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# Public Health Data to Support Trans and Non-binary Health: The Role of Trans PULSE

Public Health Ontario Rounds

29 January, 2026

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# Learning objectives

By the end of this event, participants will be able to:

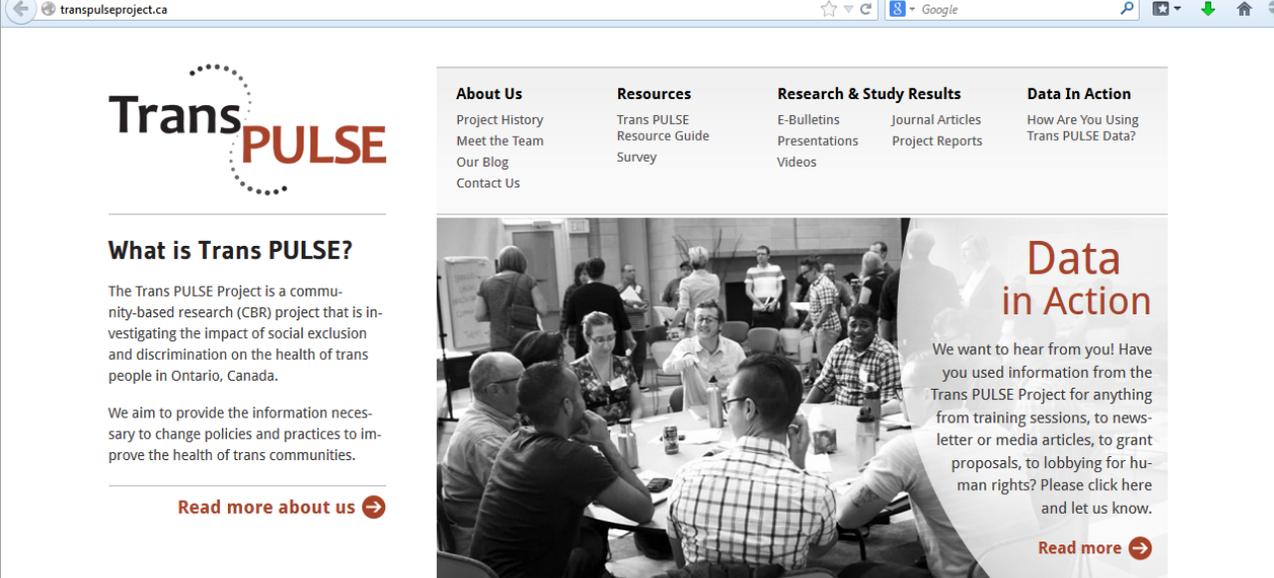
1. Describe the contributions of the Trans PULSE Project to public health data on transgender residents of Ontario
2. Describe the contributions of Trans PULSE Canada to public health data on transgender and non-binary residents of Canada
3. Identify trans and non-binary data resources to inform public health practice
4. Describe key health inequalities faced by trans and non-binary Canadians

# Some ethical issues in research

- What is the risk to public health knowledge and impact if we avoid studying “difficult to study” groups?
  - How do we produce high-quality data on communities that represent a small proportion of the population?
  - Can public health data measure all the factors that are most important in shaping health of specific communities?
  - How do we document inequalities, and how do we identify what may be driving them?
- 



	Trans PULSE Project	Trans PULSE Canada
Data collection	Focus group data in 2006 2009-2010 survey Respondent-driven sample (n=433) HIV-positive interviews around 2012	2019 survey Multi-mode convenience sample (n=2873) COVID follow-up data in 2020 (n=820) Qualitative COVID pandemic data
Participants	Trans people age 16+ Residents of Ontario	Gender-diverse people age 14+ Residents of Canada
Outputs	8 reports and 8 e-Bulletins 24 journal publications Too many presentations to count	17 reports 13 journal publications (so far) Too many presentations to count 6 QuickStats
Website	<a href="https://transpulseproject.ca/research/">https://transpulseproject.ca/research/</a>	<a href="https://transpulsecanada.ca">https://transpulsecanada.ca</a>



### What is Trans PULSE?

The Trans PULSE Project is a community-based research (CBR) project that is investigating the impact of social exclusion and discrimination on the health of trans people in Ontario, Canada.

We aim to provide the information necessary to change policies and practices to improve the health of trans communities.

[Read more about us](#)

<b>About Us</b> Project History Meet the Team Our Blog Contact Us	<b>Resources</b> Trans PULSE Resource Guide Survey	<b>Research &amp; Study Results</b> E-Bulletins Presentations Videos Journal Articles Project Reports	<b>Data In Action</b> How Are You Using Trans PULSE Data?
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### Latest News

#### Trans PULSE: Wrapping Up

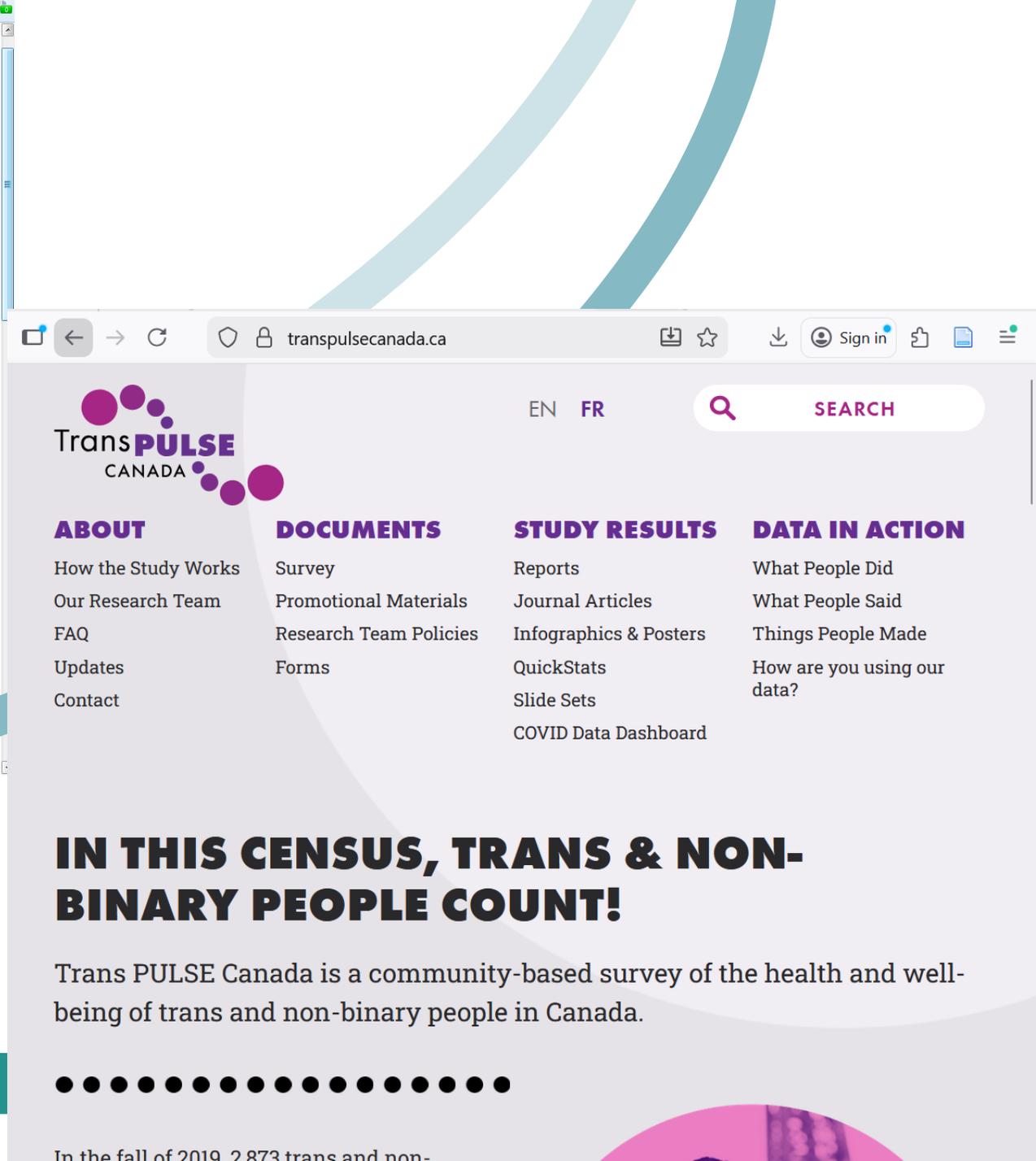
April 14, 2014

You may have noticed some changes to our website recently. After years of collective work to document the experiences of trans communities in Ontario, we are wrapping up our work on Trans PULSE. It's been amazing to see all the changes in policy, practice, and community advocacy since we began our work. Our very first seed grant to build the team came in 2005, and our first community soundings the summer of 2006. We...

### Featured

#### Barriers to well-being for Aboriginal gender-diverse people: results from the Trans PULSE Project in Ontario, Canada

Despite health inequities experienced by Aboriginal and transgender (trans) communities, little research has explored the well-being of Aboriginal trans (gender-diverse) people. This paper aims to describe barriers to well-being in a sample of Aboriginal gender-diverse people in Ontario, Canada.



EN FR

SEARCH

### ABOUT

- How the Study Works
- Our Research Team
- FAQ
- Updates
- Contact

### DOCUMENTS

- Survey
- Promotional Materials
- Research Team Policies
- Forms

### STUDY RESULTS

- Reports
- Journal Articles
- Infographics & Posters
- QuickStats
- Slide Sets
- COVID Data Dashboard

### DATA IN ACTION

- What People Did
- What People Said
- Things People Made
- How are you using our data?

## IN THIS CENSUS, TRANS & NON-BINARY PEOPLE COUNT!

Trans PULSE Canada is a community-based survey of the health and well-being of trans and non-binary people in Canada.

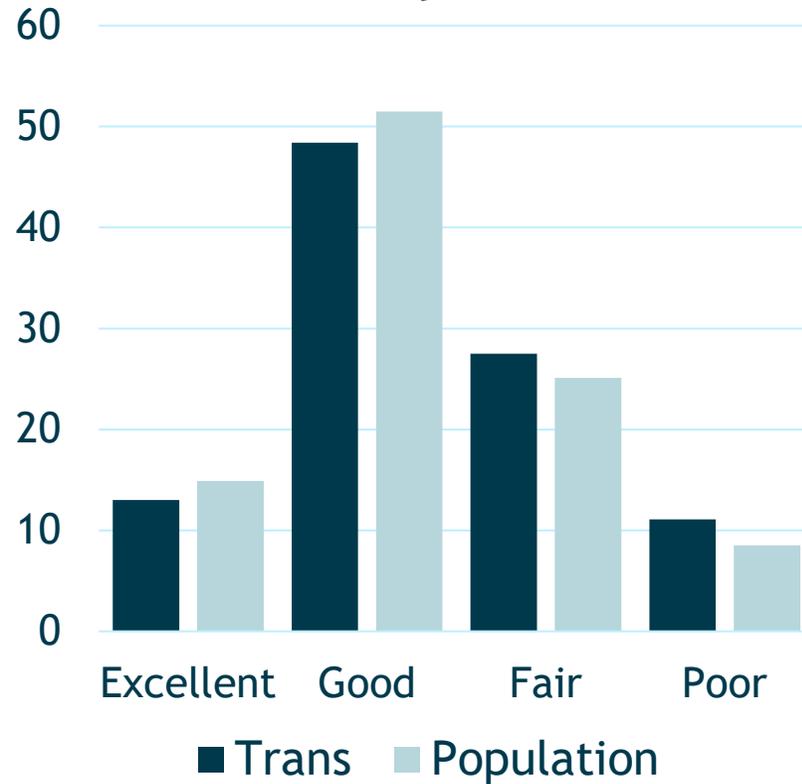


In the fall of 2019, 2,873 trans and non-

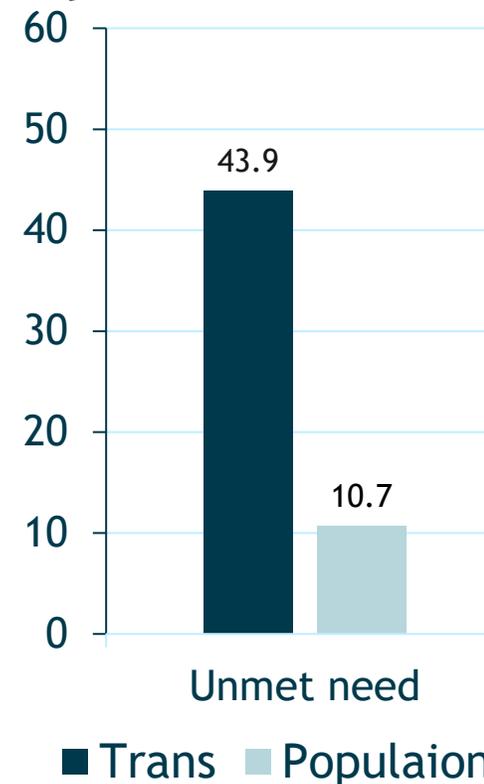
How do we make community experiences visible in population health, particularly when individuals are not identifiable within public health data sets?

# Trans persons' experience (Trans PULSE - 2009) vs. expectations based on provincial population (age-standardized from Canadian Community Health Survey)

## Healthcare availability in Ontario

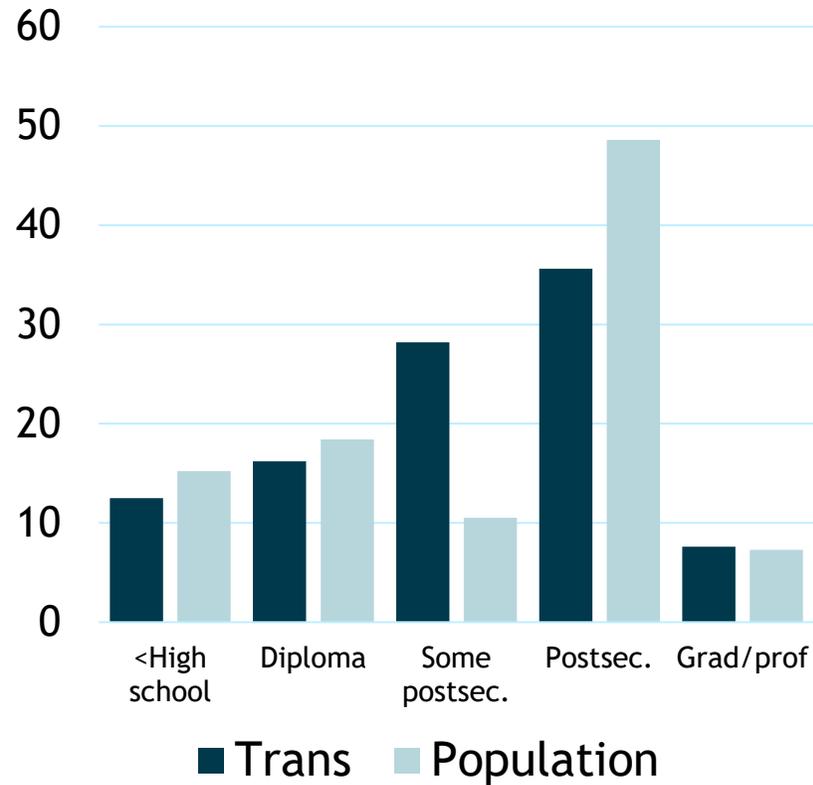


## Past-year unmet healthcare need

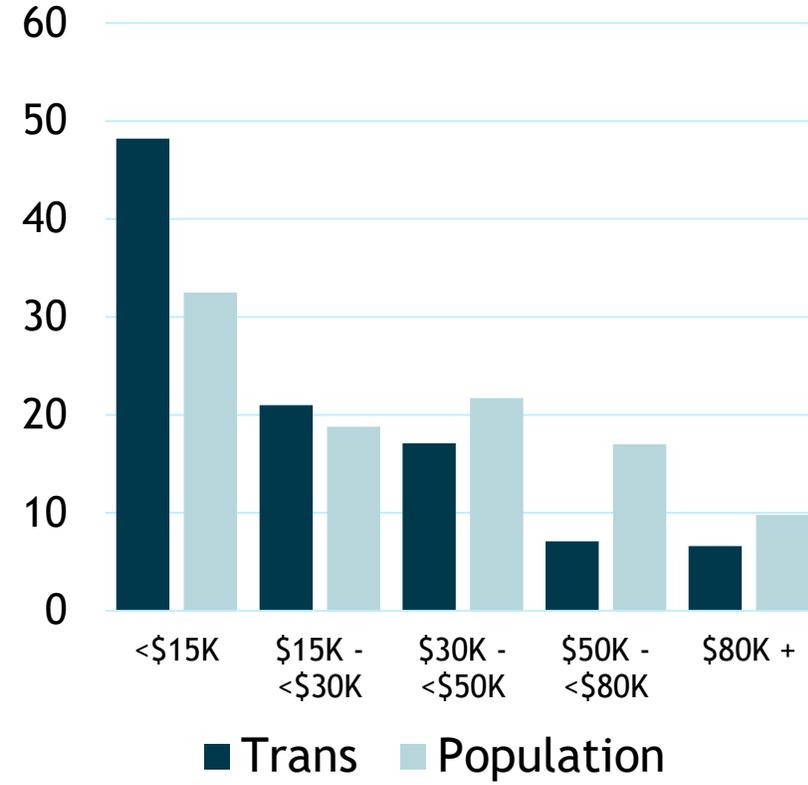


# Trans persons' experience (Trans PULSE - 2009) vs. expectations based on provincial population (age-standardized from Canadian Community Health Survey)

## Education



## Personal income





**Statistics Canada** ✓  
 @StatCan\_eng

Canada's National Statistical Agency. Updates on current social and economic conditions.  
 Terms of use: [ow.ly/JjEhd](https://www25.statcan.gc.ca/n1/pub/92-629-x/2015001/article/00001-eng.htm) Français : @StatCan\_Fra

📍 Canada  
[statcan.gc.ca](https://www25.statcan.gc.ca)  
 📅 Joined October 2008

**Statistics Canada** ✓  
 @StatCan\_eng

Following

New statistical variables on sex and gender are now available to reflect Canada's diversity and how Canadians identify themselves. Implementation of the new variables has already begun. [ow.ly/HOaN30jvIGq](https://ow.ly/HOaN30jvIGq)



12:00 PM - 16 Apr 2018

4 Retweets 6 Likes

🗨️ 4 🍷 6 ✉️

Tweet your reply

# Sex and gender multidimensionality at the individual level: A conceptual tool for epidemiologists

Sex	Gender	Undifferentiated Sex/Gender	Gender minority cross-classifications	Sex- or gender-associated factors
<ul style="list-style-type: none"><li>• Chromosomal sex</li><li>• Sex assigned at birth</li><li>• Hormonal milieu</li><li>• Reproductive sex</li><li>• Organ-specific sex</li><li>• Sexed physiology</li><li>• Intersex status</li><li>• Pregnancy</li></ul>	<ul style="list-style-type: none"><li>• Gender identity</li><li>• Intersex identity</li><li>• Lived gender</li><li>• Gender role</li><li>• Metaperceived gender</li><li>• Masculinity and/or femininity</li><li>• Internalized gender stigma</li><li>• Enacted gender stigma</li><li>• Gender ideology</li></ul>	<ul style="list-style-type: none"><li>• Administrative sex</li><li>• Undifferentiated survey sex/gender</li><li>• Computer (AI)-classified sex/gender</li><li>• Researcher-perceived sex/gender</li></ul>	<ul style="list-style-type: none"><li>• Gender identity <math>\neq</math> birth-assigned sex</li><li>• Lived gender <math>\neq</math> birth-assigned sex</li></ul>	<ul style="list-style-type: none"><li>• Biological factors</li><li>• Psychological factors</li><li>• Behavioural factors</li><li>• Interpersonal factors</li><li>• Social factors</li></ul>

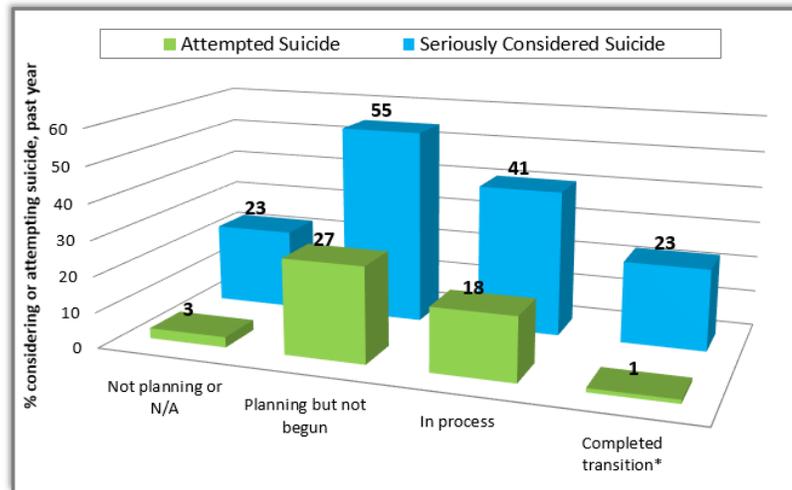
What community-specific experiences may impact health, but not be as relevant (or even make sense for) other groups?

Unlikely to be included in broad population data sets:

- Community-specific factors
- Multiple relevant dimensions of sex/gender

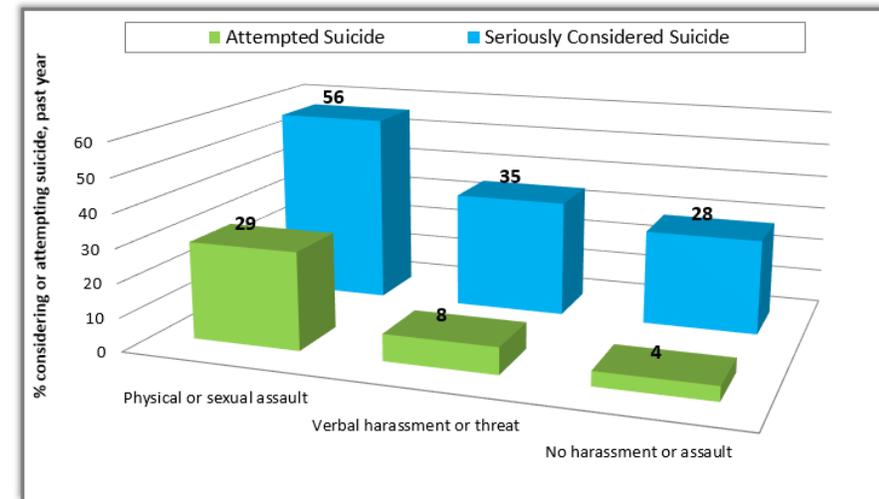
# We were finding strong bivariate associations with suicide risk

## Medical transition status



\*Completing a medical transition was self-defined, and involved different combinations of hormones and/or surgery for different people

## History of transphobic violence



Bauer, Pyne, Francino, Hammond. Suicidality among trans people in Ontario: Implications for social work and social justice. *Service social* 2013;59(1):35-62.



Bauer, Pyne, Francino, Hammond. Suicidality among trans people in Ontario: Implications for social work and social justice. *Service social* 2013;59(1):35-62.



- Could previous bivariate associations be causal?
- Which are modifiable?
- Are there some that suggest potential strategies for intervention?
- Might some interventions be community-specific?

RESEARCH ARTICLE

Open Access

## Intervenable factors associated with suicide risk in transgender persons: a respondent driven sampling study in Ontario, Canada

Greta R. Bauer<sup>1\*</sup>, Ayden I. Scheim<sup>1</sup>, Jake Pyne<sup>2</sup>, Robb Travers<sup>3</sup> and Rebecca Hammond<sup>4</sup>

### Abstract

**Background:** Across Europe, Canada, and the United States, 22–43 % of transgender (trans) people report a history of suicide attempts. We aimed to identify intervenable factors (related to social inclusion, transphobia, or sex/gender transition) associated with reduced risk of past-year suicide ideation or attempt, and to quantify the potential population health impact.

**Methods:** The Trans PULSE respondent-driven sampling (RDS) survey collected data from trans people age 16+ in Ontario, Canada, including 380 who reported on suicide outcomes. Descriptive statistics and multivariable logistic regression models were weighted using RDS II methods. Counterfactual risk ratios and population attributable risks were estimated using model-standardized risks.

**Results:** Among trans Ontarians, 35.1 % (95 % CI: 27.6, 42.5) seriously considered, and 11.2 % (95 % CI: 6.0, 16.4) attempted, suicide in the past year. Social support, reduced transphobia, and having any personal identification documents changed to an appropriate sex designation were associated with large relative and absolute reductions in suicide risk, as was completing a medical transition through hormones and/or surgeries (when needed). Parental support for gender identity was associated with reduced ideation. Lower self-reported transphobia (10<sup>th</sup> versus 90<sup>th</sup> percentile) was associated with a 66 % reduction in ideation (RR = 0.34, 95 % CI: 0.17, 0.67), and an additional 76 % reduction in attempts among those with ideation (RR = 0.24; 95 % CI: 0.07, 0.82). This corresponds to potential prevention of 160 ideations per 1000 trans persons, and 200 attempts per 1,000 with ideation, based on a hypothetical reduction of transphobia from current levels to the 10<sup>th</sup> percentile.

**Conclusions:** Large effect sizes were observed for this controlled analysis of intervenable factors, suggesting that interventions to increase social inclusion and access to medical transition, and to reduce transphobia, have the potential to contribute to substantial reductions in the extremely high prevalences of suicide ideation and attempts within trans populations. Such interventions at the population level may require policy change.

**Keywords:** Social exclusion, Transgender, Transsexual, Suicide, Suicidal behaviour, Social determinants of health, Transphobia

## BACKGROUND FACTORS

### Socio-demographic background

- Age
- Gender spectrum
- Gender fluidity
- Ethno-racial group
- Immigration history
- Sexual orientation
- Region of province
- Disability status
- Parental status
- Religious upbringing

### Childhood trauma background

- Childhood sexual or physical abuse

### Major health background

- Diagnosis with major mental health disorder (other than depression or anxiety)
- Chronic illness or pain

## INTERVENABLE FACTORS

### SOCIAL INCLUSION

- Increased social support
- Strong support for gender identity / expression from:
  - Parent(s)
  - Any family
  - Any peer
  - Any leader
- Increased religiosity/spirituality
- Identity document concordance<sup>1</sup>

### TRANSPHOBIA

- Reduced transphobic experiences
- Reduced transphobic violence

### TRANSITION

- Medical transition<sup>2</sup>
- Hormone treatment<sup>2</sup>
- Social transition
- Being socially read as cisgender<sup>1</sup>

### Proximal factors

e.g. depression, substance use, housing, belongingness, perceived burdensomeness

(Not included in analysis)

**OUTCOME 1:**  
Consideration of suicide

**OUTCOME 2:**  
Suicide attempt (among those considering)

No past-year serious consideration of suicide

Past-year serious consideration of suicide

No attempt

Past-year attempt

1. Among those living full-time in a non-fluid gender  
2. Among those who need to medically transition

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1. Among those living full-time in a non-fluid gender  
2. Among those who need to medically transition

# Potential population impact in numbers

	Number of trans people in Ontario prevented from suicidal ideation or attempts in a year		
	Population	Ideations	Attempts <sup>1</sup>
Increased social support (current to 90 <sup>th</sup> perc.)	53,500	-5,350	-4,548
Strong gender support from parent	53,500	-9,095	-2,279
Reduced transphobia (current to 10 <sup>th</sup> percentile)	53,500	-8,560	-4,601
Protection from transphobic assault	53,500	-2,140	-2,964
≥1 ID document with concordant sex marker <sup>2</sup>	27,300	-2,457	-2,416
Medical transition (completed vs. planning) <sup>3</sup>	42,300	-7,191	-2,517 <sup>4</sup>
Hormone therapy <sup>3</sup>	42,300	-4,230	-1,481

1. Total reduction in attempts based on both reduction in ideation for population and reduction in risk of attempts among those with ideation.
2. Among those living full-time in a non-fluid gender.
3. Among those needing to medically transition
4. For medical transition, reduction in attempts represents only the reduction attributable to reduction in ideation. It is unclear what the total effect of medical transition is on attempts, among those with ideation

What intersection- or subgroup-specific experiences may impact health, but not be as relevant (or even make sense for) other groups?

## Intersection-specific study design opportunities

- 9 pre-identified priority populations within trans and non-binary communities
  - Lack of existing data
  - Specific policy needs
- Priority Population Teams—had power to:
  - Define population group
  - Survey content and design
  - Content of first report
  - Whether compared with other groups
  - Optional: Topic for first paper

# Relationality

“Because addition, articulation, and co-formation constitute starting points for relational thinking, not end points for analyzing relationality, they offer one way of organizing the thinking tools that people take into varying intersectional projects.”

Patricia Hill Collins, PhD

Collins. (2019). *Intersectionality as Critical Social Theory*.



Addition- Adding categories to preexisting areas of inquiry, e.g., heteropatriarchy, to see how they change.

Articulation - “coupling and uncoupling” of parts that are joined and move together, as represented by language, or by a joint.

Co-formation - “posits holistic analysis of a seamless process of mutual construction of race, class, and gender as phenomena.”

“Well it’s hard for me to separate [my identities]. ... once you’ve blended the cake, you can’t take the parts back to the main ingredients.”

Lisa Bowleg, PhD

Bowleg. (2013). *Sex Roles*, 68, 754-767.



## Indigenous

Access to community, ceremony, traditional roles; connection to culture, spirituality, and nature; use of traditional medicines, NIHB access/awareness

## Disability

Identities and diagnoses, whether disability is visible/apparent, access/belonging in disability communities, delayed gender affirming care due to disability

## Elder

Preferences for aging in place, having someone to ensure people respect gender expression, home care & long-term care perceptions and experiences, gender support from grandchildren

## Immigrant, Refugee & Newcomer

Reasons for coming to Canada, immigration status, able to get ID docs in home country and Canada, access to settlement services, experiences w/immigrant and LGBTQ orgs.

## Non-binary

Actual and preferred gender marker by ID doc., barriers to gender affirming care, time on waitlists for care, avoidance of disclosing identity to get care, access/belonging in trans community, comfort being described as (trans)gender, outness, freq. misgendered and corrected

## Racialized

“Identity siloing” measure (“Depending on where I am or who I’m with, I need to...”), avoidance of police and EMS, trust in/reporting to police

## Rural/Northern

Access/belonging in trans/non-binary spaces online vs. in person, full postal code to capture isolated communities

## Sex Work

Types of sex work & overall positive/negative experience (ever and now), social network awareness/support for sex work, feeling safe/able to negotiate rates and services

## Youth

Family relationships, parental support, family violence, additional content warnings and warmer language overall, cartoons, “why are you asking this question” (for some)



No. 2  
November 2, 2020

The Trans PULSE Canada project collected survey data from 2,873 trans and non-binary people in 2019. This report presents results from the first national all-ages data on health and well-being among racialized trans and non-binary people in Canada. Results highlighted elevated levels of discrimination, violence, and lack of trust in police among racialized respondents.

## HEALTH AND WELL-BEING AMONG RACIALIZED TRANS AND NON-BINARY PEOPLE

### Violence, discrimination, and mistrust in police

#### Highlights

Among racialized trans and non-binary respondents:

- 72% had experienced verbal harassment in the past 5 years
- 45% had ever been harassed at work or school
- 73% worried about being stopped or harassed by police or security because of who they are

#### Context

Transgender (trans) and non-binary people in Canada are a population that experiences discrimina-

tion<sup>1,2</sup> and challenges in accessing health care.<sup>3</sup> To date, there has been no all-ages data on the health and well-being of racialized trans and non-binary people in Canada. Both general population data in Canada, and trans-specific data from the United States has found that racialized populations were more likely to be living in low-income households,<sup>4,5</sup> and to have experienced discrimination,<sup>4,6</sup> among other inequalities. In 2009-2010, Ontario's Trans PULSE Project found that three quarters of racialized trans people had experienced racism or ethnicity-related discrimination, and one quarter had been harassed by police because of their race or ethnicity.<sup>7</sup> This report expands on the Ontario data to pro-



No. 3  
February 11, 2021

The Trans PULSE Canada project collected survey data from 2,873 trans and non-binary people in 2019. Of this number, 252 survey respondents indicated being Indigenous. This report presents results from the first national all-ages data on health and well-being among Indigenous trans, two-spirit, and non-binary people in Canada. Results highlighted that community belonging and participation in traditional activities or embracing a traditional identity are important factors connected to the health of Indigenous trans, gender-diverse, and two-spirit peoples.

## HEALTH AND WELL-BEING AMONG INDIGENOUS TRANS, TWO-SPIRIT AND NON-BINARY PEOPLE

### We have always been a part of our community

#### Highlights

- Indigenous gender-diverse people, from time immemorial, have always been part of our community. Held in high esteem, respected roles in sacred and traditional ceremonial contexts were taken on.<sup>1,2</sup>
- Participation in traditional activities or embracing a traditional identity are important factors connected to the health of Indigenous gender-diverse peoples, despite participants reporting higher levels of violence and harassment

#### Context

In sacred and traditional contexts, Indigenous trans, gender-diverse, and two-spirit peoples were held in high esteem,<sup>1</sup> and often had respected roles in their communities such as visionaries or seers, and healers or medicine people.<sup>2</sup> In contemporary contexts, given colonization, this sacred and traditional understanding of gender identity is no longer the only influence in the lives of Indigenous trans, gender-diverse, or two-spirit peoples.

The 2009-2010 the Trans PULSE Project in Ontario



No. 4  
March 23, 2021

The Trans PULSE Canada project collected survey data from 2,873 trans and non-binary people in 2019. This report presents results from the first national data on health and well-being among trans and non-binary immigrants and newcomers in Canada. Results for newcomers and established immigrants frequently differed, highlighting the importance of studying the impact of the settlement process and integration on immigrant health and well-being.

## HEALTH AND WELL-BEING AMONG TRANS AND NON-BINARY IMMIGRANTS & NEWCOMERS

### Gender-based violence and barriers to accessing settlement services in Canada

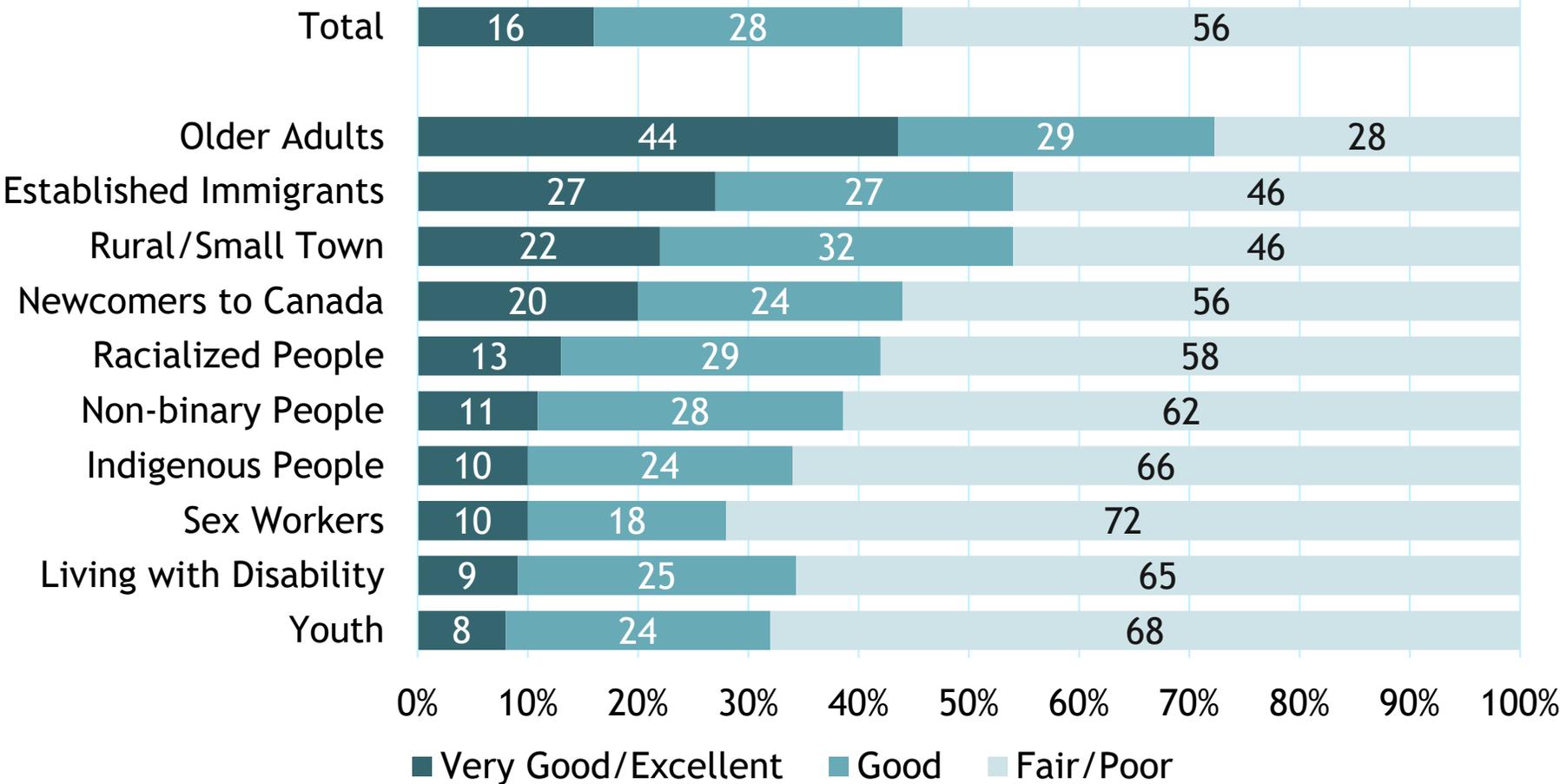
#### Highlights

- 1 in 3 newcomers migrated to Canada due to fear of persecution related to their gender identity.
- 1 in 5 newcomers accessed a settlement service within their first year in Canada.
- Newcomers were twice as likely to not have a primary health care provider as established immigrants or those born in Canada.

#### Context

Policy regarding Canadian immigration and citizenship status is constantly changing. This has resulted in shifts in the profile of immigrants arriving in Canada, with notable increases in the number of economic immigrants and refugees.<sup>1-3</sup> As of the 2016 Census, immigrants and refugees comprised 21.9% of the Canadian population,<sup>4</sup> and this number continues to rise. As such, the experiences of immigrants and refugees in Canada must be considered when evaluating the health and well-being of the Canadian population.

# Variation in self-reported mental health for priority subgroups within trans and non-binary communities



# Ability to focus on intersection-specific issues in a policy-relevant way under SGBA+

Sexuality Research and Social Policy (2023) 20:1245–1257  
<https://doi.org/10.1007/s13178-023-00795-2>



## Intersecting Inequalities in Access to Justice for Trans and Non-binary Sex Workers in Canada

Ayden I. Scheim<sup>1,2,3</sup> · Heather Santos<sup>1</sup> · Sophia Ciavarella<sup>4,5</sup> · Jelena Vermilion<sup>6</sup> · Freddie S. E. Arps<sup>7</sup> · Noah Adams<sup>8</sup> · Kelendria Nation<sup>9</sup> · Greta R. Bauer<sup>2,10</sup>

Accepted: 20 January 2023 / Published online: 8 February 2023  
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### Abstract

**Introduction** In the context of renewed debate about Canada’s “end demand” sex work laws, we took an intersectional approach to characterize experiences with the criminal legal system and perceived access to justice among transgender (trans) and nonbinary sex workers in Canada.

**Methods** The Trans PULSE Canada community-based study collected multimode survey data in fall 2019. Data were cross-stratified by lifetime sex work and sex assigned at birth, ethnoracial group, or household income. Age adjustment did not meaningfully impact results.

**Results** Of 2012 included participants (median age = 30, 66.5% assigned female at birth, 48.9% non-binary), 280 (16.1%) had ever done sex work. While access to justice was limited for trans and non-binary people overall, sex workers were more likely to anticipate (72.1% vs. 50.5%) and experience (43.2% vs. 15.7%) police mistreatment. In the previous 5 years, sex workers were more likely to experience violence for any reason (61.4% vs. 27.4% of other participants) or due to being trans or non-binary (41.4% vs. 14.0%), and to have avoided calling 911 for police (51.4% vs. 18.1%). Few sex workers trusted that they would be treated fairly by police if they experienced physical (10.8% vs. 34.9%) or sexual (4.7% vs. 20.6%) violence. Intersectional inequalities included that sex workers assigned male at birth and street-based workers were most likely to have experienced gender-based violence, and that Indigenous and racialized sex workers reported higher levels of police mistreatment and 911 avoidance.

**Conclusions** Overall, trans and non-binary people in Canada reported high levels of violence and limited access to justice. Sex workers faced large inequities in these outcomes, which were exacerbated for transfeminine, Indigenous, racialized, and street-based workers.

**Policy Implications** These findings challenge the notion that Canadian sex work laws protect sex workers and highlight the limitations of formal legal protections for trans people. These inequities must be addressed in sex work legal reform efforts.

**Keywords** Sex work · Transgender · Intersectionality · Race · Justice · Violence · Policing

# The full picture!

## General Population Data with Trans and Non-binary Participants Identified

- Sex assigned at birth and gender identity
- Population estimates of included measures (usual of general interest)
- Comparisons of inequalities between trans and non-binary people and cisgender people

## Population-specific Data on Trans and Non-binary Participants

- Multiple dimensions of sex and gender
- Estimates of included measures (general and community-specific)
- Comparisons of inequalities across groups within trans and non-binary communities

## Intersection-specific Data on Trans and Non-binary Participants

- Multiple dimensions of sex and gender
- Group estimates of group-specific measures
- Comparisons of inequalities across between group and other trans and/or non-binary people



## Steering Committee/ Investigators

Greta Bauer  
Robb Travers  
Rebecca Hammond  
Nik Redman  
Anna Travers  
Jake Pyne

## Participants

89 Community Soundings  
433 Survey  
25 HIV Interview Study

## Contributors

Scott Anderson  
Nael Bhanji  
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