



Research Team Memorandum of Understanding

Mission, Goals, and Guiding Principles

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These Memorandum of Understanding documents are intended to guide the work of the Trans PULSE Canada Study. While each team member agrees in principle with the Memorandum of Understanding, it is considered a set of 'living documents', which may be revisited and revised throughout the life of our project.

Project Description

A national survey to describe the health and health care experiences of trans people in Canada across provinces/territories and within nine priority populations.

Objectives

1. Describe the physical and mental health conditions and social determinants of health of trans people in Canada, and identify inequalities with the general Canadian population;
2. Compare health outcomes and health care access: a) across provinces or regions, and b) across time for trans people in Ontario, conducting multi-level analyses to evaluate provincial policies on ID documents and gender-affirming medical care;
3. Generate policy-relevant data identified as essential for trans people within nine priority populations: trans people who are Indigenous, immigrants, sex workers, those who identify as gender non-binary, those who are racialized, older, youth, living with disabilities, or who live in rural or remote areas;
4. Analyze factors contributing to mental health, physical health, and access to health care,
5. Analyze current impacts of COVID-19 to track health and health care trajectories from our original (pre-pandemic) data. We will characterize trans and non-binary people's experiences of social, policy, and public health responses to COVID-19, and their ability to mitigate risk,
6. Compare access to COVID-19 testing, care, and protections between trans and non-binary people in Canada and 1) Canadian general population data, and 2) data on trans and nonbinary people globally,
7. Assess the impacts of responses to COVID-19 on changes in mental health, substance use, and health care access among Trans PULSE Canada (TPC) participants since our original pre-pandemic data collection, and

8. Use this unique data source to provide responsive analysis to meet the emerging needs of policymakers and community organizations.

Goals

Trans PULSE Canada aims to identify key factors that shape trans health equity. The survey measures can be categorized into four domains: (1) *Socio-demographic characteristics and social determinants of health* covers sex and gender identity, social and legal/administrative gender and medical transition, Indigenous identity, race/ethnicity, education, childhood abuse, employment, food security, housing, income, language and immigration, sex work, access to social safety net, health care services access, and social exclusion; (2) *Stigma, discrimination and social exclusion* includes measures assessing levels of day-to-day, major, and anticipated discrimination on the basis of any social position, and stigmatizing and discriminatory experiences in health care settings; (3) *Health status* includes measures of mental health outcomes (psychological distress), health behaviour outcomes (smoking, drinking, substance use, and sexual behaviours), physical health outcomes (self-rated health, pain, and chronic health conditions), and mental, physical, and sensory disabilities; and (4) *Access to and utilization of health services*, modeled after Levesque's five dimensions of health services access, includes measures of approachability, acceptability, availability and accommodation, affordability, and appropriateness.

Given the current situation with COVID-19, the focus of this project has been extended to include impacts of COVID-19 on trans health equity. Trans PULSE Canada aims to evaluate trans and non-binary people's experiences of social, policy, and public health responses to COVID-19, their ability to mitigate risk, and assess how access to care has changed since the pandemic.

Trans PULSE Canada will use an integrated and responsive knowledge translation strategy to produce information in ways that most directly support action. Areas with potential for high impact on policy include: the effects of differential access to health services and identity documents among trans and non-binary people, and analysis of health impacts to inform laws and policies related to Indigenous peoples, immigration, and sex work. Findings related to trans-specific barriers and facilitators of health and social service access will inform curriculum and continuing education in medicine, nursing, social work, and allied professions.

Given the urgent need for regional and community-specific data and the breadth of the project, we will produce 45 academic manuscripts (and associated brief reports for rapid knowledge release), a report of key findings for each province/region and each of the nine priority populations, 10 targeted reports responding to emerging needs, 5 infographics and 10 brief training/education videos. Additionally, we will produce academic manuscripts (and associated brief reports for rapid knowledge release) and three 1-page initial reports of key findings related to the COVID-19 Cohort project. The team will leverage connections with community and government organizations in producing and disseminating this large research output in strategic ways to support community advocacy, policy evaluation and change, program development, and education across sectors. Ultimately, this research serves to counter the erasure of trans persons in informational and institutional settings.

Guiding Principles

Intersectionality – a focus on the ways that experiences at different sociodemographic intersections are differentially shaped by social power, demonstrated in this project by producing results for trans people at differing intersections.

Two-Eyed Seeing – integrating knowledge seen through both an Indigenous perspective and a Western scientific perspective, incorporated through survey development and in collaborative interpretation and production of results.

Minority Stress Theory – health-related inequalities are generated in part through differential experiences of discrimination by minority groups, incorporated in this project through measurement and analysis of experiences of discrimination and other forms of social marginalization, and their health effects.

Levesque’s Patient-Centered Access to Care – the five dimensions of access (approachability, acceptability, availability and accommodation, affordability, and appropriateness) as well as five abilities of populations (to perceive, seek, reach, pay, and engage).

Community-Based Research (CBR)

Trans PULSE Canada will prioritize team and research processes drawn from the guiding principles of CBR, an approach to research where community members, academics, and policymakers collaborate on research initiatives that produce action-oriented community- and policy-related outcomes; for TPC, we prioritize the following CBR principles:

Community Control and Collaboration

We will engage in processes driven by the CBR principle of action-orientation. We will ensure that trans communities benefit from the research and have control over the use of research findings toward enhanced health and well-being. This will be achieved through the promotion of active community participation in all stages of research including, but not limited to:

- Majority trans representation on the steering committee.
- Decision-making processes are driven by the principle of community control in CBR. Operationalized vis-a-vis a policy of 50% +1 trans people present and voting majority for all major steering committee decisions.
- Employing trans research assistants for data collection.
- Collaboration with trans-driven Priority Population Consultation Teams for their expertise/input into survey development, recruitment/outreach strategies, interpretation of results, and knowledge translation strategies.
- Prioritize knowledge translation strategies that effectively attend to community and policy stakeholder needs.

Action-Orientation to Research and Knowledge Translation

Trans PULSE Canada recognizes that trans people in Canada have unique and lengthy histories of abuse and pathologization by academic researchers. These experiences are complicated by intersecting identities (e.g., Indigenous and/or racialized status, gender spectrum, etc.) further rendering communities vulnerable in research processes and outcomes. Our processes will help to ensure that such abuses do not occur and that instead, research outcomes are intended to lead to changes that will improve health and wellbeing for trans communities nationally. We will ensure that peer-reviewed publications are open access where possible. Materials that take less time to produce (e.g., reports), will be released regularly. We will monitor policy and community needs and will time fact sheets and report releases to maximize our contributions to the broader change effort.

Transparency in Decision-Making

Trans PULSE Canada will implement transparent decision-making processes, whereby 50% +1 trans people must be present and vote in favour of all major Steering Committee decisions. The other various working groups under the Trans PULSE Canada umbrella will strive first for consensus when making decisions yet will recognize the value of balancing process and action. Therefore, where consensus is not possible, decisions will be made by a simple majority vote.

Capacity-Building

Trans PULSE Canada is a dynamic CBR project whereby all team members contribute important knowledge and expertise that cumulatively contribute to community- and policy-relevant, scientifically rigorous research. For example, community team members contribute lived experience and knowledge of front-line services, ensuring that our survey is steeped in trans wisdom and knowledge; researchers contribute expertise related to scientific inquiry; and policymakers contribute knowledge and expertise related to effective KT methods. We recognize that these are not always separate domains of expertise and that any/all team members are encouraged to contribute where they see an opportunity to share expertise. We will ensure that capacity-building opportunities are available for team members who wish to gain expertise in any of these domains (research methods, community issues, and policy change/knowledge translation). Capacity-building opportunities will also be made available for trainees working on the project and for the ten Community Research Fellows that will be selected to complete projects in collaboration with the research team.

Community Accountability

Trans PULSE Canada processes and research outputs will be steeped in community wisdom and lived experience. As such, all research team members will regard themselves as being accountable to trans people in Canada. As "stewards of lived experience" we have an ethical obligation to return research findings to trans communities and to direct their efforts towards actions that could affect positive changes to health and well-being. This can include, as an example, implementing various strategies to mobilize research findings in a way that influences decision-makers who can implement change.