Consultations on success for CPATH
Conducted at the 2012 conference in Winnipeg

Report submitted by

Devon MacFarlane

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Context

The Canadian Professional Association for Transgender Health (CPATH) is an interdisciplinary professional organization which actively includes trans identifying persons and representation from trans community support and service groups and organizations. CPATH is purely a volunteer-driven organization; at present no paid positions exist. Formed in 2008, CPATH is now at a critical juncture in its development. CPATH's Board arranged for consultations to take place during the September 2012 conference in Winnipeg, in order to gather evidence to inform strategic planning and the next stages of the organization's development. The question the consultations were designed to answer was "What strategies will enhance CPATH's ability to be a highly successful organization?" Subquestions included:

- What does success for CPATH look like, for participants?
- What factors have contributed or will contribute to success?
- What have participants valued most about their involvement or contact with CPATH to date?
- What issues, challenges, and opportunities does CPATH need to address, in order for the organization to experience ongoing success?
- How can individual members, member organizations, and the Board contribute to CPATH's success?

Additional objectives of the consultations were to generate mutual learning and foster greater understanding amongst participants, and to contribute to strengthening the network of providers affiliated with CPATH.

Consultation approach and methodology

The consultations used an action research approach. Action research is "a collaborative approach to inquiry or investigation that provides people with the means to take systemic action to resolve specific problems" (Stringer, 2007, p. 8). Action research projects tend to move through multiple cycles of planning, action, observation, and reflection; research questions and methods are generally developed through an iterative and consultative process.

When most effective, democratic and inclusive approaches are used which involve all stakeholders (Stringer, 2007). Well-designed action research projects are likely to create change through the process itself, as well as through the production and dissemination of findings (Stringer, 2007).

Qualitative methods were used in these consultations, as qualitative methods gather in-depth perspectives from participants. These methods are appropriate for consultations which focus on human behaviours, relationships, and value systems (Palys & Atchison, 2008). Conversation-based methods were selected, as mutual learning can occur, and understandings and culture can change as conversations change (Jordan et al., 2009; Seel, 2000). Together, action research using a conversation-based, qualitative approach was seen as well-suited to generate a well-rounded situation assessment, identify strategies, and create the potential for change in response to the opportunities and challenges facing CPATH.

Methods

Participants had the option of being involved either in an interview matrix or brief interviews. In an interview matrix, participants, in groups of 4, used a tool to interview one another in a structured format, record answers on a form, draw out the themes from the interviews and then write these themes on flipchart paper (Chartier, 2002). In brief interviews, participants were provided a list of questions from which they selected one more questions which they spoke to. The author took handwritten notes during the brief interviews, and verified with participants that my notes accurately reflected what they had shared with me. A pilot of the interview matrix was held to test the questions, the introduction to the method, and the forms for recording answers. Minor revisions were made as a result of the pilot; data from the pilot was included in the analysis.

Participants

A total of 27 people took part in the consultations – 4 participated in the pilot of the interview matrix in Vancouver; 19 took part in the interview matrix groups in Winnipeg, and 4 people took part in the brief interviews. A brief overview of the demographics of participants, including their professional role, their gender identity and connection to trans communities, the geographic setting of their work, and the amount of time they have worked and been personally involved in trans communities, as well as their age ranges is provided below.

Professional role

Of the participants, 18 were members of regulated professions – including 6 physicians in a range of specialties; 5 psychologists or psychotherapists; 4 social workers; 2 nurses, and 1 lawyer. Five providers in other roles, two students, and two participants who marked "other" also participated.

### *Gender identity and connection with trans communities*

Participants were fairly evenly balanced between trans people (12) and cisgender (non-trans) people (13). Two participants chose not to mark this question. Seven of the participants (5 cis people, and two trans people) were partners of trans people. In relation to striving to be an ally to trans people and communities, the majority of cis-identified people self-described in this way (10 out of 13), as did two trans people and one person who did not disclose their gender identity. Three participants were new to learning about and being involved with trans people and communities.

Geographic setting

The vast majority—21 people—work in major urban settings; while 12 people work in urban settings, 4 in rural environments, and 3 in remote environments. All of the providers who work in rural and remote settings also indicated that they work in a major city; some wrote in that they are based in a major city and travel as part of their work. By province, 10 participants are located in BC, 6 in Manitoba, 5 in Ontario, 3 in the Maritimes, and one each from Quebec and Saskatchewan.

Amount of time working with, and personally involved with, trans communities.

Participants have fairly substantial histories in working with trans populations, and for those who are personally involved with trans communities, most also have substantial histories. Two charts below illustrate this.

How long working with trans people & communities?

How long personally involved?
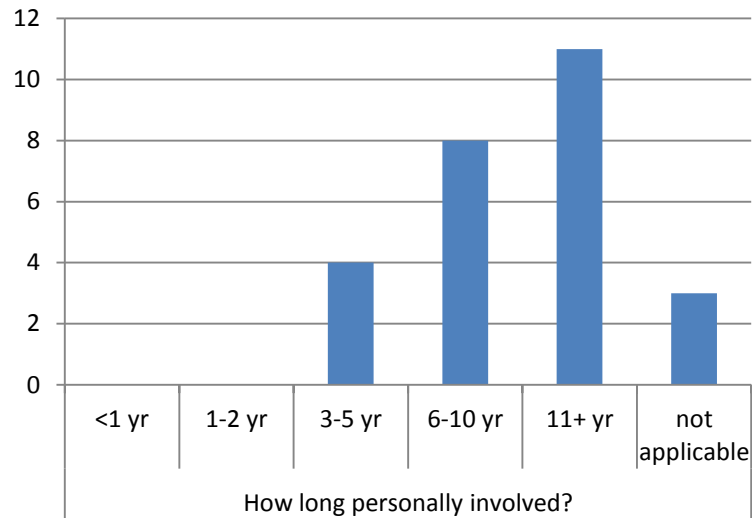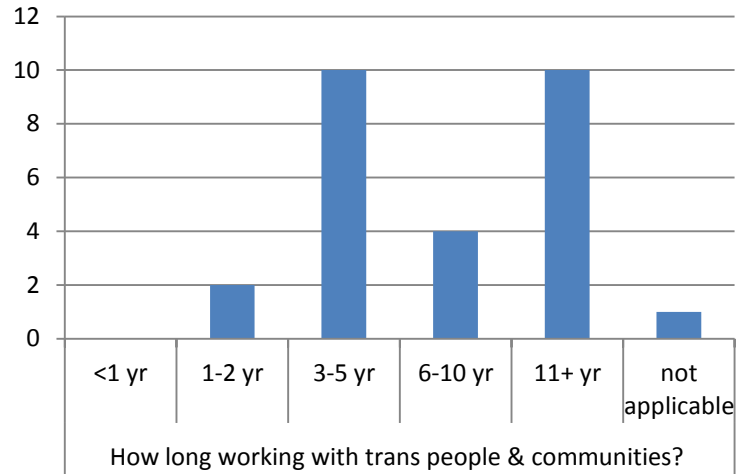
Three participants indicated that they were not personally involved with trans people and communities, one additional person did not answer this question.

Age Range

There was a fairly even distribution of participants across most age brackets, although no participants were age 25 and under.
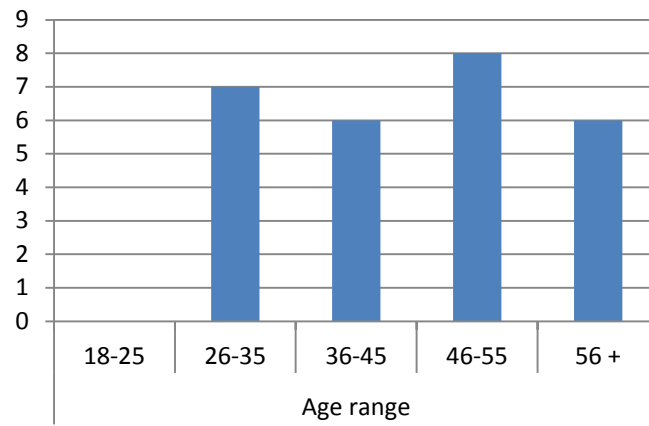
Defining "success" for CPATH

This section presents the findings as they relate to the research question, "What strategies will enhance CPATH's ability to be a highly successful organization? Developing an understanding of what "success" looked emerged from asking participants what successes CPATH has experienced to date, asking participants to imagine 5 years into the future and describe what CPATH's successes would be, and by asking participants what they valued most about their involvement with CPATH. Success in each of these contexts is explored below, followed first by a definition of success for CPATH and next by a chart summarizing, participants' suggestions on how to achieve success.

Successes to date

Several participants identified that CPATH's very existence is a success. CPATH is the first—and largest—national professional organization focused on trans health, and has inspired health care providers in other countries to form their own national organizations.

Participants spoke of CPATH's successes in building capacity for health care providers and organizations through conferences and training sessions. One person described the training as vital in their organization, stating: "Without training, I don't think we'd be making movement in terms of offering care at all!" Organizational memberships have been valuable, as one participant describes, "getting five people on board is a way of slowly and steadily opening up people's minds. Having those five membership slots is a good way to start assessing interest and to identify keeners." Similarly, the "quality of the information [and sessions] at the conferences is high," which attracted participants. Some participants noted that it has been particularly to hold some trainings and conferences in regions where expertise has not been concentrated, and thus trainings have contributed to greater capacity in underserved locales.

The conferences and training sessions have also contributed to the development of networks of service providers, and the conferences have been useful for spotlighting expertise, the range of approaches used across the country, and interesting developments. CPATH may play a particularly important role for providers who themselves are trans, as CPATH conferences provide "one of the only opportunities to date to connect in person." Some participants noted that the conferences and trainings have been the only means to connect with CPATH to date, which appeared to be both a strength and a limitation.

Participants also noted that CPATH has had significant success with its advocacy work. As well, some participants noted that they saw the involvement to date of trans and gender variant people throughout the organization as a success, with one participant observing, CPATH is "[much] more inclusive of trans people and community, and sensitive to trans issues, than WPATH [is]". Other participants expressed that they desired greater involvement of a more diverse range of trans people in the organization. This will be explored further in the section regarding CPATH as a strong organization.

Valuing involvement with CPATH

Participants spoke about a number of aspects of CPATH, or benefits they have experienced due to participation in CPATH. These encompass collegial relationships, learning and education opportunities, CPATH's contribution to creating bigger-picture change, and the context and approach of CPATH. Each of these areas are briefly explored below.

Collegial relationships

Collegial relationships were mentioned most frequently as a benefit of membership in CPATH. These collegial relationships "give people the courage and support to go out and do the work." One participant voiced that "networking is essential"; the opportunity to develop networks and build relationships was seen as valuable for several reasons: for breaking isolation, particularly for providers who do not know other people working in trans health in their geographic area; to have colleagues to call on with questions; for having referral networks when patients and clients move out of the region. Several providers specifically expressed that they valued that members of CPATH span a broad range of disciplines.

Participants also stressed the knowledge and attitudes of people involved in CPATH, and that they experienced CPATH members as being passionate about trans health, inspiring and encouraging, welcoming, and accessible. Trans participants identified that CPATH provides a rare opportunity for trans providers and activists across Canada to connect with one another; one person mentioned that CPATH helps trans people to feel valued by medical and health communities.

CPATH conferences were seen as the primary method to develop these collegial relationships; in the pilot, two participants had never been to a CPATH conference, with one person expressing that they "had no opportunity to connect with other members." Another participant for whom this was their first conference stated that they had not previously had any contact with CPATH members.

Learning and education opportunities

The learning and educational opportunities that CPATH provides were also valued by participants. Conferences were seen as having high quality content; both the conferences and trainings were valued for moving around the country and bringing training opportunities to locales where trans health training was not readily available. Participants appreciated learning and supervision opportunities available through the organization, and a few people identified that CPATH's existence and the learning and supervision opportunities provided some professional protection. One participant specifically expressed that they valued opportunities to learn from mentors. Participants also identified that they valued the learning opportunities to improve cultural competence, to learn about resources, and to learn about other models and approaches being used around the country.

Creating bigger-picture change

Participants believed that CPATH lends credibility to trans health care. Participants valued CPATH's effectiveness in advocacy work, for instance in lobbying provincial governments; and valued that through CPATH they could help to shape and define the future of trans health care.

Context and approach

A number of participants greatly valued that CPATH is specifically a Canadian organization, and that there is work being done both nationally and regionally. One participant expressed that they valued the opportunity to develop an understanding and appreciation of challenges by region. Participants also identified that CPATH is doing historic work, and that it is the first national organization in the world to focus on trans health. Participants also valued the innovation happening through CPATH, and that CPATH aims to listen to, honour, and

respond to the critique of trans-identified people. Some expressed that they valued simultaneously CPATH's independence from and connections with WPATH.

Imagining future success

In imagining what successes would look like for CPATH in five years' time, themes arose in relation to contributing to improved health outcomes for trans people, CPATH being a strong and inclusive organization, and relationships with trans communities. These are briefly explored below. It is worth noting that, across these three domains, participants raised the need to recognize and advance diversity issues, and serve trans populations who are more marginalized and disenfranchised from the health care system, such as trans women, people of colour, people engaged in sex work, and immigrants and refugees.

Contributing to improved health outcomes for trans people

In imagining five years into the future, participants envisioned a range of successes for CPATH which move towards improving health outcomes for trans people. Highlights included increasing access to competent care nation-wide and across the diversities of trans populations, fundamental changes in how health care for trans people is delivered in Canada, and broadening CPATH's focus to include the determinants of health.

One participant envisioned the future as follows: "CPATH has fundamentally changed how health care is delivered: no gatekeeping. Funding is increased and is more comprehensive in its application." Another pictured the following:

> Trans health care is universally and consistently accessible, and is effectively delivered coast to coast. Practitioners and service providers see CPATH as a resource for skills, knowledge, and support. CPATH is seen as a trusted advisor and partner. As a result, trans folks are able to feel less barriered and challenged and freer to be in the process of helping themselves and having the support to move forward with their lives (mental and physical health). . . . Training and skills development is better supported by stakeholders, including colleges. [This has a] holistic positive impact: [for] trans folks, access is easier; health care providers [are] less overwhelmed and better able to focus time on complex cases.

This passage not only speaks to improved health outcomes, but also to CPATH's credibility an the impact of these desired future states on both trans people and for providers. Other participants also shared about the importance of supporting providers and ensuring access to consultation, particularly providers who are new to working with trans people. One participant believed that some providers fear that "[their] license is on the line if [they] provide hormones and something happens," and that these concerns may be increased when a trans person is also dealing with issues related to substance use. Another participant identified that some providers have fears relating to suicidality in trans populations, and that providers may be reluctant to work with trans people if they as providers have no access to support and supervision. This participant believed that if providers were able to access consultation within a week or less, this could make a difference. This participant, who is very experienced in working with trans people expressed, "we need to hold [providers'] hands at first, then, once they get comfortable, they get committed because they see the urgency."

Some participants envisioned developing standards of care and best practices reflecting Canadian contexts and approaches to care – for instance that family physicians, rather than endocrinologists, tend to be conducting hormone readiness assessments. These standards of care would be continuously improving – in the words of one participant, "in 5 years, what's minimum standards is what is now considered high-level care." Another expressed that care is continuously becoming "more dignified, [with] more choice [and] more autonomy."

Three participants briefly suggested that research, innovation and publishing would be desirable in CPATH's future. These suggestions appeared to be related to improving health outcomes.

CPATH is a strong organization

Participants envisioned success for CPATH as including organizational strength. CPATH would be highly credible and have a strong profile, would have a broad and diverse membership which is involved in the organizations' activities, and have trans people in leadership roles throughout the organization. These are explored below.

In the desired future state, CPATH is "recognized as *the* organization for all people who deliver services and care to trans people," "has power to work with high-level structures such as government," and "government officials are aware of CPATH as a strong advocacy group, as a go-to organization". CPATH would also have visibility as a "resource where the public, as well as students and professionals alike can access the resources they need for improving the quality of life for trans people.

Involvement was another facet of organizational strength—that CPATH would have a larger and more diverse membership base, and that members would be actively involved in the organization. Many participants expressed the desire for an expanded membership base, including "broader coverage from different specialties, more Aboriginal and more rural people," "good diversity [including] sexual orientation, race, and class," "elders" and "greater synergy between French and English". A number of participants emphasized the desire for a stronger regional presence. In the desired future, "CPATH includes trans / gender diverse people in all its activities and throughout its organizational structures. It strives to include representation from a diverse range of trans people, from different cultural and economic backgrounds" and would have trans people in leadership roles at every level of the organization, including the Board. Participants suggested that CPATH's Board could include regional representation, and that CPATH might benefit by supporting regional chapters, which may also contribute to cultivating greater involvement and profile of the organization at local levels.

Many participants touched on CPATH's role in supporting health care providers, and a few explicitly stated that they wanted CPATH to continue to be an organization of professionals while ensuring that voices of trans communities are incorporated in a stronger way: one participant "recognize[d] that nothing should be done for [trans] communities without community [involvement]". Conversely, one participant wanted to significantly change the focus of CPATH from "for and by doctors and health care providers to an advocacy organization focused on advocacy regarding . . . social determinants of health" for trans people.

Finally, participants envisioned CPATH as have sufficient financial resources to engage in the needed work. Several participants identified that, in the desired future state, CPATH would have at least one paid staff position to help advance priorities.

Positive and constructive relationships with trans communities

A significant number of participants identified that future success would include strong and positive relationships with trans communities, "recogniz[ing] that nothing should be done for trans communities without trans communities" involved. CPATH would be known and credible with diverse trans communities, and would be—and would be perceived to be—accountable to trans communities. The organization would act upon a recognition that "it is critical to hear, to know, understand, appreciate, and respect the critiques of trans folks about CPATH." CPATH would also actively seek feedback and foster dialogue between providers and trans communities. One participant noted that "an ongoing challenge is how to bring clients / patients / consumers and providers into the same room. . . [I'm] hopeful for health care in general that providers are having conversations with patients."

A definition of success

Across the descriptions of current successes, of the experiences related to CPATH which members value most, and of the desired future state, the following emerged as elements of a definition of success for CPATH.

CPATH contributes to improved health outcomes for the full diversity of trans people
- Improving ability to provide competent care across the country
- Improving ease of locating competent providers across the country
- Developing standards and best practices for care in the Canadian context
- Addressing determinants of health

CPATH is a strong organization
- Revitalizing the governance model
- Being credible and visible
- Involving members in CPATH initiatives
- Broadening the diversity of members in CPATH
- Providing opportunities for members to network and build collegial relationships
- Securing sufficient resources to support the work

CPATH has positive and constructive relationships with trans communities
- Developing dialogue between providers and trans communities

Suggestions for how to achieve success

Participants identified numerous means to take steps towards success, as defined above. These steps are outlined in a chart on the following page. Steps to take were not identified for every element of success.

DEFINITION ELEMENTS	MEANS TO ACHIEVE SUCCESS
CPATH contributes to improved health outcomes for the full diversity of trans people	
Improving ability to provide competent care across the country	• CPATH develops & supports the capacity of service providers and organizations ○ Trainings, conferences, mentorships, supervision, community of practice, access to online resources, scholarships to support future providers who are trans • CPATH partners with universities and professions' colleges and associations to include content in curricula for health and social service providers • CPATH partners to develop national Trans Telehealth consultation service
Improving ease of locating competent providers across the country	• CPATH develops a searchable database (accessible to the public) of providers who follow WPATH Standards of Care
Developing standards and best practices for the Canadian context	
Addressing determinants of health	• Engage in advocacy regarding human rights laws and regarding policy issues which impact determinants of health for trans people • Increasing public awareness to decrease discrimination, barriers to housing and employment
CPATH is a strong organization	
Revitalizing the governance model	• Form regional chapters, increase the size of the Board to include regional representatives. • Form a medical advisory committee • Form a trans advisory committee comprised of community members who are not also health and social service providers
Being credible and visible	• Brand trans health initiatives with CPATH involvement • Partner to support local / regional initiatives • Develop a profile in the media and social media • Members outreach to colleagues and key contacts • Consider whether CPATH should provide certification and/or accreditation
Involving members in CPATH initiatives	• Develop tangible ways to contribute which necessitate different time commitments • Develop specific requests for volunteers • Develop volunteer opportunities which also benefit for volunteers themselves • Provide opportunities to work on local and regional issues • Learn about and apply principles of engagement and volunteer management • Explore whether member organizations could contribute in-kind support
Broadening the diversity of membership in CPATH (regional, specialties, ethnicity, age, sexual orientation...)	• Provide scholarships to CPATH conferences and reduced membership rates for trans people who are more marginalized and have limited financial means • Form regional chapters, in part with the aim of attracting potential members through activities that are locally relevant • Explore what would attract potential members who are part of the groups who are currently under-represented
Providing opportunities for members to network and form collegial relationships	• Develop a Community of Practice, mentorship opportunities, and "buddy" opportunities for members who are new to CPATH to connect with more longstanding members
Securing sufficient resources to support the work	• Increase the membership base • Re-examine membership fee structure – consider increasing fees for members who have an ability to pay more while ensuring that members who have less financial resources are still able to join and participate • Write grants
CPATH has positive and constructive relationships with trans communities	
Developing dialogue between providers and trans communities	• Form a trans advisory committee comprised of community members who are not also health and social service providers • Connect with trans communities in local areas in which CPATH chapters are active • Gather more feedback from trans communities

Key factors which may influence success

Participants spoke about factors which have already contributed to success, and those which may facilitate future success. Participants had also been asked to identify issues and challenges what the organization needed to address in order to be successful. These issues and challenges tended to be the flip side of what success looked like – for instance, lack of resources, lack of visibility, and lack of member involvement.

Member and stakeholder engagement

As CPATH is purely a volunteer-drive organization, member and stakeholder engagement appears to be the key factor in success. CPATH's ability to attract and involve members may be impacted by its' ability to meaningfully address issues related to diversity and inclusion. Developing a sense of community amongst members and member-volunteers was perceived to increase the likelihood of success. This may be due to people being more willing to invest themselves in an organization in which they feel a sense of belonging. CPATH may benefit from identifying key stakeholders and organizations which may be strategic to partner with, in order to achieve its' goals. A range of the suggested means to achieve success are outside CPATH's direct control but may be areas which it could influence—for instance, the inclusion of relevant content in the core curricula in key university programs.

Volunteering was seen as "a great way to involve people, harness energy and skills," yet some members were not aware of opportunities to volunteer other than joining the Board. Several participants identified that the conference appears to be the primary or only vehicle for participating in CPATH, and that if people cannot attend, they do not have opportunities to meet others and get involved. Participants who had been involved in committees noted that some committees were inactive, while other committee sometimes faced overwhelming amounts of work. Participants identified a broad range of initiatives that could be led by, or involve, member-volunteers. A few examples included developing and participating in a mentoring system; developing and participating in a community of practice; and participating in locally- or regionally-focused work.

A combination of volunteer management principles and principles of public involvement in decision-making may provide useful frameworks for CPATH to consider how to most effectively harness the energy of members, as well as of other stakeholders. Relevant volunteer management principles include ensuring that:

- Roles, tasks, and expectations are clear
- Volunteers feel their work is valued, enjoy their work, and benefit in some way from the opportunity, and want to continue to be involved
- There is outreach and communication with members and stakeholders about volunteer opportunities (Ellis, 2005)

It may be useful to consider how the spectrum of involvement, as described by the International Association of Public Participation (IAP2), could help CPATH to explore and make decisions about how membership could be involved in different initiatives. IAP2 describes the spectrum of involvement as ranging from informing, consulting, involving, collaborating, and empowering, and has been adapted below to CPATH's context.

	Inform	Consult	Involve	Collaborate	Empower
participation goal	To provide members & with balanced and objective information to assist them in understanding the problems, alternatives, opportunities, and/or solutions	To obtain feedback on analysis, alternatives and/or decisions	To work directly with members or stakeholders throughout the process to ensure their concerns and aspirations are consistently understood and considered	To partner with members or stakeholders in each aspect of the decision including the development of alternatives and the identification of the preferred solution	To place final decision-making in the hands of members or stakeholders.
Promise to members	We will keep you informed	We will keep you informed, listen to and acknowledge concerns and aspirations, and provide feedback on how member input influenced the decision.	We will work with you to ensure that your concerns and aspirations are directly reflected in the alternatives developed and provide feedback on how public input influenced the decision	We will look to you for advice and innovation in formulating solutions and incorporate your advice and recommendations in decisions to the maximum extent possible.	We will implement what you decide.
Example techniques	• Newsletters • Fact sheets • Web site	• Focus groups • Surveys • Online meetings	• Workshops • Deliberative polling	• Consensus building • Participatory decision-making	• Ballots • Delegated decisions

adapted from http://iap2canada.ca/Resources/Documents/IAP2%20Spectrum_vertical.pdf

Given the geographic distance between members, suggestions arose to "use technology to keep people in the loop... [this] helps to keep the energy and momentum up". Specific suggestions were to develop a community of practice, to use webinars and listserves, to increase the activity of the on-line forum, and to consider whether "facebook or twitter might be useful." Some of these suggestions are on the low-engagement end of the spectrum (e.g facebook and twitter), some focus on learning and professional development, and communities of practice tend to span from low through high engagement.

Deliberately nurturing a community of practice for CPATH may be a key opportunity to enhance members' connections, knowledge, confidence, and access to peer consultation.

Communities of practice are groups of people who share a concern or a passion for something they do and learn how to do it better as they interact regularly. . . . Members of a community of practice are practitioners. They develop a shared repertoire of resources: experiences, stories, tools, ways of addressing recurring problems—in short a shared practice. This takes time and sustained interaction. (Wenger, 2006).

Diversity and inclusion

A substantial number of participants raised issues related to diversity and inclusion. Some participants identified that it would be beneficial to find ways to constructively address racism, sexism, and class privilege – issues which can be found throughout in every aspect of Canadian society. Similarly, one person suggested that "active[ly] unlearning cisgender privilege [should be] a core component" of CPATH's work. It appeared that how well CPATH addresses diversity and inclusion could impact its credibility within trans communities and with some allies.

Some potential CPATH members and participants face financial barriers. A suggestion arose from a number of participants to was for CPATH to develop means to provide scholarships, primarily to trans people who have limited financial means and face greater economic barriers—particularly trans women and trans people of colour. A similar suggestion was that CPATH could develop means to support multi-barriered trans people who are pursuing studies in health care.

Conclusion

Participants in the consultations clearly were passionate about supporting the well-being of trans populations, and were very interested in contributing to the success of the organization. For CPATH to be an organization which contributes to improved health outcomes for the full diversity of trans people, which is strong organization, and which has positive and constructive relationships with trans communities, it will need to continue to harness the passion and energy of its members, as well as to develop partnerships and collaborate with key stakeholders.

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