n=43, 30.5%). Qualitative self-reports revealed all patients had negative interactions with healthcare providers at some point, many having experienced lack of engagement with the medical system due to reported lack of knowledge by the provider on trans related health services. **Conclusion:** Transgender youth in Manitoba seeking GDAAY services have high rates of anxiety and depression. These youth face adversity in healthcare settings and are distressed over long wait times for mental health services. Recommendations to improve care include increasing general health care providers' education on gender affirmative care, providing gender sensitivity training for healthcare providers, gathering preferred names and pronouns during triage, increasing visibility of support for LGBT+ persons in clinics, increasing resource allocation to this field, and creating policies so all healthcare settings are safe places for trans youth.

10. Bringing Services Closer to Home: A Pilot Project Using Provincial Telehealth Technology

Presenter:

Rylie Moore, Psychologist, Supervised Practice, Adult Gender Identity Clinic, Centre for Addiction and Mental Health (CAMH) & Neuropsychologist, Inner City Family Health Team, Toronto, Ontario;

The Adult Gender Identity Clinic at CAMH has a provincial scope and clients are referred from across Ontario for assessments where eligibility and readiness for gender affirming surgeries is determined. Historically, assessments took place in person at our Toronto clinic with clients having to travel a great distance and at considerable financial cost. Following the Ministry of Health and Long-Term Care's regulation change in March 2016, we have observed a substantial increase in clinical consultation requests from community physicians and nurse practitioners across the province. Given the advances in secure telehealth technologies, our clinic has begun to address the needs of clients and health care providers outside of the Greater Toronto Area, including rural and remote regions of the province by providing clinical consultation using this technology. We are completing a telehealth pilot project that enables us to connect remotely with clients and healthcare providers at the clinic where they are seen for primary care. This pilot project strives to increase access to specialty services, such as comprehensive psychodiagnostic and surgical assessments, while reducing patient burden and increasing accessibility. This poster outlines the rationale and process of using telehealth technologies to increase and improve upon service provision to trans communities by collaborating with their physicians or nurse practitioners. The learnings, successes and challenges of using telehealth technologies to meet with clients and their services providers across Ontario is also discussed, as well as the future directions and clinical applications of this work.

11. Community Advisory for Review of Clinical Guidelines in British Columbia (BC): A Pilot Project for the Revision of the Decision Support Tool (DST) for Pelvic Examination

Presenter:

Annelies Becu, HIV Project Coordinator, BC Centre for Disease Control, MPH Student, University of British Columbia, Vancouver, British Columbia;

Background: The Provincial Health Services Authority (PHSA) and BCCDC are designated by the College of Registered Nurses of British Columbia (CRNBC) to lead the development and revision of the provincial nursing DST for pelvic examination. DSTs are evidence-based documents used to guide the assessment, diagnosis and treatment of client-specific clinical problems or conditions. In a recent literature review completed at the BCCDC, trans people were identified as a priority population who experience health inequities in relation to sexual health care and pelvic examination. For example, many trans people report experiences of physical and emotional discomfort during pelvic examination, inadequate testing and low service expectations. This literature review was used to inform an equity focused revision of the DST for pelvic examination. This revision identified that input from priority populations is required when DSTs are created and revised. Input from priority populations has not yet been included in the creation and revision of DSTs in BC. Objectives: The purpose of this pilot project is to use community advisory with priority populations, including trans people, to update the revised DST. By using community advisory we hope to reduce barriers to care by improving safety and inclusion in the clinical setting. Our project team has created a framework and is currently building a community advisory plan. The project is built upon community-based participatory research and health equity. These frameworks emphasize the importance of using an intersectional perspective and meaningful engagement. We expect to complete this pilot project by August 2017. The intent of our presentation will be to outline our process and present our findings. The presentation will discuss project challenges, successes and lessons learned. This will be used to inform the use of community advisory future revisions of DSTs and other clinical guidelines at the BCCDC.

12. The LGBTQ Health Forum: Highlighting Intersectionality and Advancing LGBTQ Health Competencies Through a Student-led, Multidisciplinary, Skill Focused Program

Presenter:

Mieke Heyns, 3rd year Medical Student, Co-president – Medical Students for Gender and Sexual Diversity (GSD), University of Calgary, Calgary, Alberta

LGBTQ individuals experience poorer health outcomes and face more barriers when accessing healthcare than their cisgender and heterosexual counterparts. This has contributed to the increasing need for access to appropriate health care services for LGBTQ people, identified as a key area for improvement across health jurisdictions in Canada. Therefore, the LGBTQ Health Forum at the University of Calgary has emerged as a model for student-led educational advocacy and multidisciplinary engagement. Medical Student for Gender and Sexual Diversity (GSD) is a student led group at the Cumming School of Medicine at the University of Calgary dedicated towards improving health outcomes for LGBTQ individuals. The GSD organized a one-day forum with the goal of engaging students, physicians, allied health professionals, researchers and community members in a collaborative, multidisciplinary learning opportunity focused on improving LGBTQ Health. The forum focused on the theme of intersectionality in the LGBTQ community. The plenary talk was delivered by Dr. Carys Massarella of Hamilton, Ontario who is one of the world's fifty most influential trans individuals according to the Huffington Post, she spoke on fostering safety and inclusivity in trans care. The afternoon was filled with workshops on topics including care for LGBTQ+ youth, Aboriginal and Two-Spirit experiences, and optimizing trans care for cisgender clinicians, amongst others. The day concluded with a panel discussion including community members who shared their experiences with intersectionality and navigating the health care system. The forum was accredited by the RCPSC for 5.0 continuing medical education study credits for physicians in attendance. Participant feedback highlighted the importance of networking and providing skills to allow for advocacy on behalf of LGBTQ patients. The LGBTQ Health Forum has become an annual event hosted by the GSD and future events will focus on new themes and build on baseline knowledge and momentum attained from this event.

13. Seeking Emasculation Without Feminization: Origins & Outcomes for Men with Extreme Castration Ideations

Presenters:

Samantha Wong, Behavioural Neuroscience Student, University of British Columbia, Vancouver, British Columbia;

Erik Wibowo, PhD, Post Doctoral Fellow, Vancouver Prostate Centre, Vancouver Coastal Health Research Institute, Vancouver, British Columbia;

Richard Wassersug, PhD, Adjunct Professor, Department of Medical Neuroscience, Dalhousie University, Halifax, Nova Scotia; Australian Research Centre in Sex, Health, and Society, La Trobe University, Melbourne, Victoria, Australia;

Thomas W. Johnson, PhD, Emeritus Professor, California State University, Chico, California, USA

Some genetic males seek castration, but do not wish to be feminized. We conducted a survey to better understand the origins of castration interest. The survey was posted in 2016 on the online Eunuch Archive forum (www.eunuch.org). We collected data on basic demographics as well as satisfaction with appearance, childhood trauma, xenomelia, anxiety, and depression. In the first month, we obtained responses from 799 individuals (mean age = 49.6 years). The responses were grouped by degree of interest in castration; i.e., 1) those claiming a purely academic interest in the topic; 2) those who fantasize about castration, but not desiring an actual castration; 3) "wannabes" seeking castration; and 4) those voluntarily castrated. The wannabes (N = 228) and those who just fantasized about the topic (N = 314) were significantly younger than those who had already been physically castrated (N = 87). The participants in the survey were well-educated overall, with 87.9% having obtained tertiary or higher education. We found no significant difference among the groups in the scores for depression, anxiety, and body satisfaction, nor in the amount of attention paid to their appearance. We find higher scores of childhood trauma (physical, emotional, and sexual) to be correlated with earlier occurrence of castration ideations in multiple groups. Castrated participants, however, experience significantly more difficulty in sexual functioning compared to other groups. Those, who had already been castrated (regardless of method) had significantly higher scores on castration desire (under a subscale of a modified xenomelia index) than those who claimed only an academic interest in or fantasies about castration. A negative correlation between castration desire and age of first interest is also found among castrated patients, which points to an early emergence of castration desire when the desire is associated with body dysmorphia. Eunuch wannabes and those who only fantasize about castration showed significantly stronger erotic associations with castration, when compared to those claiming just an academic interest in the topic. Wannabes had higher erotic interest in castration compared to those who only fantasize of castration. These two groups also report

significantly less sex guilt than castrated groups, which points to paraphilic interests contributing to castration ideations in these groups. In conclusion, the lack of difference between groups in concerns about appearance suggests that castration ideations are not driven by dissatisfaction with one's appearance or body form, but more associated with childhood trauma, paraphilic interests, and xenomelia.

14. The Effects of Supplemental Estrogens and Androgens on the Anxiety, Depression and Sexual Functioning of Voluntarily Castrated Men

Presenters:

Erik Wibowo, PhD, Post Doctoral Fellow, Vancouver Prostate Centre, Vancouver Coastal Health Research Institute, Vancouver, British Columbia;

Samantha Wong, Behavioural Neuroscience Student, University of British Columbia, Vancouver, British Columbia;

Richard Wassersug, PhD, Adjunct Professor, Department of Medical Neuroscience, Dalhousie University, Halifax, Nova Scotia; Australian Research Centre in Sex, Health, and Society, La Trobe University, Melbourne, Victoria, Australia;

Thomas W. Johnson, PhD, Emeritus Professor, California State University, Chico, California, USA

Modern day eunuchs (i.e., males who voluntarily get castrated, but do not seek feminization) may or may not take supplemental androgens or estrogens to compensate for hormonal losses from their castration. We conducted a survey to understand the effects of taking estrogens and androgens in voluntarily castrated men. Our survey was posted on the Eunuch Archive online forum (www.eunuch.org) from October to November 2016 and yielded data on 135 men (average age 54.7 years), who had been voluntarily castrated. They were either chemically, physically, or surgically castrated, some were also nullified; i.e., had their penis and testicles removed. Among these individuals, 50 used no supplementary hormones (our Control group), 15 were on supplementary estrogen (Estrogen group) and 70 on supplementary androgens (Androgen group). The survey collected data on demographics, anxiety, depression, hormone use, and sexual function. The Estrogen group had significantly higher anxiety and depression scores than the Androgen group. In addition, the Estrogen group also showed higher depression than the Control group. On the Arizona Sexual Experience Scale (McGahuey et al., 2000), both the Estrogen and the Control groups reported significantly lower libido, less sexual arousal, and more erection difficulty compared to the Androgen group. The Androgen group also had less difficulty reaching orgasm, and more satisfaction with their orgasms compared to the Control group, many of whom did not wish to have erections or orgasms. Androgen supplementation may help reduce anxiety and depression as well as improve sexual function in castrated individuals who wish to remain sexual.

15. Characterization of Suppressive Myeloid Cells of the Human Testis: Implication for HIV-1 Persistence

Presenter:

Pierre Brassard, MD, FRCS(c), Metropolitan Centre for Plastic Surgery, Montréal, Québec

Introduction: Despite viral control in antiretroviral therapy (ART)-treated individuals, HIV persists in anatomic reservoirs. We demonstrated the presence of HIV DNA in the testes of individuals receiving ART. In animal models, the testis is described as a site of immune privilege where immune responses are suppressed, notably through the expression of indoleamine 2,3-dioxygenase (IDO) in macrophages and dendritic cells (DCs). Herein, we characterized human testicular myeloid cells to evaluate their immunosuppressive properties that may contribute to HIV persistence. Methods: Matched testis and blood samples were collected from 9 uninfected individuals undergoing sex reassignment surgery. Peripheral blood mononuclear cells (PBMCs) were isolated by ficoll gradient density centrifugation and testicular cell suspensions were obtained by enzymatic digestion. Myeloid (mDCs), plasmacytoid (pDCs) dendritic cells and myeloid-derived suppressor cell (MDSCs) were assessed using multicolor flow cytometry. In situ localization of testicular immune cells was evaluated by immunostaining of frozen sections. IDO mRNA expression was quantified by qPCR. Results: Testicular cell suspensions contained 9% of leukocytes, of which 30% were myeloid cells. Testicular myeloid cells harbored a higher expression of MHC class II molecules than their peripheral counterparts ($p=0.004$). Immunosuppressive macrophages (lin- HLA-DR+ CD14+ CD163+) represented 20% of the testicular leukocytes. The majority of testicular DCs (lin- CD14- HLA-DR+) were mDCs (CD11c+), contrasting with rare pDCs (CD123+). MDSCs were not detected in the testis while representing 0.5% of PBMCs. Macrophages and mDCs as well as T cells were detected in the testicular interstitium but not pDCs. Importantly, IDO mRNA levels were remarkably higher in the testis than in PBMCs ($p<0.001$). Conclusion: Our results show for the first time the existence of an immune privilege mediated by immunosuppressive myeloid cells in the human testis, which could potentially favor HIV persistence. Such findings will contribute to orient tissue-specific viral eradication strategies.

16. A Pilot Study of Subcutaneous vs Intramuscular Testosterone of Gender Affirming Therapy

Presenter:

David Wilson, MD, Vancouver Coastal Health-Community Physician, Vancouver, British Columbia

Introduction: Intramuscular (IM) testosterone is the primary pharmacological tool in gender affirming therapy for transgender males (born female) or those who identify along the male spectrum. Subcutaneous (SC) testosterone is increasingly used in the transgender community. However, there are currently no data comparing the pharmacokinetic characteristics of IM versus SC administration. Study Design: Prospective, open-label, crossover study enrolling adult subjects already on weekly (minimum 8 weeks) IM testosterone. Subjects received testosterone IM for 3 weeks and switched to SC for 8 weeks. Trough (weekly) and serial (days 1, 3, and 5 at weeks 2 and 7) testosterone concentrations were measured. Methods: Baseline age, body-mass index, hemoglobin, and alanine transaminase (ALT) were collected; hemoglobin and ALT were repeated at the last visit. Dose-normalized area-under-the-curve, as a measure of testosterone exposure, was calculated during weeks 2 and 7. Statistical difference ($p<0.05$) was determined using Wilcoxon signed-rank test. Subjects also completed weekly questionnaires. Results: Fourteen subjects participated: age (30 ± 10 yrs)(mean \pm SD), dose (68 ± 23 mg), body-mass index (27 ± 7 kg/m²), hemoglobin (160 ± 9 vs. 153 ± 9 g/L, first vs. last visit, $p>0.05$), and alanine transaminase (18 ± 6 vs. 21 ± 10 IU/L, $p>0.05$), and total testosterone exposure of IM injection (1.9 ± 0.6 vs. 1.7 ± 0.6 nmole*day/L/mg, IM vs. SC, $p>0.05$). No apparent trends were observed in trough testosterone concentrations measured at each study week (0.2-0.3nmole/L/mg). Participants preferred the SC route and all continued on it after study conclusion. Conclusion: To our knowledge, this is the first study comparing steady-state testosterone exposure in transgender males using IM and SC administration. Our findings suggest the suitability of using SC testosterone in this population.

17. The HIV Clinical Care Cascade and Virologic Response Over Time Among HIV-positive Transgender People in a Large Multi-site Canadian Cohort

Presenter:

Ashleigh Rich, MPH, Doctoral Fellow, School of Population & Public Health, University of British Columbia, Vancouver, British Columbia

Despite comprising less than 1% of the general population, transgender people (those whose gender identity is partially or fully incongruent with sex assigned at birth) have been identified as a key HIV priority population by a growing number of international health organizations, including the WHO and UNAIDS. While HIV prevalence appears to be low among transgender men, transgender women have higher prevalence compared to non-transgender adults. Transgender women have much higher odds of HIV infection compared to the general population, and among those living with HIV, have higher community viral load. Transgender people face psychosocial, behavioural and structural forces driving HIV vulnerability, and subsequently limiting access to HIV testing, treatment and care. Transgender people are often excluded from epidemiological research and routine surveillance due to small sample size, limited research design and other institutional and methodological erasures. The current study represents one of the first opportunities to characterize the HIV clinical care cascade and examine viral response over time for this underserved and understudied population, in the Canadian context. The Canadian HIV Observational Cohort (CANOC), a longitudinal multi-site cohort of HIV diagnosed patients who have initiated antiretroviral treatment since January 1, 2000, includes a small sample of transgender people (approximate $n < 50$) and will provide data for this study. Data to be presented will describe demographic and clinical characteristics of transgender people, as well as clinical components of the HIV care cascade for this population. The study will also examine virologic outcomes, specifically viral suppression and rebound, for transgender people on HIV treatment over time. An improved understanding of the demographic and clinical characteristics, the HIV care cascade and HIV viral outcomes for transgender people has important implications for clinical practice and public health HIV treatment retention strategies among HIV-positive transgender people in Canada.

18. Cancer Screening Rates in Trans and Gender Non-Binary Primary Care Patients

Presenter:

Suza Hranilovic, Primary Health Care Nurse Practitioner, St. Michael's Hospital Academic Family Health Team, Toronto, Ontario

Trans (TG) and Gender Non-Binary (GNB) patients are often not accurately identified in Electronic Medical Records, resulting in missing those who are eligible and require colorectal, cervical and breast cancer screening. To obtain an accurate denominator, we first "tagged" our TG and GNB patients. This resulted in clarifying that we had 415 TG and GNB patients (not 687 as originally thought) within our practice of over 42,000 primary care patients in Toronto's inner city. Of those 415 patients, 120 were eligible for cancer screening, based on 2016 Ontario Cancer Screening Guidelines. We compared these 120 TG and GNB patients to cis-gender patients eligible for cancer screening ($n=20,514$) with regards to demographics (age, gender assigned at birth, income quintile, clinic of attendance, number of visits in the last year, mental diagnoses). We found that our TG and GNB patients tended to be younger (between the ages of 21 to 39) and tended to fall within the two lowest income quintiles. TG and GNB patients were more likely to have a Nurse Practitioner as part of their care. Documented serious mental health diagnoses (excluding addiction and psychosis) were more common and TG and GNB patients had a higher number of visits in the previous year (greater than 4 visits). We compared rates of cancer screening between the two patient groups and we found that our TG and GNB patients were significantly less likely to be screened for cervical, breast and colorectal cancer, as compared to our eligible cisgender patients. Future Resident Academic Quality Improvement Projects will focus on a qualitative exploration of barriers to health care access for TG and GNB patients on an individual, organizational and systemic level and a qualitative examination of barriers to TG masculine and GNB folk in accessing cervical cancer screening.

19. Child and Youth Gender Health Program Three-Tier Model Evaluation

Presenter:

Steph Drake, Doctor of Psychology Student, Clinical Psychology, Adler University, Vancouver, British Columbia

The Child and Youth Gender Health Program in British Columbia, Canada offers a three-tier model of preventative care for children and youth with gender dysphoria (GD). The three-tier model utilizes recommendations from the World Professional Association for Transgender Health and includes access to a primary mental health clinician, an assessing clinician for medical transition, and support groups for children with GD, youth with GD, and their parents or legal guardians. The following study examines the impact of the three-tier model of preventative care of the Child and Youth Gender Health Program by assessing how it meets the needs of transgender youth and their parents or legal guardians. A description of the program protocol and service provision is provided, and a methodology is outlined for identifying the needs of transgender youth and their families, the ability of the program in addressing these needs, as well as barriers to accessing program services.

20. A Literature Review on the Impact of Health Inequities on Trans Women Who Engage in Sex Work From a Harm Reduction Lens

Presenters:

Nesa Hamidi Tousi, RN, Three Bridges Primary Care Clinic, Vancouver Coastal Health, Vancouver, British Columbia;
Christina Chant, RN, Master of Science Student, Nursing, University of British Columbia, Vancouver, British Columbia

As a result of stigma, discrimination, poverty and social exclusion, trans women who do sex work experience disproportionate health inequities (Poteat et al., 2015). Trans women are underserved in primary care further contributing to their poor health outcomes. In one study, 70% of participants had not disclosed their occupation of sex work to a health care provider (Cohan et al, 2006). Trans women have disproportionate rates of HIV, mental health, suicidality and substance use (Nemoto et al., 2011; Baral et al., 2012; Cohan et al., 2006; Garafolo et al., 2009). We urgently need to address these health inequities and prioritize health care for trans women in sex work. With a harm reduction lens, we offer suggestions for policy change to improve access to care. Aim of work: With a health equity and harm reduction lens, identify barriers to care and offer primary care practice recommendations which validate the diverse needs of trans women who practice sex work in urban settings.

21. Transgender Youth and Parent Voices: Hormone Therapy Information Resource Needs

Presenters:

Beth Clark, Doctoral Fellow, Vanier Scholar, Interdisciplinary Graduate Studies Program, University of British Columbia, Vancouver, British Columbia;
Elizabeth Saewyc, PhD, RN, FSAHM, FCAHS, FAAN, Professor, School of Nursing, University of British Columbia, Vancouver, British Columbia;
Sheila Marshall, Associate Professor, School of Social Work, Associate Faculty Member, Division of Adolescent Health and Medicine, Faculty of Medicine, University of British Columbia, Vancouver, British Columbia

Background: Transgender youth and their parents seek information about hormone therapy prior to, during, and after interactions with health care providers. Understanding the types of information youth and parents are seeking and the formats they prefer to engage with is important for developing and disseminating health information. Purpose: The purpose is to identify resources that are helpful to transgender youth and their parents in making decisions about hormone therapy, as well as resources that are not helpful and ones that are needed but unavailable. Method: Transgender youth (ages 14-18) and parents of transgender youth participated in one-hour, semi-structured interviews on a range of topics related to decision-making about hormone therapy initiation. Lifeline drawings were used as a visual data elicitation method to document key elements of decision making processes, including types of information sought and sources of information youth and parents accessed related to hormone therapy. Qualitative content analysis was used to identify themes across lifeline interviews. Results: The types of needed information youth identified most often were effects and health risks associated with hormone therapy and personal stories of trans people who used hormones. Parents also had questions about hormone therapy effects and risks, and additionally sought information on health system navigation. In terms of information sources, youth frequently accessed online videos, internet search engines, trans friends, community groups, and health websites. Parents searched online and attended support groups, but also looked to their children, trans adults, and their family doctors for needed information. Youth and parents described resources that were helpful and those that were not helpful in answering their questions, and also identified resources that are needed but not available. Discussion: Health care professionals should consider the information resources people access when developing and disseminating information necessary for decision making about hormone therapy to youth and parents.

22. Perceived Gender Differences in Rate of Speech: Informing Communication Feminization Training

Presenter:

Teresa Hardy, MSLP, RSLP, SLP(C), Speech-Language Pathologist, PhD Candidate, Rehabilitation Sciences, Faculty of Rehabilitation Medicine, University of Alberta, Edmonton, Alberta

Communication feminization training aims to help transwomen change various aspects of their communication so that their gender expression and resulting attribution are more in line with their identity. Training frequently focuses on the pitch of the voice; however, research has shown that it may not be sufficient to create a feminine-sounding voice. Several other aspects of communication have been proposed as gender markers; however, their relative contribution to gender perception is not well understood. One such aspect of communication is rate of speech (RoS). The limited number of studies that have investigated this parameter did not assess differences between perceived gender groups, which are most relevant for informing training programs. The poster will describe a study (in progress) that aims to explore the role of RoS in communication-based gender perception as well as whether there is a relationship between RoS and measures of quality of life (QoL) for transwomen. This will be accomplished by having listeners rate recordings of different speakers (n=40; transwomen, cisgender men, and cisgender women) retelling the story of a short cartoon. Perceptual measures will include judgments of gender and ratings of masculinity-femininity. Speakers subsequently will be grouped according to their perceived gender (based on the rating task) and group differences in RoS (measured in syllables per second) will be assessed using a one-way analysis of variance (ANOVA). Rate of speech will be correlated with masculinity-femininity ratings for all speakers as well as with the scores from two QoL questionnaires completed by the transgender participants. The results of this research will help to determine the importance of rate of speech as a target in communication feminization training with the ultimate goal of better assisting transgender people in achieving a gender presentation that allows them to live and be accepted as their affirmed gender.

23. CALL Out!: Creating Supportive Communities for Trans, Two-Spirit, and Gender Diverse Youth In BC

Presenters:

Kyle Shaughnessy, RSW, Lead for Indigenous and Child, Youth & Family Education, TransCare BC, Provincial Health Services Authority, Vancouver, British Columbia;
Lau Mehes, Health Navigator, Trans Youth and Families, Trans Care BC, Provincial Health Services Authority, Vancouver, British Columbia;

C.A.L.L. Out! was a 6 year project funded by Health Canada and based out of the Transgender Health Information Program at Vancouver Coastal Health Authority that sought to engage supportive adults and communities across BC in creating more inclusive spaces for LGBT2Q+ youth, with a specific focus on trans and gender non-conforming youth, especially those in rural and remote communities. C.A.L.L. Out! offered a wide range of workshops, networking and mentorship opportunities for service providers, educators, parents, faith-based organizations and youth. This poster presentation provides attendees with a visual overview of the various engagement strategies CALL Out! used to build capacity in communities across the province to increase support for trans, Two-Spirit and gender diverse youth as well as the successes and learnings achieved as detailed in our final project evaluation report.

24. Families in TRANSition Guide

Presenter:

LeeAndra Miller, MA, Registered Psychotherapist, Program Coordinator, Pride and Prejudice (LGBTQ) Program, Central Toronto Youth Services, Toronto, Ontario

The Families in TRANSition Guide has been circulated worldwide since it was released in 2008. This guide has been utilized by parents and families of Trans youth, mental health service providers, primary health care providers, and Trans youth themselves. The guide was written to support caregivers of Trans youth so that in turn they could support their children. Since the guides release, the landscape of identities, services and systems have significantly shifted. We consulted with Trans youth, families, community leaders and service providers to update the current guide. This poster presentation is intended to showcase the new and improved guide so that service providers across Canada can gain awareness of this important resource. Traditionally, resources for Transgender youth have been youth-focused, rather than addressing family systems. Our guide expands this paradigm by focusing its energies on supporting families to create a “safe haven” for Trans youth at home. There is considerable academic and community research demonstrating that parental invalidation and rejection of Trans youth leads to increased risk of depression, anxiety, suicidal ideation, internalized transphobia, and higher levels of substance misuse. In contrast, family support of Trans youth has been found to buffer against mental health problems, and improve self-esteem. The 2012 Trans Pulse project, found that with strong parental support suicide attempt rates by transgender youth drops by 93%. Given this context, the Families in TRANSition guide aims to provide accurate information, stories from other caregivers of Trans youth, advocacy skills, and sections that address and calm the fear that parents often speak about. This poster presentation will highlight excerpts from the guide, emphasize research that supports the need for this resource and share the voices of caregivers of Transgender youth.

25. Vital to the End: Respecting Trans and Gender Diverse Individuals' End of Life Planning and Posthumous Issues

Presenter:

Kathleen Pye, Director, Research and Policy, Egale Canada Human Rights Trust, Toronto, Ontario

Though often overlooked, planning for end of life is a crucial component of overall life planning. Comprehensive end of life planning includes 1) asserting wishes through Advance Care Directives; 2) choosing substitute decision makers; 3) outlining final wishes for material possessions, estate, and one's physical body; and 4) accessing important tax benefits for oneself and caretakers. These various aspects of end of life planning are complex and often challenging to navigate, requiring a thorough understanding of legal and healthcare processes and systems. In some provinces and territories, resources have been made available for individuals and their supportive others to help navigate through these processes to ensure healthcare needs and final wishes are respected and executed. However, these systems and the accompanying resources which provide navigation support are rooted in heteronormative and cisnormative assumptions, thereby failing to integrate trans and gender diverse experiences and requirements at end of life. As a result, it is imperative that trans and gender diverse individuals have a comprehensive understanding of this system, specifically its limitations and barriers, and key areas of considerations. Egale Canada Human Rights Trust, Canada's only national charity promoting LGBTQI2S human rights through research, education, and community engagement, has been engaging in consultation with community and developing an environmental scan to better understand needs and barriers. The aim of this presentation is to disseminate the main findings of this work, specifically 1) the importance of end of life planning for trans and gender diverse individuals; 2) the needs of trans and gender diverse individuals as they consider end of life planning; and 3) the barriers and limitations faced by trans and gender diverse individuals during this process and posthumously.

26. Overlapping Spectrums: Gender Diversity in the Autism Spectrum

Presenter:

*Ashleigh Yule, Registered Psychologist & Doctoral Candidate,
School and Applied Child Psychology, University of
Calgary, Calgary, Alberta*

Researchers have identified the co-occurrence of gender diversity and autism as an important emerging issue in terms of clinical practice (Jacobs, Rachlin, Erickson-Schroth, & Janssen, 2014; Schalkwyk, Klingensmith, & Volkmar, 2015). Clinicians, educators, and support professionals in the fields of autism and gender are increasingly likely to encounter clients, patients, and families working to understand gender diversity and autism simultaneously (Ehrensaft, 2016; van der Miesen, Hurley, & de Vries, 2016). This research project aims to deepen our understanding of gender diversity for individuals on the autism spectrum and to help inform clinical approaches when working with individuals and their families. Given the significant personal, familial, educational, vocational, and societal impacts of both gender diversity and autism, such work is imperative. Using an Interpretative Phenomenological Analysis (IPA) approach (Smith, Flowers, & Larkin, 2009), the project will facilitate a deeper understanding of the actual experiences of gender, autism, and related barriers for individuals who have first-hand experience with gender diversity and the autism spectrum.

27. Digging Beneath the Surface: A Qualitative Investigation of Trans Youth Experience

Presenter:

*Annie Pullen Sansfaçon, PhD, Ethics, Social Work,
DeMontfort University, UK, Social Worker & Associate
Professor, School of Social Work, University of Montreal,
Montreal, Quebec*

While the literature on trans youth has largely been dominated by etiological studies interested in trans experience as a medical phenomenon, an emerging, if piecemeal, body of literature has begun to investigate factors that contribute or mitigate the negative life experiences this emerging population is known to face disproportionately. To respond to the dearth of comprehensive qualitative research investigating the interconnections of factors affecting trans youth's wellbeing, a Community-Based Participatory Action Research (CBPAR) project was launched in 2016 in Quebec. Designed with two sensitizing theoretical concepts, namely recognition and intersectionality, this project aims to produce evidence of trans youth's experience of adversity in many spheres of their lives, such as the family, the school system, and the legal system, and to offer theoretical insights into how adversity is compounded by factors such as race, class, disability, and gender. This poster provides a brief overview of the anti-oppressive methodology used to conduct 24 in-depth interviews with trans youth during the first phase of research, emphasizing how community consultation and participation was a pillar of the design. Then, it will provide preliminary results from the analysis of this data set, by presenting oppressive factors and structures that negatively influence trans youth's wellbeing, as well as factors that contribute positively to trans youth's welfare and resilience. Finally, the poster will present early insights into how oppression and resistance factors interact, and what their interaction suggests about potential areas of intervention to help mitigate trans youth's disproportionate exposure to marginalization and to foster their wellbeing.

CPATH Speaker Bios

A

Farooq Al-Sajee, Youth Worker of MOSAIC Wrap Around Program. Prior to being a Youth worker, he was also a Settlement Worker for a year, with MOSAIC. He got involved in the Social Justice Committee in Syria, Damarcus and is currently involved in the I Belong program as he had previous experience in supporting and advocating for LGBTQ rights in the Middle East and Vancouver.

Dr. David Azul (né Scheidt) is a certified practising speech pathologist, lecturer, researcher, (academic and creative) writer and sound performer based at the La Trobe Rural Health School, La Trobe University, Bendigo, Australia. In their work, David explores options of cross-fertilization between feminist and (trans) gender studies theories, creative practice, clinical research and clinical practice by taking a transdisciplinary and transgeneric approach to knowledge production. Since 2002, they have mainly focussed on bringing theoretical and methodological innovation to the nexus between gender diversity and voice. Key projects have been supported by the Heinrich Böll Foundation, Germany, an Endeavour International Postgraduate Research Scholarship and by internal research grants from La Trobe University. For their postgraduate research, David has received a La Trobe University Institute for Advanced Study postgraduate Writing-Up Award and the RWTH Aachen University medal. David has 15 publications in peer-reviewed outlets; they presented at over 20 conferences and were invited to give guest lectures and workshops to students, health professionals and the public. David is an active peer-reviewer for speech pathology, qualitative and creative research journals and a member of consultative boards to support LGBTIQ communities.

B

Dr. Greta Bauer, PhD, is a Professor in the Department of Epidemiology & Biostatistics at Western University. Her primary research interests are in sexually transmitted infections and the broader health of sexual and gender minority communities, and in quantitative research methodology for studying communities that experience marginalization. Greta has led multiple research projects on trans health and health care over more than a decade, and has published more than 35 papers, chapters or reports related to trans health.

Jean Baptiste traces their lineage back to the Wet'suwet'en nation and belongs to the Laksilyu (Small Frog) clan. Since coming out as transmasculine and Two-Spirit in university, they have completed their BSc in Psychology and First Nations Studies with a focus on reincarnation and Two-Spirit at the University of Northern British Columbia. In previous years, they have dedicated their time to working in northern BC in addition to East Africa in respect to

trans advocacy, awareness, and education within the Indigenous and human rights community. Currently, they are the Regional Community Network Coordinator for Trans Care BC in Prince George.

Annelies Becu is an Operations Coordinator at the BC Centre for Disease Control in Vancouver. They have a Masters of Public Health with a combination of experience in research, coordination, finance and administrative roles. Their research and policy interests include health equity, LGBTQ/2S health, harm reduction and sexual health.

Cora Beitel is a genderqueer midwife in Vancouver. They founded and help run the Downtown Eastside clinic, the Strathcona Midwifery Collective which serves a diverse population of pregnant folks and their families. The clinic provides midwifery services as well as counselling, acupuncture and community support groups. Cora also co-facilitates the Queer and Trans Pregnancy and Parenting group that serves as a community space and support group for queer and trans people on the parenting journey. They have two fabulous kids at very different life stages, one teenager and one infant.

Dr. Maud Bélanger received her medical degree in 2005 from Université Laval in Quebec City and completed her plastic surgery residency in 2010 at Université de Montréal. Afterwards, she pursued her fellowship in trans surgery, microsurgery and breast reconstructive surgery at the renowned Ghent University Hospital in Belgium. Dr. Bélanger previously practised at the Hôtel Dieu de St-Jérôme Hospital before devoting herself entirely to trans care patients at the Centre Métropolitain de Chirurgie.

Sarah Bell was born and raised in Vancouver BC. She earned a Bachelor of Arts in English and Classical Studies at the University of Western Ontario before enrolling in the nursing program at BCIT. In 2010 she received an Executive MBA in Healthcare from the Sauder School of Business at the University of British Columbia, and in 2015 completed the certificate in Mental Health Law from Osgoode Hall at York University. Sarah began at BC Children's Hospital in 2005 during her role as the Facility Coordinator for the Mental Health Building. She moved through successive leadership positions across the program before becoming the Provincial Executive Director of Child and Youth Mental Health and Concurrent Disorders Services, and Reproductive Mental Health. Since that time, her portfolio has expanded to include the Provincial Specialized Eating Disorders Program, the Mental Health Metabolic Program, the Mental Health Literacy Program and the Provincial Early Hearing Program. She is currently the Interim Chief Operating Officer of BC Children's Hospital, and Sunnyhill Health Centre for Children. Sarah is a practising member of the College of Registered

Nurses of BC, a member of the Canadian College of Health Care Leaders and holds the Certified Healthcare Executive designation.

Juana Berinstein is the Director of Policy and Communications for the Association of Ontario Midwives (since 2007), where under her leadership, the Association has successfully campaigned for the expansion of midwifery, the development of birth centres and funding for Aboriginal midwifery. She has been involved in policy initiatives, systemic advocacy and community consultation at the municipal, provincial and federal level in the areas of health, workers' rights and social and economic justice. She has a Master's degree in Communication and Culture with a focus on public policy. She was a Board Member (2010-13) at Health Nexus, a leading non-profit organization working on health promotion and equity and a mentor with Rainbow Health Ontario's public policy institute (2014). She lives in Toronto with her partner and two daughters.

Dr. Éric Bensimon obtained his medical degree from the University of Laval in 1993. He then completed his training in plastic surgery at the University of Montreal. Following the completion of his residency in plastic surgery, Dr. Bensimon went on to do a fellowship in craniomaxillofacial surgery and aesthetic surgery at the University of Toronto. In addition to his aesthetic surgery practice, Dr. Bensimon is an active staff member at the Sacre-Coeur Hospital and is involved in teaching plastic and cosmetic surgery at the University of Montreal, plastic surgery department. Dr. Éric Bensimon is currently president of the Association des spécialistes en chirurgie Plastique et Esthétique du Québec and also President of the Canadian Society of Aesthetic Plastic Surgery

Beth Berlin is a Nurse Practitioner working in the Lakes District of Northern BC. She has been practicing for 6 years with a large portion of First Nations patients. She and her husband and 2 boys live on the shores of Burns Lake and enjoy water sports, mountain biking, skiing and travel.

Jesse Blanchard is a gender non-conforming, queer fag of Jewish descent. They are originally from occupied territory of the Anishinaabe (Salteaux/Ojibwa) First Nation (Winnipeg, Manitoba) and has been living on Coast Salish lands for several years. Jesse has a long history of activism and advocacy work. They are a diverse and talented artist whose work is an extension of their lived experience. They are continuously growing, learning, and sharing their experiences with their community.

Randy Boissonnault is the Member of Parliament for Edmonton Centre and the Special Advisor to the Prime Minister on LGBTQ2 Issues. Prior to his election, Randy was a successful entrepreneur, community leader, and philanthropist. He has a strong record of leadership in business, in public service, and in the not-for-profit sector. Randy discovered his passion for leadership and public service at the University of Alberta, where he served as President of the Students' Union. Since studying at the University of Oxford as a Rhodes Scholar, Randy has worked as a lecturer at the University

of Alberta's Campus Saint-Jean, and as a journalist and political commentator for CBC Radio-Canada and Les Affaires. Randy also owned and led a consulting business that helped small and medium-sized businesses overcome their strategy and management challenges. A proud Rotarian, Randy has a long history of charitable work, both locally in Edmonton and abroad. He founded Literacy Without Borders, an international NGO devoted to promoting literacy for both children and adults in the developing world and in Canada. He has also served as Vice Chair of TEDx Edmonton and Chair of the Board of Directors of the Francophone Economic Council of Alberta, the Francophone Sport Federation of Alberta, and the Canadian Francophone Games. He was one of the 50 founders of Startup Edmonton and was a finisher of the Ironman Canada Triathlon.

Dr. Joey Bonifacio, MD, FRCPC, MSc, MPH, MA, is a pediatrician and adolescent medicine specialist at the University of Toronto. His clinical practice involves working with children and adolescents, in particular, lesbian, gay, bisexual, transgender, and queer (LGBTQ) adolescents and immigrant and refugee teens. His clinical care also involves eating disorders, reproductive health, and mental health. His outreach involves the provision of medical and mental health care for street-involved and homeless youth. Joey completed an AB (Cornell) and MD (UBC). He completed his general pediatrics residency at the Montreal Children's Hospital where he was also chief resident. He completed his adolescent medicine fellowship at SickKids. Joey has completed an MSc in Bioethics (McGill), MPH (Harvard), and an MA in medical anthropology (UofT). He is currently completing his MTS (Regis College, University of Toronto).

Navi Boparai supports the Trans Health Expansion, which is a partnership between Rainbow Health Ontario, Sherbourne Health Centre, Women's College Hospital, and CAMH to support the delivery of accessible healthcare and to advance surgical planning for transgender and gender-diverse people across Ontario. Previously, Navi has worked on projects to advance rural family medicine across Canada and to improve cancer care for Indigenous populations.

Dr. Pierre Brassard received his medical degree from Université Laval in 1985, graduating first in his class and with honours. Four years later, he received his degree in plastic surgery from the Université de Montréal and went on to sub-specialize in microsurgery at Hôpital Maisonneuve-Rosemont and the renowned Mayo Clinic in Minnesota. From 1990 to 1996, Dr. Brassard practiced as a surgeon and teacher at the Hôtel Dieu de Québec Hospital and the Hôtel Dieu de Lévis Hospital. He became a member of the Department of Plastic Surgery at the Hôtel Dieu de St-Jérôme Hospital in 1996 and served as Head of the Department from 1998 to 2000. Since 2000, Dr. Brassard has been devoted entirely to private practice and is the Medical Director and, since 2006, sole owner of the Centre Métropolitain de Chirurgie. Over the course of several years, Dr. Brassard has performed several thousand gender affirming surgeries. His extensive experience makes him one of the most accomplished surgeons in the field.

Dr. Brassard has made significant contributions to the improvement of transsexual surgical techniques, increasing patient satisfaction with genital appearance post-surgery.

Abby Brooks is a Victoria based Speech and Language Pathologist with a specialization in Transgender voice therapy. She has an undergraduate degree from the University of Victoria in Education and a Masters of Science degree in Communication Sciences and Disorders. She currently offers Changing Keys on Vancouver Island, British Columbia.

Nora Butler Burke is a doctoral student at the Interdisciplinary Centre for Studies on Society and Culture, Concordia University in Montréal, Québec. Her current research is focused on documenting the role of immigration penalty in the daily lives of migrant trans women in Canada. Previously, she was the coordinator of Action santé travesties et transsexuel.le.s du Québec (ASTT(e) Q), a project of CACTUS Montréal, working with low-income and sex working trans women.

C

Marie Carlson, RN, BSN, CRN(C), is a Clinical Instructor for the Department of Psychiatry, Faculty of Medicine/Sexual Medicine at the University of British Columbia. Marie is Certified in Rehabilitation Nursing and working at the Sexual Health Rehab Service at GF Strong Rehab Centre in Vancouver BC. In this role Marie assists clients with disability and chronic illness, their loved ones and caregivers in the area of sexuality in clinical work, education, advocacy and research with a focus on mindfulness based clinical work. Marie has had the privilege to co-author of the 2009 publication titled Guidelines for Supporting Sexual Health and Intimacy in Care Facilities: Guidelines for Supporting Adults Living in Long-Term Care Facilities and Group Homes in British Columbia and the subsequent 2013 Pocket Guide. Some of Marie's most profound learning has been as Co-Chair and Education Lead of the Disability & Rehab Ethics Committee at Vancouver Coastal Health and with the Regional Ethics Council. As a community activist for queer and transgender rights, rights of persons with disability and sex workers and intersecting communities, Marie is an advocate and educator. Marie is a long-standing member of CPATH and the BC Transgender Clinical Care Group.

Charlene Chan, RN, started to volunteer for Sherbourne Health Centre's W.I.N.K (Women in Need Klinik) program in 2012 and then joined the ARC (formerly the Infirmary) program as the floor nurse in 2013. Charlene has experience working in the community in Ontario with special interest in chemotherapy care and wound care. She also has passion volunteering abroad in rural and developing countries. Charlene understands and appreciates the intersectionality of the social determinants of health on an individual's health and well-being. Charlene also represents the ARC program on the Trans Health Expansion Committee.

Christina Chant completed her Practical Nursing diploma at Vancouver Community College, Registered Nursing degree at Douglas College and is currently enrolled in the Master of Science in Nursing program at UBC. Christina's thesis interest is in research ethics, sex work and health equity. Over the past 10 years, Christina has worked in primary care, HIV outreach, sexual health, transgender health, mental health and substance use, and most recently clinical education. With a particular interest in improving health equity for people who use drugs, Christina's ultimate passion is to contribute to the creation of a more just and ethical health care system.

Beth Clark, MM, RCC, is a doctoral candidate and Vanier Scholar in the Interdisciplinary Graduate Studies Program at The University of British Columbia (UBC). They are a research trainee at the Stigma and Resilience Among Vulnerable Youth Centre, and have recently received a UBC Public Scholars Initiative Award and a Lyle Creelman Endowment Fund Research Award to support their dissertation research in the area of ethics and trans youth hormone therapy initiation decision making. Beth has worked in the US and Canada in the fields of education, arts, and healthcare, and is a Registered Clinical Counsellor in British Columbia. They have presented on their clinical work and research across North America and recently presented at the World Professional Association for Transgender Health Symposium in Amsterdam. They have worked with both Trans Care BC (Provincial Health Services Authority) and the Transgender Health Information Program (Vancouver Coastal Health), and volunteered with the Catherine White Holman Wellness Centre in Vancouver. This range of experiences informs Beth's research interest in health care ethics and in improving equitable access to care.

Dr. Ingrid Cosio, MD, studied medicine at UBC and completed her residency training in Family Medicine at UBC- Prince George site in 2005. She is clinical faculty of the UBC Family Practice Residency Program in Prince George and shares an office in one of the teaching clinics. She is also the site lead faculty for Behavioural Medicine for the Residency Program. Obstetrics and in-patient care are important parts of her practice. Dr. Cosio has gained experience in Transgender health over the last 10 years, through work with an increasing number of gender diverse patients from Prince George as well as other communities in the North. In August 2015, with the support of the Northern Health Authority, the Prince George Division of Family Practice and the Blue Pine Clinic, the Northern Gender Clinic was started in order to provide multidisciplinary care to gender diverse people in the North.

Dr. Tania Culham, MD, CCFP, is a Vancouver-based family physician who specializes in working with youth, specifically those living with mental health and addiction issues. She also spends a great deal of her clinical time providing care for trans youth and adults from a range of backgrounds and social locations. She has worked at Vancouver Coastal Health's Three Bridges Community Health Centre for the past 16 years as well as at Family Services Of Greater Vancouver's Youth Detox program. In addition to her clinical work, she teaches medical students at the University of British

Columbia about youth care and has developed youth mental health educational modules for family physicians for the Practice Support Program in B.C. Tania is the Co-chair of the Vancouver Local Action Team for the Provincial Child and Youth Mental Health and Substance Use Collaborative and she sits on the Mental Health and Addiction Committee for the Vancouver Division of Family Practice. Tania's professional goal is to help improve the lives of children and youth living with barriers that prevent them from living a full and productive life.

D

Georgia Dacakis is an adjunct lecturer in the Discipline of Speech Pathology, La Trobe University Melbourne, Australia. Georgia has extensive clinical experience in providing voice and communication training for transwomen and has published and undertaken research in this area since the early 1980's. Georgia led a collaboration with Canadian colleagues, Shelagh Davies and Judith Johnston to develop the first psychometrically evaluated self-report questionnaire designed to capture the perceptions of transwomen regarding their vocal functioning and the voice-related impact on their everyday lives (the Transsexual Voice Questionnaire [TVQMtF]). Georgia has been a member of the Monash Gender Clinic since its inception and prior to that the Queen Victoria Gender Clinic since 1980. Georgia is a founding member of ANZPATH.

Kusha Dadui is the Trans Program Coordinator at Sherbourne Health Centre in Toronto, Ontario. Kusha has done fifteen years of front line work with Trans refugees and newcomers to improve the service provision and well-being of their community. Kusha currently works with Trans youth and mostly Trans newcomers.

Sekani Dakelth is a trans aboriginal woman from the Dakelth Nation living on unceded Coast Salish territories. She works at PACE Society and Atira Property Management.

Antonia Dangaltcheva is a clinical psychology doctoral student at Simon Fraser University. During her clinical training, she completed a practicum under the supervision of Dr. Wallace Wong. She provided individual therapy for gender nonconforming youth, completed assessments, and co-led a bi weekly support group for adolescents and a monthly group for children with gender varying behaviour. As part of her doctoral research dissertation, she has led the adaptation and evaluation of a group attachment-based parenting group for caregivers of trans and gender nonconforming youth.

Shelagh Davies is a speech-language pathologist with over 15 years' experience in transgender voice training. She was a founding member of the WPATH Standing Committee for Voice and Communication and was first author on the Companion Document to the Standards of Care for Voice and Communication, which was published in 2015. In 2004 Shelagh developed 'Changing

Keys', a program of voice and speech feminization for transgender women. Changing Keys is now available in four Provincial Health Authorities and Shelagh has mentored colleagues in the program's delivery. Other work in transgender voice and communication includes co-writing the 2006 Transgender Speech Feminization and Masculinization: Suggested Guidelines for BC Clinicians, the development of the TSEQ (Transgender Self Evaluation of Voice Questionnaire) for male to female and to female to male transgender persons. She is co-author of the Transsexual Voice Questionnaire (Male to Female), which has been translated into 9 languages. Her work has been published in the Journal of Voice, the Journal of the Canadian Speech, Language and Hearing Association, the International Journal of Transgenderism and online magazines for Speech and Audiology Canada and the National Association of Teachers of Singing.

Stefan de Villiers is a Vancouver-based transman, a youth worker, and co-founder of Tilted Windmills, an online social justice initiative that promotes projects that celebrate wellness, diversity, and collaboration. Stefan is a co-researcher in a Photovoice project about safety, belonging, wellbeing and place in the lives of trans, two-spirit and gender non-conforming people.

Dr. Aaron Devor, PhD, FSSSS, FSTLHE, has been working on trans topics for more than thirty years, holds the world's first Research Chair in Transgender Studies, and is the Founder and Academic Director of the world's largest Transgender Archives, both at the University of Victoria. He has published widely, delivered lectures to audiences around the world, been on the WPATH Standards of Care committee since 1999, is an elected member of the International Academy of Sex Research, an elected Fellow of the Society for the Scientific Study of Sexuality, and serves on the Editorial Boards of the Archives of Sexual Behavior, The Journal of Sex Research, and the Transgender Studies Quarterly.

Steph Drake is enrolled in the Doctor of Psychology in Clinical Psychology program at Adler University. Their professional experience has been focused on youth with developmental disabilities and mental health challenges. Their clinical interests involve sex and gender, social determinants of health, and community approaches to public health issues. Steph is a community organizer who values mentorship, intersectionality, and pragmatism in their work. They are dedicated to collaborative multidisciplinary work, community engagement, and resource development. They were the recipient of the Community Recognition Award from the Pacific Community Resources Society. Steph volunteers in the local community advocating for equitable access to municipal resources with Women Transforming Cities. Additionally, Steph's artwork Bloom featured at a Piece of Mind exhibition and they spoke on a panel about the intersections of art and mental wellness.

Dr. Margaret Drewlo is a psychotherapist with a large Vancouver health organization's suicide prevention and suicide bereavement program. She has been part of Vancouver's Advanced Transgender Health clinical care team since its inception. She was a founding member of CPATH (Canadian Professional Association for Transgender Health) and is a past member of the CPATH board. Margaret holds a doctorate in Clinical Psychology and a Master's Degree in Psychology, specializing in Couple and Family Therapy. Margaret has a special interest in critical approaches to psychology.

Anne Dubé is a clinical nurse and a member of the Ordre des infirmiers et infirmières du Québec since 2008. She joined GRS Montréal in 2012 and acted initially as a pivot nurse for clientele seeking to undergo gender affirmation surgery. Appointed Director of Trans Care in 2016, she continues with a pivot role, as well as in liaison and navigation, and works closely with all stakeholders within GRS Montréal, as well as with external stakeholders involved in all aspects of the surgical process. Anne is an experienced resource person who plays an essential role with transsexual clients and healthcare professionals across Canada through customized follow-ups, ensuring that each client's unique experience is as beneficial as possible, all within an environment that emphasizes the quality and safety of care and services.

E

Dr. Adrian Edgar, MD, CCFP, is a trans man, family doctor, and the Medical Director of Clinic 554, specializing in trans, queer, and reproductive health in Fredericton, New Brunswick. Adrian completed his undergrad in Cross-Cultural Health & Ethics as a queer white female in Trent University's Indigenous and Women's Studies Departments. He partially fulfilled his MA in Trent's Indigenous and Canadian Studies program, where he worked for the Aboriginal and Non-Aboriginal Alliances and Coalitions Project, before transitioning, and attending med school with Melinda at McMaster University. As a family physician, Adrian has worked in maternal addictions, midwifery, abortion, and street health, as well as in several First Nations, prisons, queer and trans communities. He is currently serving as President of CPATH, is a founding member of the New Brunswick Transgender Health Network, and sits on the Board of Directors for AIDS New Brunswick.

Danielle Edwards is delighted to work for the Abbotsford Division of Family Practice in the role of Programs Lead. In this role, she oversees innovative programs and projects that involve collaboration with multiple members, stakeholder organizations, AHPs, and patients. Her background is in quality improvement and policy development, with a focus on strengthening health systems and advancing the social determinants of health. She has a Certificate in Voluntary and Non-Profit Sector Management from UVic; a Master of Arts degree from the University of Toronto; and a Bachelor of Arts social sciences degree from UVic.

Lindsay Elin, MSW, RSW, is an individual, family and group therapist with an interest in attachment-focused and trauma-informed work with trans youth and their parents. She works in the Pride and Prejudice (LGBTQ2S) Program at Central Toronto Youth Services (CTYS) and has a small private practice in Toronto. She is a contributing author of the second edition of "Families in TRANSition: A Resource Guide for Families of Transgender Youth" (2016), and the developer and facilitator of the "Families in TRANSition Group," an attachment-informed group for parents/caregivers of gender diverse youth at CTYS.

F

Bon Fabian is a proud Two-Spirit living in Vancouver, who runs Two-Spirit sweat lodges and is called to provide spiritual support for Aboriginal people who are sick in hospitals.

Dr. Stephen Feder, MDCM, MPH, is an Assistant Professor at the University of Ottawa, the Division Chief of Adolescent Medicine, Medical Director of the Regional Eating Disorders Program of Eastern Ontario and Co-Director of the Diversity Clinic at the Children's Hospital of Eastern Ontario (CHEO). He is an active member of CPATH and WPATH.

barbara findlay is a fat old white cisgender lawyer of British background, adopted by the Wet'suwet'en people, and having disabilities. She has been working on trans legal issues for more than 20 years.

Brenda Finlayson is a registered nurse and social worker who has worked in health care for over 25 years in a variety of roles including community and hospital mental health services as well as working for government. She has held a variety of leadership roles in children's mental health where she worked to enhance service continuity between sectors and organizations for children and their families. Over the past 5 years at CAMH, her responsibilities have included research coordination, management of inpatient units and currently she is managing several specialty outpatient services including the Gender Identity Clinic. Brenda is passionate about improving access to health care services and communication between primary care and specialty services as well as encouraging integration of research and clinical services.

Dr. Melinda Fowler, MD, knew she wanted to care for people from a young age. She is a Métis/ Mi'kmaq woman who grew up on the east coast of Canada in Newfoundland and Southern Labrador. She received her Bachelor of Nursing (BScN) in 2001 from Memorial University of Newfoundland & Labrador. While working as a full time nurse at Sunnybrook Hospital, she returned to her education and received her Doctor of Chiropractic (CD) in 2006 at the Canadian Memorial Chiropractic College. While working as a nurse and chiropractor, she again returned to education and completed her undergraduate medical degree (MD) in 2010 and her residency in family medicine in 2012; both at McMaster University. She is passionate about

being an advocate for Indigenous youth and encouraging them to recognize their power and potential. She also encourages culturally safe spaces for Indigenous student learners in medicine, addressing and removing barriers and promoting curriculum which will educate both students and educators. Dr. Fowler is Medical Director & Family Physician at Mount Carmel Clinic in Winnipeg.

Rosalyn Forrester walks with several identities; queer, pagan, a woman of colour, single woman loving mom of two beautiful daughters, a person born with trans-sexualism, a person living with chronic pain, an activist, a femme, an educator, a care giver. Currently Rosalyn works at The 519 in Toronto working with the older LGBTQ community and East Mississauga Community Health Centre co-facilitating a Drop In for members of the Greater Trans Communities and an LGBTQ Drop In.

Dr. H  l  ne Frohard-Dourlent, PhD, MA, (they/them/their or she/her/hers) is a post-doctoral fellow at the University of British Columbia. H  l  ne's research has focused on educators who work with trans and gender-nonconforming students and more broadly on gender diversity within K-12 settings. H  l  ne's time is shared between the School of Nursing where they lead evaluation projects on gender-affirming care and the Faculty of Education, where she contributes to the Sexual Orientation and Gender Identity (SOGI) Fund University Network through the Promoting Trans Literacies workshops and the Teacher Education for All! project.

G

Susan Gapka is a dedicated campaigner for social justice highlighting her record on affordable housing, homelessness, mental health, harm reduction & lesbian, gay, bisexual & trans issues since coming out as a community leader almost 20 years ago. As founder and chair of the Trans Lobby Group Susan helped lead a lengthy campaign to persuade the Minister of Health to fund Sex Reassignment Surgery for trans people in Ontario, helped change the Vital Statistics Act sex designation so that trans people's legal documents more accurately reflect their lived identity, and amended the Ontario Human Rights Code to include 'gender identity' and 'gender expression'. Susan has served on the Toronto Local Advisory Committee & as Toronto representative on the National Consumer Panel of the At Home/Chez Soi Research Demonstration Project, the Housing Component for the Mental Health Commission of Canada. She also served on the Board of Pride Toronto which hosted World Pride 2014 and is past Fiert   Canada Pride's Central Regional Director for Ontario. Susan has a degree in Political Science from York University & a diploma in Community Work from George Brown College.

Fin Gareau is originally from Prince Albert Saskatchewan, and moved to Vancouver 20 years ago to explore BC and find community. He is a member of the transgender and Two-Spirit communities and has been working with gender diverse and questioning adults, youth, and their families for over 15 years. He has many years of

experience working with people living with severe mental health and substance use problems in Vancouver's Downtown East Side, doing work in supported housing programs and on various outreach teams as an RN. He recently completed his Master of Sciences in Nursing, Family Nurse Practitioner degree and has a strong passion for working with marginalized people. Recognizing the need to create more accessible and inclusive health care services, Fin was a founding organizer of the Catherine White Holman Wellness Centre, an all-volunteer health and wellness organization for Trans and gender diverse people. He also works at Trans Care BC, and will also continue to work at his final clinical placement as a new graduate. Fin fully embraces the importance of community, social justice, harm reduction and trauma informed care and works hard to incorporate these concepts into all areas of his practice.

Lauren Goldman is a registered nurse whose practice has focused on increasing access to low-barrier, gender affirming care. She is particularly passionate about sexual health and teaching clinicians how to create health care experiences that are considerate of gender, orientation, kink practices, bodies and ability. Lauren has been privileged to work with the Catherine White Holman Wellness Centre, the STI/HIV Clinic at the BC Centre for Disease Control, Options for Sexual Health, Insite and the Sexual Assault Service. As the Nurse Educator for Trans Care BC, Lauren works with the Education Team to develop educational resources for care providers that promote comprehensive, affirming health services for trans individuals across BC. Lauren is a queer woman of Middle Eastern and European descent, currently living in the unceded Coast Salish Territory of Vancouver. She has a cheeky dog named Arthur, loves hot sauce, and is always on the lookout for foods that remind her of home.

Cory Grandinetti is an occupational therapist, manager, and educator. He graduated from St. Edward's University in 2005 with a BA in psychology then completed his MA program in occupational therapy in 2007. Cory specializes in neurological rehabilitation – working with people with brain injury, spinal cord injury, and complex injuries. He worked on the inpatient rehabilitation unit at Harborview Medical Center from 2008-2015. He is currently the Director of Clinical Management for the Rehab Without Walls Home and Community program in the Pacific Northwest. Rehab Without Walls is a comprehensive, intensive, neuro rehabilitation program serving people in their homes and the community. Cory enjoys supporting clinicians in Washington, Oregon, and Alaska, to provide meaningful rehab where life happens. He has been presenting on transgender health and sex after disability since 2009. Cory has presented locally at the University of Washington and at the Washington Occupational Therapy Association annual conference, nationally at the Academy for Spinal Cord Injury Professionals annual conference, and internationally at the World Professional Association for Transgender Health conference in Bangkok, Thailand. He is passionate about merging his experiences as a healthcare professional, disability advocate, and a transgender man to educate healthcare providers across the continuum of care in order to improve outcomes for all patients.

Gillian Grevstad is a speech-language pathologist currently offering the Changing Keys program in downtown Vancouver, British Columbia. Her interest in transgender voice therapy emerged in 2004 when she first heard about Shelagh Davies' work in this area. She was delighted to be brought on as a Changing Keys provider in 2016. As an undergraduate Gillian studied French and Spanish, earning a Bachelor of Arts degree from the University of British Columbia. She later continued her linguistic bent at UBC in the School of Audiology and Speech Sciences, earning her M.Sc. in Speech-Language Pathology. In addition to her work with transgender voice, Gillian is a speech-language pathologist working with elementary school children with communication disorders in the Burnaby School District.

Lorraine Grieves, MA, RCC, is a queer, cisgender, registered clinical counsellor and health care leader who has worked in a range of roles, from therapist to program director, supporting the wellness of youth, families and adults in diverse settings. She is thankful to live and work on the unceded territories **Səlilwətaʔ, Xʷməθkʷəy̓əm, & Skwxwú7mesh** (Tseil-Waututh, Musqueam & Squamish) peoples in Vancouver, BC. As an adopted person, newly connected to her birth family, Lorraine is proud and excited to be learning about her Cree and Scottish ancestry. Before moving to her current role as provincial program director with the Provincial Health Authority's Trans Care BC, Lorraine worked at Vancouver Coastal Health in community services where she was an operational manager responsible for the Trans Health Information Program, C.A.L.L. Out! and a portfolio of youth substance use and concurrent disorder services. In all of her work she strives to centre the expert, lived experience wisdom of service participants in informing work that impacts them.

Sandy Gunderson is a Surgical Coordinator nurse and cisgender ally with Trans Care BC and part of the Care Coordination Team. Her work has taken her to remote northern communities as well as urban and inner city locations where she has had the privilege of working with diverse communities. Before finding her way to Trans Care BC, she worked in a remote health centre in Nunavut, with the Sexual Assault Service, Sheway, Vancouver Native Health and Three Bridges Primary Care where she worked with many gender diverse clients. Sandy is excited to be able to continue supporting gender diverse people through her role at Trans Care BC. Sandy is passionate about accessible and competent health care for all British Columbians, and is currently enrolled in a Masters of Public Health program through the London School of Hygiene and Tropical Medicine. Sandy was born and raised in the Lower Mainland and in her spare time likes to watch scary movies and dog videos on Facebook.

Dr. Gloria Gutman developed the Gerontology Research Centre and Department of Gerontology at Simon Fraser University (SFU) and was director of both from 1982-2005. She is currently a Research Associate and Professor Emerita at SFU. Dr. Gutman has received many awards including the prestigious Rosalie Wolf Award presented by the International Network for the Prevention of Elder Abuse (2005), the Order of British Columbia (2010), an honorary Doctor of Laws from the University of Western Ontario (2010), a Queen Elizabeth II Diamond Jubilee Medal presented by the Canadian Association on Gerontology (2012) and Order of Canada (2016). She is author/editor of 22 books and monographs, the most recent (with Andrew Sixsmith), *Technologies for Active Aging* (Springer, 2013). Her research interests include seniors' housing, long term care, health promotion, seniors and emergency preparedness, gerontechnology, prevention of elder abuse and neglect, and LGBT aging.

H

Teresa Hardy is a PhD candidate in the Faculty of Rehabilitation Science at the University of Alberta. She also is a licensed speech-language pathologist with more than 10 years experience working in a variety of settings. In her clinical practice, Teresa currently works with people who are trans-identified and seeking to modify their communication to be more in line with their affirmed gender identity. She has been working with transwomen for about ten years and loves to see the transformations her clients go through, both in terms of their communication and their self-confidence. Teresa's dissertation research will aim to identify communication-based predictors of gender attribution and explore relationships between communication, perception, and quality of life for transwomen.

Gwen Haworth, MFA, is a trans-feminine gender diversity advocate currently working as the Education Project Manager with Trans Care BC. She has European settler roots; born, living and an uninvited guest on unceded Coast Salish Territory. Prior to her current role, Gwen worked for five years as the LGBT2Q+ educator with Prism Services, Vancouver Coastal Health, and also worked front line for nearly a decade with RainCity Housing and Support Society, focusing on harm-reduction, self-determination, and low barrier access to housing, shelter and services. Gwen has volunteer stints with the Vancouver Parks Board's Trans Inclusion Working Group, the City of Vancouver's LGBTQ advisory committee, the Trans Alliance Society, and the Catherine White Holman Wellness Centre. Gwen is likely best known outside of Vancouver for her past film work, primarily her feature documentary *She's a Boy I Knew*, which screened internationally at over 100 film festivals and continues to be used in curriculum at post-secondary institutions across North America.

Jack Heard is currently in his third year of medicine at the Max Rady College of Medicine at the University of Manitoba. He has worked over the past two years on a research project with the Gender Dysphoria Assessment and Action for Youth (GDAAY) program in Winnipeg. This research involves the healthcare services available to trans youth in Manitoba and their experiences accessing healthcare.

William Hébert is a PhD candidate in social-cultural anthropology at the University of Toronto. Funded by SSHRC and Trudeau Foundation doctoral scholarships, his dissertation research examines the policies, laws, regulations, and projects that are being developed for and by trans people affected by criminalization and incarceration across Canada. This work also includes examining how Canada fits within transnational discourses on such questions. In the fall of 2015, he was a visiting scholar at the Universidade Federal do Rio Grande do Sul in Porto Alegre, Brazil, where he conducted preliminary comparative research on state policies and civic mobilization surrounding trans people's incarceration. William has also worked and volunteered on numerous community-based projects, notably as the project manager of a research and intervention initiative on elderly trans people's access to healthcare and social services in Quebec. He is currently the research coordinator of a SSHRC-funded qualitative community-based participatory action research project on trans youth's wellbeing, under the direction of Dr. Annie Pullen Sansfaçon (Université de Montréal).

dr. matthew heinz, phd, is Professor and Dean of the College of Interdisciplinary Studies at Royal Roads University. He engages in applied research concerning the communication needs and characteristics of trans-identified and gender non-conforming people.

Mieke Heyns is a 3rd year medical student at the University of Calgary and co-president of Medical Students for Gender and Sexual Diversity (GSD). She is passionate about improving LGBTQ+ health outcomes and creating learning opportunities for fellow students.

Abby Hipolito (hih-poe-li-to) is a queer student studying to become a librarian in the Greater Vancouver Area. She is an out and about transgender woman seeking a fight to fight and folks to share stories with.

Sandy Hirsch, MS, CCC-SLP, is a speech-language pathologist with an expertise in voice. She is internationally renowned for voice and communication training with transgender and gender non-conforming people. Ms. Hirsch has over 25 years of experience working in the gender non-conforming community. She has made this the focus of her private practice, Give Voice. She is an active member of the Ingersoll Transgender Professional Consult Group in Seattle. Ms. Hirsch has co-edited two editions of Voice and Communication Therapy for the Transgender / Transsexual Client (Adler, R.; Hirsch, S.; Mordaunt, M. 2012 and 2006). She is currently working on a 3rd edition. Since 2007, Ms. Hirsch has been training voice clinicians who are committed to improving the quality of life of gender non-conforming people. It is her goal to ensure that voice and communication services

are provided with the highest possible integrity. Ms. Hirsch presents internationally at transgender, professional speech and hearing and voice conferences and trainings. She has been featured in print, radio and television media. Ms. Hirsch lives in Seattle, WA. She is a classical and jazz singer, and is passionate about combining her art and clinical expertise in training clients and clinicians.

Dr. Cindy Holmes, PhD, is an Assistant Professor in the School of Social Work at the University of Victoria in the unceded territories of the WS'ANEC' (Saanich), Lkwungen (Songhees), Wyomilth (Esquimalt) peoples. She is involved in a number of community-based and academic research initiatives that address the health and wellbeing of trans, Two-Spirit, and gender diverse people and their families. Cindy is a queer, cisgender, white settler of English, Scottish and Irish ancestry raised in the traditional territory of the Mississaugas of the Credit First Nation in the city known as Guelph Ontario, and is a family member of trans and gender nonconforming people.

Suza Hranilovic considers herself an "old nurse" and a "newer nurse practitioner". As a Masters-prepared Primary Health Care Nurse Practitioner and an AIDS Certified Nurse, Sue has provided hospital, community and primary health care in Toronto's inner city for over 25 years. She has a commitment to continuing involvement in professional development and community-based volunteer activities which have included Board of Directors positions for the Canadian Association of Nurses in AIDS Care, the Ontario HIV Treatment Network and Fife House Foundation. Sue is proud to have been one of the founding members of the Committee for Accessible AIDS Treatment and to have participated in volunteer nursing in Zimbabwe. She has done over 60 presentations to colleagues, patients and community and has received ten awards related to excellence in academia and clinical care. Sue's high level of expertise and commitment to working with diverse, marginalized, stigmatized, at-risk and vulnerable populations has served her both locally and internationally, and she hopes to continue nurturing the resilience of the clients she walks with, learns from and serves.

Dr. Sarah Hunt, PhD, is a Two-Spirit scholar from the Kwagiulth community of the Kwakwaka'wakw nation. She is an assistant professor at UBC in the Institute for Critical Indigenous Studies, and her scholarship builds on more than 15 years of community-based research, education and advocacy. Sarah's research uses a strengths-based approach in examining issues facing Indigenous youth, Two-Spirit people, women and families, including the health and social impacts of historic trauma, intergenerational and interpersonal violence, and systemic violence. She has published peer-reviewed reports and articles on Two-Spirit health, Indigenous gender relations, justice, sex work, and a range of other issues of concern to Indigenous communities.

Nadine Idle joined the Sherbourne Health Centre as a student with the Health Bus Program in 2009. They were later hired as a Community Health Worker in the ARC Program (formerly the Infirmary) and has more recently taken on the role of Case Manager. As Case Manager, Nadine has had the opportunity to better the health care of individuals through a holistic, anti-oppression framework with a focus on the social determinants of health, community connection and continuity of care. Nadine strives to create a safe space for clients with diverse expressions of gender identity. They are committed to enhancing resources and improving healthcare for the trans community and hopes to help break down barriers. Nadine strives to promote the idea that we are all connected and deserving of the best care possible.

Betty Iglesias works as a Peer Project Manager at Action Santé Transvesti(e)s & Transsexuel(le)s du Québec (ASTTEQ) in Montreal. Betty supports groups who provide harm reduction materials and other specific resources for Trans people, sex workers and LGBTQ immigrants in Quebec. Betty also participated in different refugee empowerment programs and media projects, like “Project Fefuge”, “Tranzister Radio”, “Los colores de la diversidad” and “Mapping Memories”.

J

Dr. Julie James is an Assistant Professor in the Child and Youth Care Department at Ryerson University. She has worked with marginalized children and youth for over 25 years as a social worker for children in care, as an elementary school teacher, and as a counselor. Julie earned a PhD from Queen’s University in Sociology specializing in Gender Studies and Critical Social Theory. She also earned a Masters in Social Work from the University of Toronto specializing in child and youth trauma and neglect. Julie is especially concerned with young people in care and has been an activist, advocate, and practitioner for young people facing multiply layers of oppression including Black youth, Indigenous youth, and Trans youth. Julie’s primary research interests include: Indigenous youth-led resurgence practices and developing community services to meet the needs of trans children, youth, and their families.

Thomas Johnson is a cultural anthropologist who originally specialized in Japanese studies. His first major work was on the social development of adolescent boys in rural Japan. He later studied child development, folk religion, rural economics and village festivals. He taught Japanese and Korean culture at Chico State for 30 years and taught English and American culture in Japanese and Korean universities. About the time he retired from active teaching, he stumbled into a topic that was poorly understood and decided to pursue it. For the past several years his work has focused on gender dysphoria beyond the well-studied male-to-female and female-to-

male binary. Together with several colleagues he has published and lectured widely on Male-to-Eunuch gender dysphoria. His goal is to expand our knowledge and acceptance of gender diversity.

Tj Jones is a trans-masculine GSM educator from St. John’s, Newfoundland. He brings an approach informed by lived experience, and personally developed knowledge and relationships; he has been fortunate enough to share and further expand his perspective through his extensive experience delivering presentations regarding general LGBTQ+ and trans-specific awareness and inclusion. Tj has served as a member of St. John’s Pride and the Trans Needs Coalition, as a Mentor Counsellor and consultant for the first year of Camp Rainbow (a trans youth camp) this past summer, currently co-facilitates the Trans Youth Group under PTGDK-NL, and hopes to be a part of establishing NL’s future LGBTQ+ community center.

Sharalyn Jordan is an Assistant Professor in Counselling Psychology at Simon Fraser University located on the Unceded territory of Coast Salish peoples. Since 2005 she has engaged in research and advocacy with queer and trans refugees. Published work includes pieces for *Refuge and Forced Migration Review*.

K

Dr. Sabra Katz-Wise, PhD, is an Assistant Professor in Adolescent/Young Adult Medicine at Boston Children’s Hospital and in Pediatrics at Harvard Medical School. She is trained in developmental psychology, gender and women’s studies, and social epidemiology. Her research investigates sexual orientation and gender identity development, sexual fluidity, health disparities related to sexual orientation and gender identity in adolescents and young adults, and psychosocial functioning in families with transgender youth. She is currently working on an NIH-funded community-based longitudinal mixed-methods study to examine how the family environment affects the health and well-being of transgender youth. In addition to research, Dr. Katz-Wise is involved with advocacy efforts at Boston Children’s Hospital to improve the workplace climate and patient care for LGBTQ employees, patients, and families.

Dr. Gail Knudson, MD, MEd, FRCPC, is a Clinical Associate Professor at the University of British Columbia Faculty of Medicine, Consultant Psychiatrist at Vancouver Coastal Health, Expert Medical Advisor for Trans Care BC, and Chair of the BC Trans Clinical Care Group. Dr. Knudson currently serves as President of the World Professional Association for Transgender Health (WPATH) and Co-Chair of WPATH’s Global Education Initiative. She is a founder and former President of the Canadian Professional Association for Transgender Health (CPATH). She has also held leadership positions within the American Society for Reproductive Medicine and the International Society for the Study of Women’s Sexual Health.

Daisy Kosa is a Research Associate for the Ontario Network of Sexual Assault/Domestic Violence Treatment Centres (SA/DVTCs) based at Women's College Hospital. She works as part of an interdisciplinary research team focused on the continual enhancement of services and training to better meet the diverse needs of survivors of sexual assault, domestic violence, and elder abuse.

L

Ashley Lacombe-Duncan is a fourth year PhD student in the Factor-Inwentash Faculty of Social Work at the University of Toronto. Ashley has worked in community and hospital-based settings with women living with HIV who were experiencing homelessness, mental health and substance use issues and who experienced intersecting HIV-related stigma, sexism, racism, classism, and transphobia. Her major research interests include health equity, with a particular focus on healthcare access for women who experience multiple forms of intersecting oppressions. As a co-investigator of the CIHR-funded Canadian HIV Women's Sexual and Reproductive Health Cohort Study (CHIWOS) and a student member of the CHIWOS team, Ashley works to understand issues of access to and experience of HIV-related healthcare for trans women. She has participated in several research projects focused on LGBTQ health in Canada and continues to support a CIHR-funded project exploring social and systemic drivers of HIV and STI vulnerability among LGBTQ youth in Jamaica.

Lu Lam, MEd, CCC, is a Chinese-Taiwanese trans-identified Clinical Counsellor in private practice (Vancouver, BC), Mindfulness Consultant and Educator with a Master's of Education in Counselling Psychology (Ontario Institute for Study in Education/University of Toronto). His graduate research focused on developing conceptual counselling frameworks for diverse trans and gender diverse clients by integrating anti-oppression and trauma informed approaches. Lu offers mindfulness based groups for clients and employees, clinical and organizational training specializing in gender identity awareness, embodied anti-oppression practices, and clinical resilience for mental and primary health professionals. He has over 18 years of experience in front line counselling, group facilitation, program design and curriculum development serving marginalized communities in educational, community health and social service settings. Lu thrives from teaching embodied curriculum for social transformation. To find a wakeful balance in his work, Lu has a daily meditation practice of 8 years. www.lulam.ca

Dr. Margaret Lawson is a pediatric endocrinologist at the Children's Hospital of Eastern Ontario and Professor of Pediatrics at the University of Ottawa. She has been providing hormone therapy to trans youth since 2006, is the co-director of CHEO's Diversity Clinic, and a member of the Ontario Advisory Committee for the Independent Children's Project, Rainbow Health Ontario. Margaret has a Master's in Clinical Epidemiology and more than 20 years experience designing and conducting pediatric clinical trials. She

is the Co-PI and Clinical Lead on Trans Youth CAN! Margaret is very excited to be working with the multidisciplinary Trans Youth CAN! Research Team, which will be gaining and translating knowledge about best practices for trans youth, families and health professionals.

Kerry Layton is a Registered Psychiatric Nurse practicing within the Northern Health Authority providing frontline care across Northern Health programs that include the Northern Gender Clinic, located in Prince George, British Columbia. The focus of Kerry's work through the Northern Gender clinic is to provide psychosocial support and services for Trans individuals, their significant others, family, friends, and allies during their journey through transition. Point of care is established early so that system navigation can unfold as needs may present during the transition journey. Kerry was raised in a large diverse extended family that shares a view of equality and the unique value that each person holds regardless of orientation, identity, gender or race.

Gabrielle Leblanc is a trans woman who has lived in many different cities from coast to coast. After working for many years as a barmaid in a bar mostly frequented by trans women sex workers, she left to start working as an outreach worker at Action Santé Travestie(s) & Transsexuel(le)s du Québec (ASTTeQ), a community based organization that directly helps trans people in need. Through her work she is able to reach a particularly vulnerable population that is not often served by community organizations of more formal social and health services. Through REACH 2.0, Gabrielle is a core team member of the Trans Priorities Project – a national research study aimed at trans women living with and affected by HIV in Canada.

Dr. James Liu, MD, CCFP, is a recent graduate of the UBC Family Practice Residency Program. He is a staff physician at the Abbotsford Youth Health Centre, where he works as part of an interdisciplinary team in delivering transgender primary care to youth and young adults. He is currently working with the Abbotsford Division of Family Practice in developing a clear pathway to help family physicians offer timely and consistent care to patients with gender dysphoria.

Tara Lyons is a Faculty member in the Department of Criminology at Kwantlen Polytechnic University and a Research Scientist with the Gender and Sexual Health Initiative of the BC Centre for Excellence in HIV/AIDS. She lives on unceded Coast Salish territories.

M

Alyx MacAdams, works alongside Two-Spirit, trans, and gender creative children, youth and families in Victoria, in the unceded territories of the Lekwungen and **WSÁNEĆ** people. Alyx has started a drop-in program for queer and trans youth, a support group for parents and caregivers of trans and gender diverse children and youth, and a drop-in program for trans families with children under 12. Currently, Alyx is an MSW student at the University of Victoria. Before beginning this program, Alyx worked at a centre for queer and trans youth in Montreal, coordinated a project to make services at the Victoria Sexual Assault Centre accessible to trans survivors, and has facilitated and developed educational curriculum on trans inclusion, consent and sexualized violence, and anti-oppression. Alyx is white, genderqueer, trans-masculine, and committed to building relationships and solidarity across movements for social change.

Devon MacFarlane, MA, serves as the Director for Rainbow Health Ontario, which is a program of Sherbourne Health Centre. In this capacity, Devon is chairing an initiative between Sherbourne Health Centre, the Centre for Addiction and Mental Health, and Women's College Hospital to implement new means to support access and flow for trans people to transition-related surgical referrals and surgeries. Prior to moving to Ontario, Devon worked in roles related to community development, program development, management, and systems change in the health sector in British Columbia for almost 20 years. In BC, a substantial focus of Devon's work included advancing the health and wellbeing of lesbian, gay, bi, queer, Two Spirit, and trans communities, using an intersectional approach – work that is close to Devon's heart as an out trans and queer person. As a volunteer, Devon currently serves as the Past-President of CPATH (the Canadian Professional Association for Transgender Health), and chaired the 2017 CPATH Conference Committee.

Kinnon MacKinnon is a PhD Candidate in public health at the University of Toronto where he studies the clinical relationships of trans people and mental health care providers. He is a member of the Re:Searching for LGBTQ Health team, and a doctoral fellow with the Comparative Program on Health and Society at the Munk School of Global Affairs in Toronto. He has authored and co-authored numerous publications related to improving the health and well-being of sexual and gender minorities. He is originally from Antigonish, Nova Scotia.

Michelle MacLean is a queer doula serving Vancouver Families for 12 years. She is a full spectrum doula and Childbirth educator, as well as the program coordinator and Doula Trainer for the Holistic Doula Certificate program at Pacific Rim College. Michelle volunteers at South Community Birth program, there she assists marginalized and low income families. Michelle is also the co-facilitator of The Queer and Trans Pregnancy and Parenting group based out of Strathcona Midwifery Collective.

Dr. James Makokis is a nehiyô (Plains Cree), Two-Spirit physician from Onihcikiskwapiwinihk (Saddle Lake Cree Nation) who practices Family Medicine in two Treaty 6 First Nations, Kinokamasihk (Kehewin Cree Nation) and Maskehkosihk (Enoch Cree Nation, "Where the medicines grow"). His passion drives him to elevate the nehiyô health system, which includes the use of nehiyâw maskihkiya (Cree medicines) and preventative interventions during the Cree Seven Stages of life, while simultaneously working to eliminate systemic racism and discrimination in the health care system and beyond. In addition to his work with First Nations Peoples, Dr. Makokis has a strong interest in providing high quality care to the Trans q-mmunity. Outside his clinical practice, Dr. Makokis serves as Chairperson of the Indigenous Wisdom Council of Alberta Health Services, and is a Board Member of the Waakebiness-Bryce Institute of Indigenous Health at the University of Toronto. He holds a Masters of Health Science from the University of Toronto and is a recipient of the National Aboriginal Achievement Award. He is excited to return to Vancouver where he married his husband Anthony in May 2017 while completing the Vancouver Marathon.

Albert McLeod is a Status Indian with ancestry from Nisichawayasihk Cree Nation and the Metis community of Norway House in northern Manitoba. He has over twenty years of experience as a human rights activist and is one of the directors of the Two-Spirited People of Manitoba. Albert lives in Winnipeg, where he works as a consultant specializing in HIV/AIDS and Aboriginal peoples, Aboriginal cultural reclamation, decolonization, and cross-cultural training.

Dr. Sheila Marshall is an associate professor in the School of Social work and an associate faculty member of the Division of Adolescent Health and Medicine in the Faculty of Medicine at UBC. She received her BAsC in Family Studies, MSc and PhD in Family Relations and Human Development from the University of Guelph. Her research focuses on psychosocial development during adolescence and young adulthood with an emphasis on the contexts of family and peer relationships. Particular research interests include examining the ways adolescents actively engage in uptake of rights and responsibilities during interactions with parents and peers. Sheila is an associate editor with the Journal of Adolescence.

Zack Marshall is an Assistant Professor in the Department of Social Development Studies and the School of Social Work at Renison University College, University of Waterloo. He is a member of the Canadian Professional Association for Transgender Health - Research Committee, and co-lead of the REACH 2.0 Trans Research Program.

Dr. Carys Massarella, MD, FRCPC, is an attending emergency physician at St. Joseph's Health care in Hamilton and is also the lead physician for the Transgender Care Program at Quest Community Health Centre in St. Catharines. Dr. Massarella sees and treats transgender identified clients of all ages and is a leading expert in transgender care in Ontario. She teaches at the Degroote School of Medicine and is an Assistant Clinical Professor there. Dr. Massarella lectures widely on transgender health care and has also done a TEDx

talk on “The Depathologization of Trans Identity”. She recently appeared at TEDx Hamilton where she presented “The False Narrative of Deception”. Dr. Massarella also appeared in the CBC doc zone documentary “Transforming Gender”. She was the first transgendered person to be a President of a large teaching hospital medical staff anywhere in the world and was named one of the World’s 50 Transgender icons by the Huffington Post. She also sits on the gender advisory committee for gender independent children for Rainbow Health Ontario, and is a member of WPATH.

Zak Matieschyn is a family nurse practitioner with a practice in a West Kootenay family clinic, providing primary healthcare to the general public with a focus on marginalized populations since 2008. He became aware of a gap in care for transgender people in this rural region in 2014, and has been honoured to provide this specialized care to his rural area over the past couple years. Zak is also quite interested in health policy and advocacy work, and has just finished a term as President of the Association of Registered Nurses of BC. He looks forward to the next phase of his professional development through a Fellowship in Addiction Medicine through St. Paul’s and the BC Centre for Substance Use from 2017-18.

Jenn Matsui De Roo, MA, RCC, is a genderqueer, Japanese Canadian, mixed race settler living and working in Vancouver, BC on unceded Coast Salish territories. Jenn is a registered clinical counsellor in private practice, and also volunteers as the clinical counselling supervisor for the Catherine White Holman Wellness Centre. Jenn’s work is grounded in anti-oppression and feminist theory and practice, with a focus on supporting trans and gender diverse individuals. Areas of interest include healing from trauma and abuse; sexual health, wellness and pleasure; living with chronic pain and illness, and thriving in intercultural and queer relationships.

Dr. Sharmeen Mazaheri is a family physician practicing since 2006 after completing Rural Family Medicine residency through UBC. She has worked in various remote communities including Masset in Haida Gwaii before locating permanently with her family to Courtenay on Vancouver Island. She has a full-time primary care practice and is a clinical preceptor in family medicine for UBC. Dr. Mazaheri completed post-graduate clinical training in Palliative Care in 2010. In 2015 she became interested in gaining skills to provide care for the trans community and now provides hormone and surgical assessments for trans adults referred to her from Vancouver Island and the Gulf Islands. She also provides ongoing hormone management, long term follow up as well as post-surgical follow up for those who live locally to ensure accessible care.

Dr. Denise Medico, PhD, is Professor of Clinical Sexology at UQAM in Montreal with 15 years of experience working with trans people in Switzerland, developing trans-affirmative psychotherapy and advocating for transgender rights. She is a collaborator of Françoise Susset in clinical practice and of Dr. Annie Pullen Sansfaçon on research projects on youth in trans-affirmative health care. Her own projects are on sexuality and relationship issues and

on the construction of embodied subjectivities in a context of power and inequalities.

Lau Mehes is known by many as a sequin-clad organizing wizard, queer glitter femme, and snazzy-outfit-enthusiast. She is also a youth worker and facilitator, and an artist and performer involved in various musical, theatrical and social justice projects across Vancouver. She also grew up as a queer youth in rural BC. For the past 8 years she has worked in queer and trans communities as a community organizer and youth worker, facilitating and doing support work with youth across the province. She has worked with LGBT2Q+ youth in a variety of settings, including QMUNITY’s Youth Program, as the Education Coordinator for C.A.L.L. Out! Program at Vancouver Coastal Health’s Transgender Health Information Program, and currently as the Health Navigator for Trans Youth and Families at Trans Care BC. Her personal and professional experience includes supporting LGBT2Q+ youth in a variety of settings, as well as facilitating workshops on anti-oppression, queer and trans allyship, and youth leadership. In her spare time she likes to imitate dance videos in her living room, eat pie and drink tea, and make music.

Dr. Dan Metzger is a Clinical Professor of Pediatrics at the University of British Columbia, and a Pediatric Endocrinologist working on the Endocrinology & Diabetes Unit of BC Children’s Hospital. Dr. Metzger and his staff, working with mental-health colleagues at BCCH and in the community as a “clinic without walls”, began seeing transgender kids in 1998. They have now seen over 300 kids, with one of the busiest clinics in Canada. In 2014, they published one of the first North American reports on the results of their experience caring for trans and gender-questioning children and youth.

Arthur “Dave” Miller is a 40-year-old Mi’kmaq HIV+ activist. After living many lives doing many different things in many different parts of Canada, he lives and works from Halifax, Nova Scotia and supports many AIDS service organizations across Canada in both paid and volunteer capacities. Enduring Board positions in various national AIDS organizations as well as working collectively with others living with HIV – Dave’s work as an HIV activist has kept him busy over the years and includes roles with a variety of national organizations focused on various aspects of HIV. Currently, Dave is one of the Canadian Aboriginal AIDS Network (CAAN) APHA Liaisons and is also coordinating a national project for CAAN about gender inclusivity with a special focus on Trans experiences; he was also Co-Coordinator for the 6th International Indigenous Pre-Conference on HIV and AIDS in Durban, South Africa with the International Indigenous Working Group on HIV and AIDS. Dave is a fun, free-spirited guy who serves his communities in whatever way he can – he is a community builder. For these reasons, it is not surprising he is most proud of his 2014 Atlantic Canada Volunteer of the Year award and 2016 Halifax Regional Municipality Volunteer Award. While juggling all of his volunteer and paid work he continues to do HIV education locally as he can, and provides support to those in need. Dave has ASIST Training and Safe Talk Training. He welcomes all new opportunities to help.

LeeAndra Miller, MA, RP, has more than 20 years' experience as a psychotherapist specializing in arts based therapy. LeeAndra works at Central Toronto Youth Services as the manager of Pride & Prejudice a program that provides individual, group and family counselling for LGBTQ youth age 24 and under. LeeAndra's expertise is in providing positive and affirming psychotherapy for transgender youth, adults and their families. LeeAndra also facilitates trainings through Rainbow Health Ontario's Trans Health Connection program.

Sfé R. Monster is a trans, queer comic creator who is deeply invested in the telling of queer and transgender stories. They are the editor of the Lambda award-winning *Beyond: The Queer Sci-Fi & Fantasy Comic Anthology*, co-founder of Beyond Press, and creator of the ongoing comic *Eth's Skin*. Sfé lives and works in Halifax, Nova Scotia, and has had their work published by Harper Collins, Oni Comics, and Boom.

Christopher Moore is the founder and coordinator of the Trans Connect program supported by ANKORS: AIDS Network Outreach and Support Services in the Kootenay/Boundary region of British Columbia. The Trans Connect Program provides support, health care and service navigation and resources for Transgender/ Non-Binary individuals living in small urban, rural and remote communities in the East and West Kootenays of British Columbia. The program also provides education for schools, community organizations and health care providers. Christopher is a long-time activist and social justice advocate. He was one of the original founders of the Maa Land Cooperative in Blewett, BC, an intentional community where he built a micro hydro system and lived in a cabin off the grid for 17 years. Christopher played a central role in challenging the City of Nelson to embrace the first Nelson Pride event over 20 years ago. As a volunteer, he founded the Gender Outlaws ("you know who you are") support group in Nelson. Christopher ran Gender Outlaws on a volunteer basis for six years before founding Trans Connect. He has led Trans Connect in many successes over the last eight years. One of the highlights was being called to speak to 250 miners in Elkford, BC. The company was proactively seeking education for their workers in order to support a long-time employee who was in the process of transitioning. Now Christopher's work includes mentoring others in becoming involved in the work. Over the last eight years, Trans Connect has received funding from the Vancouver Foundation and Columbia Basin Trust. Now Trans Connect is funded by the BC Provincial Health Services Authority through Interior Health. The fact that funding is now connected to transgender health services is key as caring for the health of transgender individuals is central to the mandate of the Trans Connect program.

Dr. Rylie Moore is a psychologist (supervised practice) in the Adult Gender Identity Clinic at the Center for Addiction and Mental Health (CAMH) and a neuropsychologist at the Inner City Family Health Team in Toronto. He completed his doctoral degree at the University of Victoria in Clinical Psychology – Neuropsychology emphasis and his honour's undergraduate degree in Psychology at the University of British Columbia. Dr. Moore has developed a specialty in LGBTQ2A+ mental health and neuropsychology. He is honored to work with underserved and underrepresented populations, including adult and youth gender-diverse and homeless individuals.

Dr. Catherine Morley, PhD, PDt, FDC, Sfé Monster's mom, works as a nutrition researcher, professor at Acadia University (Wolfville NS), and writer, and has decades of experience working in clinical nutrition. Catherine is interested in seeking guidance toward trans-friendly and trans-appropriate nutrition assessment approaches and nutrition education/counselling approaches for use in training health and human service workers. The shortcomings of standard approaches to nutrition assessment (based entirely on parameters and guidelines that assume a gender binary) became obvious when discussing questions of gender identity and transitioning with Sfé. Catherine has researched and published on client-centred nutrition counselling, and is keen to raise awareness among nutrition workers about how this applies when working with trans people.

N

Kelendria Nation is a Black trans woman of colour of Caribbean descent who uses her perspective and unique experience to bring awareness to the various issues surrounding trans people; especially trans women of colour. She has dedicated herself to using her voice to impact change and bridge understanding across all communities: she provides advocacy, resolutions, and transitions for trans people.

Neshama Nicole Nussbaum is a London, Ontario-based lawyer and advocate with experience in the areas of employment, human rights, and family law. She has a particular focus on Trans* legal issues and extensive experience with advocacy, law, and policy work related to gender identity and gender expression. Nicole joined Legal Aid Ontario in December 2012 in a staff lawyer role and assists unrepresented litigants navigate a wide variety of family law issues. In this role, she is seconded to act as project lead for Transforming Justice: Trans* Legal Needs Assessment Ontario, which is administered by the HIV & Aids Legal Clinic Ontario (HALCO) with funding from Legal Aid Ontario and the Ontario HIV Treatment Network. Nicole is past-president of the Canadian Professional Association for Transgender Health and vice-chair of the Canadian Bar Association Sexual Orientation and Gender Identity Conference.

P

Celeste Pang is currently pursuing a PhD in Social-Cultural and Medical Anthropology from the University of Toronto. Her ethnographic research, based in Toronto, explores LGBTQ older adults' experiences of aging and of giving and receiving care. As part of this, she has been working with older adults living in long-term care homes and in the community for the last year, spending time with them in order to learn more about how they navigate everyday life. She was involved in the research collected for this presentation as a research assistant.

Yasmeen Persad is a trans woman of colour originally from the Caribbean. She is a Trans Education and Training Facilitator for The 519. She has been providing education and training around LGBTQ related issues for the past 10 years. Her experience ranges from working with Trans Youth, HIV Positive Women, Sex Workers to many other diverse populations. She provides training to front-line workers (housing, corrections, etc.) around Trans community inclusion and support and runs a group called the Trans Sex Worker Empowerment Project (TSWEP). Yasmeen has participated in several research projects focused on advancing Trans health, including Trans PULSE, The Trans Priorities Project: Cross Country Trans Women and HIV Priority Setting, and the Canadian HIV Women's Sexual and Reproductive Health Cohort Study (CHIWOS). Yasmeen has presented at many universities across North America on various topics about access for Trans people. She has been part of ground-breaking recognition of trans women as women in the Violence Against Women sector.

Dr. Annie Pullen Sansfaçon, PhD Ethics, Social Work, DeMontfort University, UK, is a Social Worker and an Associate Professor at the University of Montreal's School of social work. Her work focuses on the development of anti-oppressive theories, approaches and methodologies to promote ethical and emancipatory practice in social work. She has extensive experience in Social Action Research, a form of Community Based Participatory Action Research, and in Self-Directed Groupwork, a method of intervention to work with oppressed groups, based on the same principles. She is the principal investigator of two funded projects aimed at better understanding the experiences of trans children and their families (CIRH 2016-2019; SSRCH 2016-2019) and is the co-founder and current Vice-President of Gender Creative Kids Canada, a Montreal-based community organization working with trans children and youth and their families.

Kathleen Pye, MSc, MEd, CCC, PhD(c), is the Director of Research and Policy at Egale Canada Human Rights Trust. She is Canadian Certified Counsellor and interdisciplinary health researcher with a specialization in mental health within stigmatized communities and gender-based violence.

R

Cherese Reemaul is a co-researcher on a Photovoice project about safety, belonging, wellbeing and place in the lives of trans, two-spirit and gender non-conforming people funded by the Michael Smith Foundation for Health Research at Simon Fraser University. She is an immigrant-black transwoman who resides in the Lower Mainland.

Ashleigh Rich, MPH, is a doctoral student in the School of Population and Public Health at the University of British Columbia and a trainee with the Youth Sexual Health Team at UBC. Ashleigh has worked with the Epidemiology and Population Health Program at the British Columbia Centre for Excellence in HIV/AIDS since 2012, primarily with the gay, bisexual, queer and other men who have sex with men research team. Her research interests centre on the intersection of sex, gender and health, as well as health inequities for sexual and gender minority populations.

Alexa Robin is a white settler and Trans woman who's grown up both on unceded Coast Salish territories and on the traditional lands of the Anishinaabe (Ojibway) people. Alexa holds a complicated mix of a Tech/Computer Science background as well as years of experience as an activist, supporter, educator, and facilitator - and is presently a support worker and the "Trans Inclusion Coordinator" for the Victoria Sexual Assault Centre. In her role there she works to make VSAC's services as well as the wider community are more open and accessible to all Trans, Two-Spirit, and Gender Diverse people - including through initiatives such as VSAC's new clinic, community/service provider training and education, and relationship building. Throughout all of her work, Alexa strives to explicitly center the needs of Trans women and Transfeminine people, and she is staunchly dedicated to the destruction of Homophobia, Transphobia, and Transmisogyny. Her pronouns are She/Her or They/Them.

S

Dr. Elizabeth Saewyc, PhD, RN, FSAHM, FCAHS, FAAN, is a Professor and Director of the School of Nursing, University of British Columbia, Vancouver. She also heads the multi-disciplinary Stigma and Resilience Among Vulnerable Youth Centre (SARAVYC) research centre at UBC, and is Research Director for the McCreary Centre Society. Over the past 25 years she has worked with and conducted research with diverse groups of young people, including lesbian, gay, bisexual transgender, Two Spirit, queer and questioning youth in several countries. Her research has focused on how stigma, violence and trauma affect adolescent health, and protective factors in relationships and environments that foster resilience. With her SARAVYC research team and colleagues across Canada, she led the first Canadian national transgender youth health survey in 2014.

Kyle Shaughnessy, is a Two-Spirit, trans person of mixed Indigenous (Dene) and European (Irish, Ukrainian) ancestry. He is a social worker and writer who grew up in the Northwest Territories and rural BC. Kyle has supported trans youth and their families in varying capacities since 2001 and has a strong background in youth education and queer and trans community building. Kyle has worked extensively with school districts, health care providers, and communities in their efforts to build capacity to better support trans and Two-Spirit youth. Kyle is the Lead for Indigenous and Child, Youth & Family Education at Trans Care BC and is currently completing a Master of Social Work degree at Dalhousie University, where he is focusing his studies on decolonial postvention and healing practice with trans and Two-Spirit youth.

Laura Sheils has a BA in Communications and Women's Studies and is a sexuality educator for youth. She is the Community Programs Facilitator at Calgary Sexual Health Centre where she develops and delivers non-judgmental, LGBTQ+ inclusive sexual health programming for youth experiencing systemic barriers. Laura co-facilitates Gender Creative Families Night, a monthly support group for parents of gender creative children in Calgary, Alberta. Since 2013, she has volunteered with Camp fYrefly Calgary, a leadership retreat for LGBTQ+ youth, where she has planned camp programming, developed trans competent sex education, and mentored youth. Laura is a white, cisgender, queer woman whose partner is transgender.

Kate Shewan is the Executive Director of the Youth Project, an organisation supporting Nova Scotia youth 25 and under around issues of sexual orientation and gender identity. Kate also serves as treasurer of CPATH and previously served as chair of the Nova Scotia Rainbow Action Project, an advocacy organisation that took a lead role in trans advocacy in N.S. In recognition of her work with the Youth Project and the Trans Community, Kate was the 2015 Halifax Pride Parade Grand Marshall.

Dr. Mari-Lynne Sinnott, MD, CCFP, is a two-time graduate of Memorial University. In 2009 she was a proud recipient of a Bachelor of Arts with honours in political science and French. From there she entered Memorial's Medical School, and graduated in 2009 with her MD. She finished her family medicine residency in June 2015, and worked in rural Newfoundland and the remote Northwest Territories, before happily moved back to St. John's permanently in January 2016. Together with her friend and colleague, she opened a clinic in downtown St. John's that focuses on women's health and LGBTQ health, while also working with the province and community partners on developing a network of clinics to provide inclusive primary care to the marginalized populations of the city. She now has the largest transgender practice in the province, and holds a part-time faculty position with the Family Medicine Department at Memorial University where she is involved in teaching medical students and residents around care of underserved populations.

Adrienne Smith is a human rights activist and drug policy lawyer. They graduated from UBC law school and were called to the bar in British Columbia in 2014. Adrienne Smith lives and works in the Downtown Eastside where they are working to reduce the harm which law causes on marginalized communities. Adrienne's recent work involves litigation and advocacy on behalf of drug users, prisoners in provincial correctional facilities, and transgender people. They made arguments about the deleterious effects of mandatory minimum sentences on women, aboriginal offenders and drug users at the Supreme Court of Canada and the BC Court of Appeal, in their first two years of call. They recently settled a BC Supreme Court case which changed provincial prison policy and secured access to opiate replacement therapy for prisoners in BC jails. Adrienne spoke at the Vancouver School Board and Park Board meetings in support of trans inclusion policies. As part of a group of activists they worked to introduce trans inclusion policies in their political party at the provincial and federal levels. They presented at last year's Canadian Professional Association for Transgender Health conference on legal issues faced by transgender people in the Downtown Eastside. They volunteer in a summary legal advice clinic as part of the Catherine White Holman Wellness Centre, a community health and wellness program organized by and for transgender people. At the centre, they give free human rights, criminal, family, and employment law advice, and notarize name change forms. They also participated in producing the transrightsbc.ca know-your-rights web tool, and they run workshops on this and on other legal issues for service providers and members of their community. They make frequent public appearances in person and in the media, where they are an inspiration to others by being an out transgender lawyer.

Kelly Speck, MSc, is a graduate of the Biomedical Communications MSc program at the University of Toronto, and strives to close health care gaps through improved visual communication. With a background in both art and science, she develops visual solutions to translate complex scientific, medical or health-related information for researchers, educators, health care providers and the public. She trusts in interdisciplinary, community-based research and collaboration.

Velvet Steele is an advocate on sexual health and as an activist, crusades for the rights of others. She has been an advisor to the City of Vancouver Task Force on Sex Work, the Canadian Alliance for Sex Work Law Reform and is a member of the British Columbia Coalition of Experiential Communities.

Steps is a nonbinary Trans woman of mixed Western European descent. They are currently residing on Coast Salish territory but have lived and traveled to many areas of Turtle Island. They are currently attending Vancouver Community College completing a Practical Nursing degree. Steps has experience in community advocacy and volunteering including working with The Purple Thistle, Camp Out, Qmmunity, and being on the board of directors for a grassroots food security initiative in Montreal, QC. As an activist, Steps continues to challenge community, systems, and institutions

to shift from oppressive and restrictive spaces to become more accessible.

Taylor Straw was born in Vancouver, Canada and is now living in Gibsons, BC with her wife and three amazing children. In her early 20s she landed a job doing demolition. It was at that job, at the age of 24 that she broke her neck at the C4/5 level, rendering her an incomplete quadriplegic. Years later she met and married her wife and over the course of the next six years their family grew from two to five. Taylor and her wife own a small hobby farm and raise chickens, honey bees and grow various fruits and veggies. She has been involved in education and advocacy for persons with spinal cord injury and disability over the years and is active in her community. In 2015 she came out to her family and friends as transgender. In early 2016 she began working with a GP specializing in gender issues. She is now well on her way to transitioning from male to female. She loves her wife, kids and supportive family. She enjoys eating good food, listening to music, dancing, reading and supporting her kids with their activities. She is proud to be transgender and is working closely with the LGBTQ2S community to build a better more inclusive society.

Dr. Françoise Susset, D. Ps/Psy.D, is a clinical psychologist, a couple and family therapist and clinical supervisor with over 25 years of experience working with LGBT populations. Her clinical work centers on trans adults and teens, during transition and beyond. She also focuses on supporting gender creative children, helping families and schools challenge notions regarding sexuality, sexual orientation, gender identity and gender expression. Françoise is a member of WPATH and is past president of the Canadian Professional Association for Transgender Health (CPATH).

T

Sulin Tan, MA, is a PsyD Clinical Psychology student at Adler University. Sulin works with transgender children and youth at Child and Youth Mental Health in Surrey, BC. Sulin is also conducting research on transgender children and youth from Asian backgrounds.

Evan T. Taylor, MSW, is a health researcher and social justice advocate who is currently a PhD Candidate in the Department of Language and Literacy Education at the University of British Columbia. Evan is also a member of UBC's Public Scholars Network, and a sessional instructor with the Social Justice Institute. Evan's CIHR-funded dissertation is located within the Cancer's Margins Project (www.lgbtcancer.ca) and focuses on the intersections of sexual and gender marginality, health literacy and health decision-making, with cancer care, treatment, and support.

Dr. Julie Temple Newhook is a Professional Associate with the Janeway Pediatric Research Unit, Faculty of Medicine, Memorial University. In 2014, Julie founded Canadian Parents of Trans and Gender Diverse Kids/Parents canadiens d'enfants transgenres and Parents of Trans and Gender Diverse Kids - Newfoundland and Labrador (PTGDK-NL), the national and provincial peer support groups for parents of trans and gender diverse children. PTGDK-NL is connected to the Trans Youth Group, for young people between 12 and 18 years of age, and the Gender Creative Kids Playgroup for children between 5 and 11 years. The parent and youth groups are located in St. John's and linked to families throughout the province.

Nesa Tousi is a queer, gender questioning Iranian registered nurse living on the traditional and unceded territories of the Musqueam, Suquamish, and Tsleil-waututh Nations. They are currently working at Three Bridges Primary Care Clinic and volunteer at Catherine White Holman Wellness Centre, a volunteer-run clinic supporting trans and non-binary individuals seeking low barrier health care. They believe in advocating for and practicing using a consent based, harm reduction focused lens that centers the individual and their care needs. They prioritize lived experience and ground their practice in learning from clients as well as working on ways to decolonize the care they provide.

Dr. Marria Townsend, MD, CCFP, Medical Director, Trans Care BC, Provincial Health Services Authority, is a queer cis gender family physician who is passionate about improving health services to trans and gender diverse people. She is grateful to have been doing this work for the past decade on the unceded land of the **Səlilwataʔ, Xʷməθkʷəy̓əm, & Skwxwú7mesh** peoples. In addition to providing gender affirming care in her clinical practice, she enjoys teaching and mentoring students, residents and other health care providers to better enable them to serve trans and gender diverse communities.

Tina Tsobanis, MSW, RSW, is a graduate of UBC's Bachelor of Social Work (1994) and Master of Social Work programs (2004), Tina started her social work career in mental health services where she worked in both tertiary and community settings for ten years before moving to an interdisciplinary primary care setting at Three Bridges Community Health Centre in Vancouver at Vancouver Coastal Health in 2006. At Three Bridges, Tina worked as a social worker in primary care for five years providing social work and counselling services to clients of the clinic, the majority of whom identified as transgender. For the next four years she was the clinical supervisor for the youth substance use and concurrent disorders team and prevention and health promotion portfolio of services with Vancouver Coastal Health in Vancouver. She provided clinical support to three teams that provide direct care to youth and their families who may or may not have been affected by their own or someone else's substance use. In this role she created clinical guidelines and supported the advancement of strengths-based care that has assisted in providing these services in a youth and family/ person-centred manner. Tina is now the Collaborative Practice Lead

with a focus on youth, children and their families at Trans Care BC with the Provincial Health Services Authority.

U

Nina Usherwood was born overseas and grew up as a base brat from coast to coast across Canada. At 17 she joined the military and is still serving Canada after 37 years. During her career she has lived in half the provinces as well as four years in Europe. She traveled extensively throughout North America and Europe. She has been to Africa and the Middle East. She moved to BC for the third time and final time in 2002. She came out to the Military in 2009 and has lived full-time ever since. She is a member of the Trans Care BC peer reference group. She is a co-facilitator of the Comox Valley Transgender Discuss group. She is a frequent guest speaker on Transgender issues to Nursing Students at Nanaimo VIU. As well she has been a transgender educator for unions and religious organizations. She has advised the Canadian Armed Forces DHRD (Directorate of Human Rights and Diversity) on military transgender policy. She is member of "C-TAM", the Canadian Transgender Active Military organization. She is the military co-chair of 19Wing Comox DWAO (Defence Women's Advisory Organization). She is a member of the Comox Valley Pride Committee.

V

Linda Van Pelt, NP, has been a health care professional for over 30 years. She started her career as a registered psychiatric and general nursing working in the areas of forensic psychiatry, community health, critical care and trauma, and flight medicine. She continued her career as a remote advanced practice nurse working in remote outpost health clinics in the Canadian Arctic and far North of the provinces. It was in the North where her interest in equitable and just access to health care began. Linda began her Family Nurse Practitioner Education in 2005 at the University of Northern BC. She was the first graduate of the program in 2007. Upon graduation from the FNP program Linda began work developing the Unattached Patient Clinic with Northern Health, a clinic designed to provide low barrier access to health care for populations that were marginalized from traditional medical practices. Linda continues to work as Nurse Practitioner at the Blue Pine Primary Health Care Clinic and Northern Trans Care Clinic in Prince George, a multidisciplinary clinic that evolved from the Unattached Patient Clinic. Her current practice specifically focuses on providing Transgender care to patients from across Northern BC. Linda has been the Coordinator of the UNBC Family Nurse Practitioner (FNP) Program since 2009, and is a clinical instructor for both FNP and medical students. In her teaching roles she is able to share her passion for Transgender care and the delivery of barrier-less primary health care. Her current research work includes examining perceived barriers to primary health care by those with mental health, addictions and chronic pain conditions. Linda is also involved with primary care access work in rural India.

Dr. Jaimie Veale, PhD, is a lecturer in psychology at the University of Waikato in Hamilton, Aotearoa/New Zealand and Associate Editor of International Journal of Transgenderism. Her main area of research is in the inequities and unique issues transgender people face in their health and well-being and social determinants of these health outcomes. Jaimie also conducts research on the sexuality of transgender people, particularly on portrayals of transgender women's sexuality within psychology and medicine.

W

Zarghoona Wakil is Manager of the MOSAIC Settlement and Integration Program. Prior to MOSAIC Settlement program, was involved with the Cross Cultural Health Broker's program at BC Multicultural Health Services Society and the MOSAIC Vulnerable Immigrant Population Program. All of the above programs were providing services to LGBTQ newcomers.

Michelle Walks is a cis femme and Momma who teaches Sociology, Anthropology, and Gender, Sexuality, & Women's Studies at a variety of post-secondary institutions in BC. She splits her time between Kelowna and Metro Vancouver.

Nena Wang, MA, is a Clinical Psychology Doctoral student at Simon Fraser University. Nena has clinical experience in working with transgender children and youth as well as adults with mental health issues. She serves these populations at the SFU Clinical Psychology Centre and Child and Youth Mental Health in Surrey, BC. Further, Nena's research examines the health of persons living in Vancouver's Downtown East side.

Dr. Richard Wassersug is an Adjunct Professor in the Department of Medical Neuroscience at Dalhousie University in Halifax and at the Australian Research Centre in Sex, Health, and Society at La Trobe University in Melbourne, Australia. He has a broad research background, but for the last decade has been largely focusing on issues related to human sexuality and neuroendocrinology.

Dr. Ryan J. Watson, PhD, is an Assistant Professor at the University of Connecticut. His research interests include the health and well-being of LGBTQ youth, including examining protective factors for young people. He uses mixed-methodologies and works with various community organizations, including the Human Rights Campaign, to explore intersectionality among sexual and gender minorities.

Saylesh Wesley is Stó:lō on her mother's side (Fraser Valley, southwest BC) and Tsimshian (northwest coast of BC) on her father's. She has completed both her undergraduate and master's degrees in Education at UBC. As a two-spirited indigenous educator, she wishes to further contribute to the budding field of Queer Indigenous Theory. Her autobiographical paper, "Twin Spirited Woman: Sts'iyóye Smestíyexw Shhá:li" published in

Transgender Studies Quarterly, is centered around a Stó:lō worldview regarding her experience as a m2f woman and offers the first Coast Salish voice in this critical field. Her other interests as a transgendered woman include the privileges of 'beauty' and 'passability', tranny-chasing heterosexual men and objectivity / subjectivity, feminist and transgender intersectionality (male privilege), racism, classism and discrimination within the queer community, and the problematics of the "two-spirit" concept.

Elliot Wheatcroft is a Child and Youth Care worker who has worked with queer and trans children and youth and their families for the past 12 years. He is currently on maternity leave with his second child. He believes strongly in trans people's rights to competent care from reproductive health professionals and is passionate about discussing the diverse and unique needs of trans people in the birthing community.

Dr. Ian Whetter, MD, Primary Care Physician, Klinik CHC, is a family doctor with a special interest in care for transgender patients. He works in the Trans Health program at Klinik Community Health in Winnipeg, Manitoba. He also works for the University of Manitoba in the Northern Remote Family Medicine Stream and at the Northern Medical Unit.

Dr. Kate Whitehead is an attending physician in the Palliative Care Program at the Toronto Grace Hospital in Toronto, Ontario. She has a focused expertise in end of life care and communication in health care for LGBTQ clients and presents frequently on these topics nationally and internationally. She is a Lecturer at the University of Toronto Faculty of Family Medicine and is actively involved in teaching and curriculum development for learners from many health care professions. Kate is a member of the Consent and Capacity Board of Ontario and is an assessor for the College of Physicians and Surgeons of Ontario.

Dr. Erik Wibowo has a primary research interest in the topics of neuroendocrinology and psychosexuality in androgen deprived males. He has conducted studies using animal models, as well as in various male populations including prostate cancer patients and men who voluntarily seek castration. His interest is to find ways for androgen deprived males to manage the side effects of androgen deprivation in order to have better quality of life.

Chase Willier is a Two-Spirit Cree (nehiyaw) transman from Sucker Creek & Saddle Lake First Nations in Alberta. He spent most of his service in the RCMP working with Aboriginal peoples and was traditionally adopted by the Syilx Nation while working in their territory. Since retirement, he has been actively involved in numerous initiatives in the trans community.

Dr. David Wilson is a GP who does locums for VCH including trans clinics for a number of trans care specialists. In Halifax and at the Australian Research Centre in Sex, Health, and Society at La Trobe University in Melbourne, Australia. He has a broad research background.

Mary Wilson is known to many as Grandmother Of Four Directions and She Who Walks With Wolves. Renowned in Canada and many parts of the world as a spiritual teacher, Spirit Walker, and Healer Mary's gentle presence has touched many lives over the past forty years helping people heal, emotionally, physically, and spiritually. Mary is presently working as a Resident Elder at the University of Manitoba, Manitoba Adolescent Treatment Centre. Mary has worked as an Elder at the Circle Of Life Thunderbird House co-creating programs with Elder Mary Richard. She has served as an Elder and Spiritual Care person at Neeginan Emergency Centre (First Nations Homeless Shelter). While she was there, Mary created addiction therapy groups, a literacy program, and a safe place for individuals to lay down their pain. As the founder of Core Area Christmas she orchestrated a dinner and gift giving for thousands of children for many years. Recently she provided support as Elder for the movie "We Were Children" (Residential School survival) and also with the murdered and missing series "Taken". She has been asked by the Province of Manitoba to support as Elder/Therapist for The 60's Scoop (stolen Aboriginal children). Frequently involved as a psychotherapist and interventionist she provides support to many as well as providing individual life coaching and healing. Over the years she has worked in conjunction with medical specialists (psychiatrists and psychologists), family physicians, as well as social workers, teachers, and lawyers. As well as providing Elder Services to the staff and students of the Section, Mary is available to all faculty, staff, and students of the Faculty of Health Sciences. She is available for blessings, ceremonies, teachings, individual counselling/healing, and more.

Samantha Wong is an undergraduate behavioural neuroscience student at the University of British Columbia. She is also interested in the development of and changes in sexuality. For the past year, Samantha has been involved in a survey project aimed at understanding the origin of castration desire in some males and how hormone supplementation influences their psychosexuality.

Dr. Wallace Wong is a registered Clinical Psychologist who has been working with children and youth with a variety of sexual issues for over sixteen years. He has published several papers, book chapters, and books on transgender children and youth. He has also spoken at various national and international conferences and workshops addressing the clinical issues of transgender children and youth.

Stacy Wood is a registered social worker who has spent the last decade involved in supporting the trans community throughout the lower mainland in multiple roles within community-based health and social work. His passion for improving health outcomes has lead him to work as part of a clinical integrated health team, providing counselling and medical support to youth and young adults in the Fraser Valley. Stacy also has had the pleasure of providing consultation to agencies related to the development of best practices for trans health services, served as a facilitator for a trans support group and is an active member of peer reference and steering committees related to trans health.

Cheryl Woodman, ND, MHSc, CHE, is a healthcare professional and strategist, energized by transformative work that improves individual lives, population health and creates a more effective, responsive, and integrated health care system. In her role as Chief Strategy & Quality Officer at Women's College Hospital, Cheryl is responsible for strategic planning and partnerships and provides leadership to advance clinical quality, health equity and patient/client experience and engagement at Women's College Hospital in Toronto, Canada. Cheryl is privileged to work with the Trans Health Expansion partnership of Rainbow Health Ontario, Sherbourne Health Centre, Women's College Hospital and CAMH on system redesign to improve the quality of healthcare outcomes, experience, and access for trans communities across Ontario.

Y

Masashi Yoshida is a program facilitator for I Belong Project of MOSAIC, a support project for LGBTQ (Lesbian, Gay, Bisexual, Transgender and Queer/Questioning) newcomers in BC. In early 2017, he conducted a program evaluation study of I Belong Project for his Master's program in Gender, Sexuality and Women's Studies at Simon Fraser University. He was also a research team member for "Mapping Lesbian, Gay, Bisexual, Trans & Queer Migrant Needs in Surrey, BC: A Report Commissioned by DIVERSEcity", and worked for the LGBTQ resource centre at SFU.

Dr. Ashleigh Yule, MA, RPsych, is a child psychologist specializing in transgender health. She works regularly with gender creative children, transgender youth, and their families. She also provides teacher education in supporting trans and gender diverse students. Ashleigh has been a member of the counselling team for Camp fYrefly – Calgary since 2013. She facilitates the Gender Creative Families support group through Calgary Sexual Health Centre and the Families Matter programs. She is a doctoral candidate in school and applied child psychology at the University of Calgary. Her research interests include facilitating health and wellbeing for transgender youth, and her dissertation research focuses on gender diversity in individuals on the autism spectrum. Ashleigh is a white, cisgender, straight mother of three children, one of whom is gender creative.

Z

Jordan Zaitzow coordinates Trans Health Connection, a Rainbow Health Ontario (RHO) project. The project is increasing the capacity of primary health care systems across the province to provide high-quality, comprehensive care to trans communities through training, education, mentorship, resources, and networking. Previous to joining RHO, Jordan has also done years of front line shelter work, and has volunteered for and facilitated various drop-in programs for trans folks in Toronto. He also spent years as an independent trainer about trans access and issues.

Dr. Karina Zeidler, MD, CCFP, is a family doctor at South Hill Family Health Centre, where she has been practicing since 2014. Karina firmly believes that gender affirming care should be a standard part of general family practice. In response to the overwhelming need for family doctors for gender diverse folks, she has dedicated the majority of her practice to serving this community. It has been a privilege and honor to do so. She has also volunteered with the Catherine White Holman Wellness Centre providing low-barrier wellness services to trans and gender diverse people, does weekly sexual health clinics with Options for Sexual Health, and works for the sexual assault service.

Sherri K. Zelazny, RSLP, CCC-SLP, is a clinical speech pathologist with 29 years of experience. Sherri has specialized in voice and laryngeal airway assessment and treatment for the past 15 years. She has been providing Changing Keys voice training for the transgender community with the Transgender Health Information Program in Vancouver BC since 2015.

Exhibitors

CPATH 2017 Conference

CIHR Institute of Gender and Health www.cihr-igh.ca



VCH/PHC Regional HIV Program www.vch.ca & www.providencehealthcare.org



UFCW Canada www.ufcw.ca



Michael Smith Foundation for Health Research www.msfhr.org



UBC School of Nursing/Stigma & Resilience Among Vulnerable Youth Centre

www.nursing.ubc.ca



Miller Thomson LLP, Lawyers

www.millerthomson.com



Gender-Free I.D. Coalition

www.gender-freeidcoalition.ca and/or www.gfid.ca



Little Sisters Bookstore

www.littlesisters.ca





TRANS CARE BC
Provincial Health Services Authority

Trans Care BC

The Trans Care BC program aims to enhance the coordination of trans health services and supports across the province, bringing gender-affirming care closer to home wherever possible.



INFORMATION

For clients, providers, families and partners.

CONNECT TO SUPPORT

For gender creative children, youth, and adults looking for gender affirming services and peer and community support.

CONTACT US

Toll free: **1-866-999-1514**
Monday–Friday

General email:
transcarebc@phsa.ca

Care team email:
transcareteam@phsa.ca

www.phsa.ca/transcare