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# Business Plan: Trans Care BC

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1. EXECUTIVE SUMMARY

The population of transgender (trans\(^1\)) people in British Columbia is estimated to be 50,000 and growing.\(^2\) It is a population that faces significant social stigma, harassment, marginalization and victimization, leading to high rates of poverty\(^3\) and poor health outcomes. Recent research in Ontario found that 43% of trans individuals had attempted suicide which was directly related to lack of access to health care and treatment (including surgery).\(^4\) Other negative outcomes include depression and poverty.\(^3,4\) Documented health consequences for trans youth also include anxiety, low self-esteem, social isolation, substance use, depression\(^5,6,7,8\) and more than 1 in 3 report a suicide attempt.\(^9\) Research indicates that comprehensive, timely intervention can mitigate these risks\(^9\) and access to medical transition care and family support results in positive health outcomes with cost-saving implications.\(^x,x\) Unfortunately, many trans people in BC lack access to knowledgeable primary care and mental health practitioners, as well as a supportive family or social network. These issues can be addressed to equalize many of the disadvantages experienced by this unique group.

Health care professionals in British Columbia (BC) have demonstrated leadership in many areas of trans health including; representation on the World Professional Association for Transgender Health (WPATH), creating the Canadian Professional Association for Transgender Health (CPATH) and the inter-professional BC Trans Clinical Care Group, and conducting national research on trans health for youth through the University of British Columbia. In BC there are some dedicated programs exist to support this population;\(^3\) however, these services have been fragmented and challenged by lack of infrastructure support and provincial access, particularly since the closure of the Gender Dysphoria Program (Gender Clinic) in 2002. The services previously provided by this clinic were not effectively decentralized, and gaps in care have been documented since this time.

In 2013, a province-wide survey of BC trans residents\(^11\) identified critical areas of need which were further reinforced by research on Vancouver Island\(^12\) including; timely access to services and supports outside of the Lower Mainland, education for healthcare providers, access to information and resources, peer support, access to affordable counselling and mental health supports, system navigation, and access to surgeries within BC. With ongoing advocacy from both the community and health care providers supporting this population, an announcement was made in October 2014 by Health Minister Terry Lake for Provincial Health Services Authority (PHSA) to “assume responsibility for provincial co-ordination of transgender services in B.C. and look to expand capacity for these services in consultation with clinical experts and stakeholders from the transgender community.” A Transgender/Trans Health Steering Committee was launched in December 2014 with representatives from the trans community, Vancouver Coastal Health, Provincial Health Services Authority, and the Ministry of Health. Four trans community members were democratically elected for representation on the Committee.

To further involve stakeholders in the development of recommendations, working groups were formed with additional representatives from Health Authorities, trans community members, and non-government organizations (NGOs).\(^4\) The focus of the work has been to create a framework for trans health care that integrates current services, fills critical gaps and reduces wait times. Before finalizing the recommendations, a community consultation day was held on May 2\(^{nd}\) with 115 people in attendance, 73 who were from the trans community (see Appendix B). The purpose of this day was to share the work to date, identify if any major gaps were missing in the recommendations, and build shared commitment between the trans community, other partners, and the health care system to improve service delivery.

\(^1\) The word trans is used as an umbrella term to include anyone whose gender identity does not match the sex they were assigned at birth. See glossary in Appendix A for additional definitions.

\(^2\) Of note, increasing numbers of people are accessing medical transition services worldwide and this trend has been noted by health care providers in BC as well. (Reed, B., Rhodes, S., Schofield, P. and Wylie, K (2009) Gender Variance in the UK: Prevalence, Incidence, Growth and Geographic Distribution, Ashtead: Gender Identity Research in Education Society.)

\(^3\) Primarily based in the lower mainland (BCCH Endocrine Clinic, VCH Trans* Specialty Care, Transgender Health Information Program)

\(^4\) Catherine White Hollman Wellness Centre.
This approach was focused on the triple aim goals of improving health and the patient experience of care, ensuring the patient voice was well represented in the process and that those with lived experience were partners in forming these recommendations. An ongoing commitment to patient-centred care and inclusion has been considered, with points of consultation identified in the implementation plan and for trans community involvement in program evaluation to support accountability and continuous quality/service improvement.

The Steering Committee focused on 4 areas of need consistently referenced in briefing notes, consultant reports and community surveys:

1. Access to community and peer supports
2. Access to trans-friendly and experienced primary care and mental healthcare providers;
3. Healthcare provider awareness and understanding of trans health; and
4. Access to gender-affirming surgery

Recommendations in these four areas have been defined and consolidated to describe a proposed program which integrates existing services along with new initiatives and resources to deliver a coordinated system of care with provincial, regional, and local service delivery levels over the next 5 years onward. The provincial, centralized program would be responsible for coordinating and supporting the regional and local services through education, consultation, and guideline development, as well as provide some specialized services have responsibility for provincial data collection and evaluation. Specific program components include:

- Developing a formal hub and spoke Peer Support Network
- Creating a core team of specialist care services for consultation, educational outreach, system navigation, and follow-up after lower gender-affirming surgery
- Developing a website and technology platform of centralized information for patients and providers, host on-line educational modules, and the peer support network
- Developing a BC surgical program business case over the next year

The long term objective is to build capacity in health regions and local communities for the transgender community to access primary health care, readiness assessments, hormone therapy, and peer/family supports close to home. This links with the PHSA mission of leading system-wide improvements and creating province wide partnerships, coordinating and setting standards for selected province-wide specialized services, and delivering quality health services.
2. BACKGROUND

2.1 Problem / Issue / Opportunity Statement

Significant inequities and gaps in trans healthcare services need to be addressed in BC, a problem that has been well documented in various briefing notes, consultant reports, and community surveys. Evidence demonstrates that timely and accessible care, along with supportive families and social systems, can mitigate the risks of poor health outcomes including depression and suicidality. Issues identified include a need for:

- Access to current, local information and resources
- Timely access to services and supports (including hormone and surgery readiness assessments and care planning, and hormone therapy)
- Local, speedy access to trans-specific medical expertise
- Services outside of the Lower Mainland
- Quick, affordable access to surgeries within BC
- Affordable counselling and mental health support with qualified providers
- Emotional support
- Social support
- Peer and professionally guided support groups
- Medical system navigation
- Broad and inclusive education for healthcare providers

Relevant background

Trans communities include people who identify in a number of ways, including transgender, transsexual and genderqueer. “It is important to note that gender nonconformity is not in itself a mental disorder.”\textsuperscript{xiv} Trans identities are considered to be a normal part of human diversity, however many trans people feel a significant amount of distress about the incongruence of their body and gender, leading to a diagnosis of gender dysphoria. Medical transition care, including hormone therapy and gender-affirming surgery, is often medically necessary to address gender dysphoria.

Current practice in trans care focuses on affirming individual gender identity and providing care that maximizes physical health, psychological health, and self-fulfillment. While there is a long history in Western culture of pathologizing trans individuals, there has been a clear shift away from these practices in recent years. WPATH and numerous professional associations have declared conversion, or reparative, therapy to change a person’s gender identity unethical.\textsuperscript{xv,xvi,xvii} Gender identity disorder was recently removed from the Diagnostic and Statistical Manual of Mental Disorders, in the fifth edition\textsuperscript{xvii}. Gender dysphoria is now used to describe clinical distress association with gender identity. The root of this distress is not viewed as a disorder, but acknowledges the need to protect access to psychological and medical care, as well as legal rights, in the face of societal stigma of those with gender dysphoria. Discrimination against this population has been acknowledged and addressed by the Canadian Medical Association, which passed four trans health motions in August 2014: calling for accessible, comprehensive and high-quality care for transgender patients; amending the Code of Ethics relating to discrimination in providing medical services to include the issues of gender identity and gender expression; supporting the position that all adolescent and adult persons have the right to define their own gender identity; and calling for the integration of sex/gender diversity education into medical school curricula and programs.

There is no single health pathway for trans individuals. Some people may choose endocrine therapy, others endocrine therapy and one or more gender-affirming surgeries, and others no medical intervention at all. Each person’s gender identity, goals, and personal circumstances will influence the path they take. Mental and medical health treatments are essential components of any system of care for trans individuals. With timely and appropriate treatment for gender dysphoria, trans individuals experience excellent health outcomes\textsuperscript{xix}. Distress stemming from societal stigma, lack of access to gender-affirming care, and delayed access to services such as endocrine therapy and surgery are documented to have negative health impacts\textsuperscript{xix,xii}. Unfortunately, for many
people in BC and worldwide, lack of access to timely, appropriate care negatively influences their path and their wellbeing.

Medical transition steps are taken by many trans individuals. People may masculinize or feminize their appearance through endocrine (hormone) therapy. The WPATH Standards of Care (Version 7) recommend that hormone therapy be initiated with a referral from a qualified mental health professional or appropriately trained assessor who has documented the patient’s readiness assessment and care plan. The readiness assessment is a confirmation that gender dysphoria exists along with a thorough informed consent process before accessing hormone therapy or surgery. Adult hormone therapy can be prescribed by a general practitioner (GP), however most primary care providers in BC do not have comfort or training support in this area.

Children approaching adolescence may choose to access puberty suppressing medication to delay the onset of puberty, allowing more time for gender exploration. Youth can begin hormone therapy around age 16 regardless of whether or not they have taken puberty suppressing medications. Care for children and youth is specialized, provided primarily by psychologists and paediatric endocrinologists. Family and caregiver support is a key element for all individuals beginning hormone therapy, and is an especially important part of care planning for children and youth.

Many people with gender dysphoria seek out mental health care. Support is often sought as people take new steps on their journeys, such as coming out, changing names, initiating hormone therapy and gender-affirming surgery. Additionally, stigma and discrimination can lead to minority stress, making a trans individual more vulnerable to mental health issues such as depression and anxiety. Families of trans people may also seek out counselling and peer support, in order to better understand and support their loved ones. Rejection by peers and family members are social factors that increase psychological distress for trans individuals, making supports for families and loved ones essential in fostering healthy communities. Peer support programs are another element of providing psychosocial support and has been identified as highly important as individuals are explore their gender, seek out services, and take medical transition steps.

Feminizing and masculinizing speech and voice therapy are other inventions available, with feminizing therapy being accessed more frequently (due to the voice masculinizing effects of testosterone therapy). Voice and speech therapy are cost-effective, conservative, non-invasive and reversible. Phonomutations for voice feminization are being developed, but are relatively new and unrefined, with a wide variety of outcomes. Generally, these surgeries only address pitch change, just one of the many elements of speech and should only be considered if the client is unsatisfied with the outcome of feminizing speech and voice therapy. These surgeries are performed by a few surgeons, none of whom practice in British Columbia. There are currently three Speech/Language Pathologists with advanced voice therapy competencies who are able to offer feminizing speech and voice therapy in British Columbia.

Another area of medical treatment is gender-affirming surgery which covers a wide range of options to alter physical appearance. Surgery is effective and medically indicated with the overarching goal to alleviate gender dysphoria through greater congruence of the body with gender identity. Failure to provide this treatment can result in significant mental suffering and place individuals at greater risk of functional disability, suicide, and problematic substance use. Gender-affirming surgeries are typically described as ‘upper’ which includes mastectomy with chest contouring or breast augmentation, and ‘lower’ which typically includes metoidioplasty, phalloplasty, or vaginoplasty, all of which require some specialized training. Hysterectomies, oophorectomies, or orchiectomies can be performed by gynaecologists and urologists without additional training or expertise and these procedures are covered through the Medical Services Plan in BC. Prior to surgery a referral from a qualified mental health professional or assessor is required, one for upper surgery and two independent readiness assessments for lower surgery. Eligibility for some gender-affirming surgeries first requires 12 months of hormone therapy.

GP, Nurse Practitioner, Psychiatrist, Registered Clinical Psychologist, Registered Counsellor, Registered Nurse or Registered Social Worker
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Issues related to gender-affirming surgery access in BC include:

- The process for accessing surgery is unclear, resulting in frustration and distress among trans patients, their loved ones, and care providers.
- Services are concentrated within the Lower Mainland (for upper/chest surgery) and adults living in the rest of BC may have limited access to care.
- Access to readiness assessments and care planning outside the Lower Mainland is limited, particularly in the public system. People who have access to extended health insurance or are able to pay privately have improved access to readiness assessments, as well as to private pay surgeries creating inequity in the system for a population that tends to be of low socioeconomic status.
- Waits for publicly funded upper and lower surgery are in excess of 1-2 years. There is only one surgeon performing upper surgeries in the province currently.
- The criteria for breast augmentation are the same for cis-gender and trans women. Although this appears equitable on the surface, in practice it creates a barrier for trans women whose proportions and chest wall size are not currently considered and taken into account.
- Publicly funded lower gender-affirming surgeries (vaginoplasty, metoidioplasty, phalloplasty) are provided by one program in Canada, located in Montreal. Many of the issues related to this which negatively impact patients include:
  - Cost of travel for pre-op consultation.
  - Financial burden on patients, including flights and accommodation. The post-op stay is divided between the hospital and a private facility for ‘after care’ which is a non-optional part of the recovery time creating an additional patient-incurred cost.
  - Lack of post-operative care and support in BC. There are few clinicians who have experience in the care considerations after these surgeries, increasing the risk post-operative complications.
  - Out of province surgery means that individuals lack access their support networks at their time of surgery and immediately post-op.

2.2 Current Situation

Services in BC

There are three main programs which deliver services specifically targeted to the transgender population in BC; the Vancouver Coastal Health Trans* Specialty Care program, the Transgender Health Information Program, and BC Children’s Hospital (BCCH) Endocrinology clinic. In Vancouver, the Catherine White Holman Wellness Centre, a non-profit organization, also provides free trans-specific services. These organizations are centred in Vancouver, and are not formally integrated or coordinated. The following descriptions provide an overview of current trans-specific services, but are not a comprehensive list of programs which might include gender-affirming care and support in BC.

Vancouver Coastal Health: Trans* Specialty Care

Trans* Specialty Care provides specialized care to transgender and gender diverse people who reside within the Vancouver Coastal Health region. The interdisciplinary teams include nurses, counsellors, physicians, nurse practitioners, and social workers. They provide consultation services and work in collaboration with family doctors. These services are provided through the Three Bridges and Ravensong clinics.

Services offered:

- Hormone readiness assessment
- Endocrine (hormone) therapy
- Hormone injecting supplies
- Surgical care planning, assessment and referrals
- Pre-operative information and education
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- Post-operative wound care
- Limited counselling

Vancouver Coastal Health: Transgender Health Information Program

The Transgender Health Information Program (THiP) is a BC-wide information service and resource hub. The focus of this program is to ensure people have the information they need to access gender affirming health care and supports. Support services are available for those for people who identify as trans, their families, friends, loved ones and service providers. The vision of THiP is that all trans individuals across BC are able to access gender affirming healthcare and engage in society feeling safe, included and well represented. Their mission is to support the health and well-being of trans communities in BC.

Services offered:
- Telephone and email support
- Referrals to gender affirming care and supports
- Web and print resources
- Health care provider consultation services
- Support and information groups
  - Trans Youth Drop-In (ages 13-24)
  - Trans Taking Care of Business (for trans-identified sex workers)
  - Adult Drop-in (for gender diverse and trans adults)

PHSA: BC Children’s Hospital Transgender Care

The Endocrine Clinic at BCCH began seeing transgender and gender-questioning youth and young adults in 1998, and now has one of the busiest clinics in North America. At BCCH, the team (Endocrinologist, Endocrine Nurse Clinician, and Social Worker/Counsellor) works in partnership with community mental health professionals and the BC Transgender Clinical Care Group. It functions as a clinic without walls to deliver endocrine care (puberty blockers and hormone therapy). In general, the clinic will see patients after the beginning stages of puberty and follow patients until the age of 18.

Vancouver Coastal Health: Other related programs:
- **Changing keys** is a free, vocal feminization program offered to BC residents in a group format. This is a highly regarded and requested service, with a significant wait list.
- **PRISM** provides clinical, education, information and referral services for LGBTQ2S communities within the Vancouver Coastal Health region. PRISM focuses on training health service providers on inclusion, diversity and health and wellness promotion. PRISM provides in-person “Trans 101” workshops to develop trans-competencies among service providers.

Creating Action, Learning and Leadership (C.A.L.L. Out!) engages LGBT2Q+ youth, ages 15-24, in meaningful activities to build their skills and connect them to their communities to empower them to make healthier choices about drug and alcohol use and overall well-being. By providing networking opportunities, resources and education for service providers, parents & caregivers, educators and faith-based organizations, C.A.L.L. Out! aims to increase resiliency and connection to community among LGBT2Q+ youth. C.A.L.L. Out! is a Health Canada Drug Strategy Community Initiatives Fund grant program, which will conclude in September 2016.

Non-Governmental Organization: Catherine White Holman Wellness Centre

The Catherine White Holman Wellness Centre aims to provide low-barrier wellness services to transgender and gender non-conforming people in a way that is respectful and celebratory of clients’ identity and self-expression. The centre is volunteer run, so that services are free to people who need them, regardless of factors like citizenship, health insurance, or residential address.
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Services include:

- General health care
- Free hormone injection equipment
- STI/HIV testing
- Counselling
- Education, advocacy and referrals
- Community support
- Binder and chest compressor swap
- Lawyer
- Nutritionist
- Art Group
- Yoga

Surgical Services

Many gender-affirming surgeries are performed within BC. Procedures such as hysterectomy, oophrectomy, and orchiectomy can be accessed in all health care regions. Upper surgeries which require additional plastic surgery knowledge and skill are currently provided by one surgeon in Vancouver through both the public and private system.

Other surgeries, such as tracheal shave, facial feminization surgery, and voice surgery, are not covered by MSP. Additionally, electrolysis required for some surgeries is not a covered service.

Surgical services are frequently accessed outside of BC. All clients wanting to access lower surgeries (vaginoplasty, phalloplasty, metoidioplasty) must travel out-of-province. Most of these surgeries are performed in a private clinic in Montreal, the only clinic offering lower surgeries in Canada. The cost of the surgery is covered by MSP; however, patients are required to pay out-of-pocket for consultation visits, a portion of their post-op stay, and travel expenses. Together these personal costs can exceed $10 000 for some procedures (e.g. phalloplasty). Additionally, patients with complex medical conditions may need to travel out-of-country for care. Outside of the public system, people who have the means travel out-of-country to the United States, Europe and even Asia for private-pay surgery.

Other Linkages:

Ministry of Child and Family Development (MCFD)

Psychologists in two MCFD offices have expertise in providing readiness assessments and care plans and support for trans children and youth, as well as their families. These providers work cooperatively with BCCH to ensure youth receive needed endocrine care.

Private (fee-for-service)

Many people access mental health services from private psychologists, psychiatrists, social workers and counsellors. Services accessed often include hormone and surgery readiness assessments, which people opt for due to access and wait time issues in the public system.

NGO: Trans Lifeline

Launched in December 2014 as a hotline for transgender people experiencing crisis.

NGO: Options for Sexual Health
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Opt (Options for Sexual Health) provides “comprehensive education, accurate information, support for sexual expression and reproductive choice, and confidential clinical services that help British Columbians enjoy health sexuality throughout life.” Services are available to all genders, orientations and ages. With 60 clinics in BC, Opt is uniquely positioned to partner in trans healthcare, an opportunity that is currently being explored.

NGO: QMUNITY

QMUNITY is a nonprofit queer resource center for LGBTQ British Columbians and an important partner in supporting healthy trans communities. They offer a range of services including support groups that are trans-inclusive and trans-specific, free individual counselling, and youth workers.

Other Non-Government Organizations supporting this population:

- Rainbow Refugee
- AIDS Vancouver Island
- New Horizons Centre
- Newton Youth Resource Centre
- Pacific Youth and Family Services Society (Peak House)
- RainCity Housing (LGBTQ2S+ housing for youth)
- Pacific Community Resources Society (Broadway Youth Resource Centre)

Peer supports:

- FTM Etc.
- PFLAG
- Cornbury Society
- Sher Vancouver
- UBC
- Kelty Mental Health Resource Centre
- South Vancouver Island Gender Variant Drop-in
- Courtenay Peer Support
- New Directions
- Nanaimo Youth Support Group
- Transgender Queer Social Support Group (Kamloops)
- Trans Connect (Nelson)

Challenges

In many areas of the province, trans individuals are isolated and have no one to turn to even at the earliest stage of gender identity questioning. There are very few Primary Care Providers (PCP) able assess and initiate hormone therapy or counsellors knowledgeable about trans issues. High rates of poverty within trans communities result in further barriers when care is not publically funded or accessible within a reasonable geographic area. Confusion about how to navigate the fragmented systems of care causes distress for patients and their families. Long wait times for readiness assessments and care planning appointments and surgeries, criteria for publicly funded breast augmentation, and costs associated with travelling to Montreal for surgery are burdensome and negatively impact the health of this population.
3. NEEDS ASSESSMENT

3.1 Healthcare needs

Healthcare needs of trans individuals, and their families, are not adequately met within the current, uncoordinated systems of care in BC. A description of the needs in the four focus areas are described below.

Community/ peer supports

Access to peer/partner/family support groups and networks is foundational for trans populations, as they continue to experience disproportionate levels of stigma, marginalization, discrimination, and violence, which can lead to increased stress at various points throughout the lifespan. Whether people choose to transition or not, a peer support network will help alleviate the isolation by creating space where people are accepted and mitigate the social isolation and distress often associated with gender dysphoria, particularly in rural communities. Often this type of support is provided outside of the health care system and supported by non-governmental (NGO) or community organizations. However, there are examples where this type of network is integrated with the health care system such as Transgender Health Information Program (Trans Adult Drop-In, Trans Youth Drop-In) and the Positive Living Society of BC (Peer Navigators). Another example of a peer program integrated with the health care system is the Kelty Mental Health Resource Centre. This is a provincial information and resource centre which offers information, resources, peer support and system navigation to children, youth and families across BC who are experiencing mental health and/or substance use challenges. The Kelty Centre has a provincial mandate and supports individuals from anywhere in BC in-person, or by telephone and e-mail. Operational funding for this program is provided through BC Mental Health and Substance Use Services, and the peer support component is made possible through partnership with a provincial non-governmental organization. Peer support workers are individuals with lived experience, are employed by the NGO, and subsequently contracted to work at the Kelty Mental Health Resource Centre. These peer support workers provide a crucial link between the formal health care system and trans communities, and also directly integrate the lived experience perspective into services delivered. The development of a similar model is recommended for trans communities in BC.

Primary care access and consultation

Access to primary care services is essential to support health and wellness and continues to be a priority in BC. Underlying numerous accounts of community members being refused treatment, is a general lack of understanding and awareness about how to provide gender-affirming care on the part of primary care practitioners. Specific gaps in this area include access to hormone and surgery readiness assessment and care planning appointments, hormone therapy initiation and maintenance, and mental health supports. People who wish to access medical transition care should be able to receive the majority of these services within their health authority region. Hormone therapy prescription for adults is outlined in the WPATH Standards of Care and is within a GP scope of practice.

In a survey of transgender people conducted by the Transgender Health Information Program in 2013, 35% of the people living in FHA said that there were no transgender health services in their area and another 16% said they had to travel to Vancouver; 27% of people in VIHA said that there were no services or limited services (especially outside of Victoria) and a further 10% were unsure of the services available; and 9% of people in IHA said there were no services and another 45% said services were inadequate. These numbers were in contrast to people living in Vancouver, many of whom said they had services available to them. And few youth have access to a primary-care provider or pediatrician comfortable in initiating the unique mental-health or hormone therapy treatment that adolescents require. In a national youth survey, only 15% reported that they were comfortable talking to their doctor about trans-specific health needs. There is insufficient data available to fully understand the wait times for hormone therapy readiness assessments. Wait times to see Trans* Specialty care physicians at VCH are 3 months, and a few months for BCCH. The Interior Health region reports an approximate 6-8 month wait, with no access in Kamloops or East Kootenay and there is one youth assessor with a 4-6 month wait (this waitlist is managed by age and/or suicidality). Most
assessors are able to support both youth/adults for either hormone/surgery readiness assessments; however, there are a few that might focus solely in one of these areas.

The current number of assessors in each region is as follows:

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<th>Public Assessors</th>
<th>Private Assessors</th>
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<td>1</td>
</tr>
<tr>
<td>Interior Health Authority</td>
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<td>0</td>
</tr>
<tr>
<td>Island Health Authority</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>Northern Health Authority</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Vancouver Coastal Health Authority</td>
<td>8</td>
<td>4</td>
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For private readiness assessments, patients can access care through web-based technology; however, within Health Authorities remote access must be arranged by travel to a location equipped with telehealth. With investment in assessor training and publicly funded assessor remuneration (through contracts and creation of a GP billing code) to ensure a number of assessors are available in each health region, significant barriers to patient access will be removed.

The recommendations for primary care access and consultation are multi-faceted and include system recommendations around funding, strategies to support increasing healthcare provider knowledge, increasing BCCH clinical services, and identifying actions that empower patients.

**Healthcare provider education**

Access to trans-friendly and experienced health care providers is inconsistent across health authorities, particularly outside the Lower Mainland and is critical for patients to feel safe when receiving healthcare services. Many trans individuals have nowhere to turn as they explore their gender identity, search for information and/or want to pursue medical transition options. The focus of recommendations in this area are on increasing healthcare provider cultural sensitivity and knowledge of the WPATH Standards of Care, trans inclusive policy and practice (including non-binary gender identities), and comfort and ability in initiating and monitoring hormone therapy.

**Gender-affirming surgery**

Services related to gender-affirming surgery in BC are among the most controversial for trans communities. The demand is significant and growing for surgery readiness assessment and care planning appointments. The number of referrals received increased from 130 referrals in 2012 to 272 referrals in 2014. Even though the number of completed readiness assessments also increased from 65 assessments completed in 2012 to 224 in 2014, there are still over 100 referrals currently waiting. Of note, wait times for readiness assessments have improved since the implementation of the new WPATH standards in 2012. The median wait time of 139 days in 2013 decreased to 41 days in 2014.
Upper surgeries are performed by one surgeon in Vancouver. The number of completed surgeries in 2012, 2013 and 2014 were 47, 35 and 35 respectively. The median wait time for completed surgeries has doubled from 130 days in 2013 to 280 days in 2014. With approximately 80 patients each year assessed and approved for mastectomy and other upper chest surgeries, the number of patients waiting for upper surgery is expected to increase from the current 100 patients awaiting consultation and 80 awaiting surgery. Unless more surgeries can be completed, the wait times will continue to increase.
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There is minimal information about wait times for consultation or surgery from the program in Montreal and limited ability to influence and improve access with only one Canadian program.\(^8\) Recent statements indicate a wait time of up to 3 years (includes readiness assessment through to surgery completion).\(^8\) There are also significant challenges with accessing lower gender-affirming surgeries in Montreal. In addition to the travel costs, the program in Montreal has a two-tier system in post-op recovery time. From a quality perspective, post-operative care should be funded publicly regardless of the designation of the facility. There is no accepted or benchmark standard of post-operative lengths of stay for lower surgeries. Comparison with another publicly funded system (United Kingdom) for vaginoplasty showed a similar post-op length of stay of 7 days compared to 10 in Montreal.\(^9\)

The system for accessing surgery in BC has evolved over time, and numerous changes to processes\(^10\) have been confusing for patients and providers. There are many opportunities for improvement in this area ranging from

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\(^8\) Capacity of approximately 300 sex reassignment surgeries/year for all of Canada as per Dr. Brassard on CBC, The Current, May 22, 2015

\(^9\) 3 days in hospital and 7 days in the private after-care facility in Montreal.

\(^10\) The MSP pre-approval step for surgery in Montreal was removed in December 2014.
simple to complex: increasing access to information about gender-affirming surgery, decreasing wait times for surgery readiness and care planning appointments, improving follow-up care after lower surgery, increasing access to upper surgeries and creating a lower surgery program in BC.

3.2 Environmental scan

The following programs are known world-wide for providing care to trans communities and more detailed consideration should be given to what can be learned and built upon when implementing new services in BC. The Callen-Lorde Community Health Center\footnote{xxx} is known for successful integration of its medical and mental health programs. Peer support networks that include partner and couples therapy and phone support are part of Fenway Health\footnote{xxx}. The Center of Expertise on Gender Dysphoria\footnote{xxxi,xxxii} is well known for its emphasis on supporting the entire family when treating youth. And GeMS: Gender Management Service \footnote{xxxiii} also has a comprehensive youth program.

When developing the surgical program business case, the University of Ghent\footnote{xxxiv} provides an example of combined upper and lower surgeries. And the Center of Excellence for Transgender Health\footnote{xxxv} has a community-driven model with a national advisory body of 14 transgender-identified leaders from throughout the United States. This community-driven model could be a consideration for a trans health BC approach.

3.3 Province – Wide Solutions

Trans health care in BC requires a tiered approach through a coordinated network of provincial, regional and local services. The most efficient and effective way to meet the needs of this population is to coordinate specialized services (e.g. surgery program, clinical care guideline development etc.), as well as those that would be duplicitous (e.g. central website rather than maintaining multiple websites with the same information) at the provincial level.

A centralized program would; support patients with system navigation, website information and resource access, specialized services, support health care providers through education, consultation, guidelines, and communities of practice; and provide system support through data management. These elements will help ensure consistency and continuity of care throughout the province. This program would support the development of local and regional services through health authority, NGO, and community partnerships.
4. RECOMMENDED PROGRAM APPROACH

4.1 Program Description

Objective
To develop a comprehensive person and family-centred health care service model based on current and emerging practice, evidence, and the experience of transgender/trans community members to improve access to a network of services for transgender/trans health care throughout the lifespan for British Columbians.

Target population
The target populations for this proposed program are trans communities, including trans adults, trans youth, and family members. The estimated size of the fast-growing trans population in BC is estimated to be 50,000 people, with tens of thousands of additional family members in need of support. Feedback from the May 2nd consultation day highlighted the need to consider various sub-populations including; young adults, seniors, non-binary identities, those in rural/remote areas, indigenous, non-English speaking, people of colour, sex trade workers, homeless, prisoners, hearing and/or mobility impaired when tailoring implementation approaches.

Proposed program
The proposed program calls for integration of existing services and new initiatives, creating an equitable and coordinated system at the local, regional, and provincial service delivery levels. A significant portion of the recommendations are focused on building service provider capacity and regional infrastructure to better support people to access care where they live. The vision is to have the majority of direct medical care and support provided locally or regionally for all trans individuals and their families in BC, while maintaining centralized program coordination, education information, specialized and surgical services.

Areas of focus
The recommendation areas are based on the most critical gaps identified in surveys and reports.

Community/Peer Supports
Peer support is essential for trans individuals and family members, especially for those who feel isolated in less urban locations and will benefit thousands of trans individuals and their families regardless of their transition choices. Having a network of those with lived experience is critical for psychosocial support.

Service delivery options include individual support, drop-in groups and community-building events. Community engagement across the province will be a central element in developing and maintaining appropriate and high-quality community and peer supports.

Peer support services will be delivered consistently throughout the province by trained facilitators. Organizations which provide peer support services will be members of a provincial knowledge exchange network, and supported through a hub-and-spoke infrastructure model. The centralized hub provides oversight, coordination and facilitates collaboration to increase consistency of service delivery while meeting local needs. The ‘spokes’ will be virtual or physical centres that exist regionally across the province and are responsible for the delivery of peer support services in that local area.
Business Plan: Trans Care BC

**Hub** = central support, oversight and coordination to facilitate collaboration and increase consistency of service delivery.

**Spokes** = virtual or physical centres that exist regionally across the province and are responsible for delivery of peer support services in that local area.

Peer support services can include a variety of modalities (e.g., in-person vs. online/chat), specific topics (e.g. transitioning, pre and post surgery support, hormone therapy), and delivery formats (e.g., one-to-one, group) to meet the diverse and unique needs of the trans population. In addition to the trans population, peer support and counselling services will be accessed by families (particularly important for youth) and partners.

**Primary care access and consultation**

The primary care needs of the trans population should be met locally (e.g. primary care, hormone prescription and maintenance, counselling support) or regionally (e.g. hormone and surgery readiness assessment and care planning, and system navigation). Currently, many GPs refer to specialist care due to lack of awareness/comfort/knowledge in addressing trans issues and supporting hormone therapy. Creating a gender dysphoria billing code that allows more time for GPs to spend with trans individuals will remove one of the barriers to providing comprehensive care and adds flexibility for completing readiness assessments and care plans. A two-pronged approach is needed to support the current direct care service delivery while building and developing knowledge, skills, and experience of health care providers in the long term so that the primary health care needs of trans individuals can be met where they live.

A centralized provincial team will be able to provide consultative support and education to health care providers while also delivering specialized clinical care services, optimizing telehealth technology. Increasing public funding for the provision of readiness assessments will reduce waits and decrease financial barriers for patients unable to access private care. Increasing access to information for both patients and care providers is essential to support care and to navigate health care services for this population.

To better support the youth population provincially, additional resources wrapped around the BCCH Endocrine clinic are required with linkages to the centralized team that will also have a Health Liaison role dedicated to youth. These clinicians would support youth and their families referred to the clinic, including mental health counselling and also provide outreach education to other care providers in the province working with this population.

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11 Note the model of physician remuneration for Trans* Specialty care and at BCCH is through contract/sessional funding in these settings.

12 Secure network line with 800 locations across the province for assessment/intervention. Note: private practice providers (i.e. psychologists) are able to deliver service over the internet.
**Business Plan: Trans Care BC**

**Healthcare provider education**

Healthcare providers are a wide audience and geographically dispersed; therefore a flexible and large scale model is required. A diversified approach should be taken, beginning with face-to-face education and telehealth support by a central expert team, while simultaneously developing on-line education modules. Expansion of an on-line system is required to support functions ranging from one-way information sharing to more interactive and networked support to address specific clinical content and detailed information.

The Trans Cultural Safety modules will be modelled similar to the Indigenous Cultural Competency approach. This facilitated on-line learning approach removes barriers to geographic access and can be tailored to specific audiences through basic clinical, advanced clinical, and social modules.

**Model for Trans Cultural Safety:**

![Model Diagram](image)

Completion of these modules could be mandatory for some Health Authority staff and contracted agencies. Part of what has made the Indigenous Cultural Competency example successful, is the Ministry of Health mandate for staff training. Furthermore, this curriculum could be leveraged by educational programs and other industries/private sector as part of cost recovery to enhance financial sustainability of this platform.

Other components of supporting healthcare provider education include increased use of the Rapid Access to Consultative Expertise (RACE) line and membership in the BC Trans Clinical Care Group.

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13 Other on-line learning examples include: [http://www.heretohelp.bc.ca/](http://www.heretohelp.bc.ca/)  
[http://keltymentalhealth.ca/](http://keltymentalhealth.ca/)  
[http://keltyeatingdisorders.ca/](http://keltyeatingdisorders.ca/)  
[http://www.earlypsychosis.ca/](http://www.earlypsychosis.ca/)
Gender-affirming surgery

There are several levels of surgical intervention and changes are recommended to increase the capacity of upper surgeries, providing options for gender-affirming lower surgeries, and addressing the continuity of care gaps and risk of complications with the development of a provincial Nurse Clinician role for follow-up after lower surgery. A detailed feasibility assessment and analysis is required to recommend the development of a lower-surgery program in BC.

Summary of Detailed Outcomes, Recommendations, and Improvement Opportunities:

1. Community/peer supports

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>New Program Recommendations</th>
<th>Improvement Opportunities</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Increase provincial access and availability of peer/mentor supports</td>
<td>Establish a provincial network of peer support providers which meets regularly.</td>
<td></td>
</tr>
<tr>
<td>1b. Increase access and availability of partner/family support</td>
<td>Design and implement a hub-and-spoke model which includes a centralized hub for the delivery of peer support services, and additional physical and virtual centres (“spokes”) which deliver peer support services locally within health regions.</td>
<td></td>
</tr>
<tr>
<td>1c. Create ways to support individuals in navigating the healthcare system</td>
<td></td>
<td>Establish additional “health liaison” roles across the province.¹⁴</td>
</tr>
</tbody>
</table>

2. Primary care access and consultation

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>New Program Recommendations</th>
<th>Improvement Opportunities</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a. Increased provincial access to experienced health care providers that are motivated to work with trans individuals.</td>
<td>Create a centralized team to provide support to other health care providers and deliver specialized clinical care services.</td>
<td>Utilize and expand a central website as a resource to help trans individuals and their families navigate and access health care services provincially.</td>
</tr>
<tr>
<td></td>
<td>Provide provincial access to publically funded hormone &amp; surgery readiness assessments and care planning.</td>
<td>Utilize technology to provide trans individuals with remote access to health care providers that can deliver readiness assessments and care planning, hormone therapy prescription, maintenance and support, and mental health services.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Develop resources to support trans individuals and their families on how to be educated health care</td>
</tr>
</tbody>
</table>

¹⁴ Note: The health liaison role includes navigation for peer support options and health care services in general
### Business Plan: Trans Care BC

#### Outcomes | New Program Recommendations | Improvement Opportunities
--- | --- | ---

2b. Increased Primary Care Provider comfort with, knowledge of, and ability to provide hormone therapy |
Create a new GP billing code for gender dysphoria and plan to implement. | Develop consistent approaches for Trans* Specialty Care GPs to support family GPs in prescribing/maintaining hormone therapy i.e. communication guidelines etc. |
Develop a communications plan for GPs to demystify trans health care (leveraging existing GP channels and target walk-in clinics where many of trans clients access their healthcare needs).

2c. Low-barrier mental health supports |
Add a mental health care provider to the central, provincial team. |
*Develop a plan for increasing access to MH supports.*

*It is acknowledged that a better understanding of the barriers and potential solutions for creating additional mental health supports for the trans population requires more detailed analysis to develop sustainable solutions.*

### 3. Healthcare provider education (HCP)

#### Outcomes | New Program Recommendations | Improvement Opportunities
--- | --- | ---

3a. Increase health care provider knowledge of WPATH Standards of Care and Clinical Guidelines |
Create a central online repository of clinical information for HCP. |
Expand the BC Trans Clinical Care Group\(^{15}\) include more health care providers, with greater representation from outside of the Lower Mainland. |
Physicians and health care providers present at conferences, deliver workshops etc. to facilitate knowledge transfer.

Include trans health care education in medical school curricula. |

3b. Increase primary care provider comfort / knowledge / ability in initiating and monitoring |
Increased knowledge and use of the Rapid Access to Consultative Expertise (RACE) line for trans healthcare consultation. |

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\(^{15}\) British Columbia Trans Clinical Care Group is a BC Community of Practice for professionals involved in providing care/service for trans clients. Membership includes nurses, nurse-practitioners, physicians, registered social workers, psychologists, speech-language pathologists, registered clinical counsellors, lawyers and other professionals who have a governing/licensing body. The BCTCC hosts a members-only list serve and a monthly meeting in Vancouver. Members may join the meeting via teleconference and videoconference (telehealth).
## Outcomes

<table>
<thead>
<tr>
<th>New Program Recommendations</th>
<th>Improvement Opportunities</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>hormone therapy in adults</strong></td>
<td>Provide workshops for primary care providers (increase frequency in the short term while online modules are developed).</td>
</tr>
</tbody>
</table>

**3c. Increase healthcare provider understanding of trans inclusive policy and practice (including non-binary gender identities)**

| Develop Trans Cultural Safety online learning modules for providers in all areas of healthcare.¹⁶ |

## 4. Gender-affirming surgery

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>New Program Recommendations</th>
<th>Improvement Opportunities</th>
</tr>
</thead>
</table>

### 4a. Increased access to information about gender-affirming surgery¹⁷

Including detailed information about surgical procedures and process flow for patients and providers (e.g. pre-op/post-op care, surgery readiness assessment and care planning forms, hospital data, surgical complication rates; surgery wait times) on a centralized website.

Conduct a patient care experience survey.

### 4b. Increased provincial access to assessors to improve wait times

Ensure a minimum of four publicly funded Assessors per Health Authority to provide hormone and surgery readiness assessments and care planning.¹⁸

### 4c. Increase transparency of surgery wait times

Add gender-affirming surgery to the Surgical Patient Registry to ensure public access to information about BC surgical wait times.

Create a centralized system for tracking and managing wait times for surgery readiness assessment and care planning appointments and post on website.

### 4d. Improved surgery follow-up care

Establish a Nurse Clinician role for post-op lower surgery follow-up.

Improve clinical information-sharing between BC providers and surgical centers.

### 4e. Increased access to upper surgeries

Increase number of upper surgeries performed in BC.

Change breast growth criteria for feminizing upper surgery.

---

¹⁶ Include a tool for health care providers to know what to questions ask

¹⁷ This aligns with the MoH Policy Paper: *Future Directions for Surgical Services in British Columbia Executive Summary.*

"Patients need more understandable and accessible information about their condition, options, surgical journey and process, and their status in the journey, as well as steps to optimal recovery” (p. 3)

¹⁸ Data analysis required to better understand the geographic demand and need. Of note, IHA currently has 4 assessors and still reports significant wait times (p. 13)
### Business Plan: Trans Care BC

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>New Program Recommendations</th>
<th>Improvement Opportunities</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Track provincial demand and capacity for upper surgeries for inclusion in the surgical program business case.</td>
</tr>
<tr>
<td>4f. Gender-affirming surgery program within BC</td>
<td>Cover aftercare costs for surgery at GRS Montreal.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Provide additional options for access to lower surgery.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Develop a business case to determine the feasibility of a BC Gender-Affirming Surgical Program.</td>
<td></td>
</tr>
</tbody>
</table>

A gap identified on May 2nd was to consider procedures which are not currently covered by MSP such as electrolysis and facial surgery. The impact of this has not been analysed and will be addressed as part of the Gender-Affirming Surgical Program business case.
Service model
The model of service delivery focuses on leveraging existing services, replicating successful models, and instituting new initiatives to fill ongoing gaps in care. The following visual diagram maps where trans individuals and their families would access needed services, at local, regional, provincial and out-of-province levels.

* Future service delivery TBD
## Business Plan: Trans Care BC

### Local Services

<table>
<thead>
<tr>
<th>Service</th>
<th>Current</th>
<th>Future</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary care</td>
<td>Trans-friendly and knowledgeable providers in some areas.</td>
<td>Trans-friendly and knowledgeable providers in all areas of BC able to provide hormone therapy maintenance.</td>
</tr>
<tr>
<td>Mental health</td>
<td>Trans-friendly and knowledgeable providers in some areas, mostly private fee-for-service.</td>
<td>Low-barrier access to trans-friendly and knowledgeable clinicians in all of BC.</td>
</tr>
</tbody>
</table>

### Regional Services

<table>
<thead>
<tr>
<th>Service</th>
<th>Current</th>
<th>Future</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hormone and Surgery Readiness assessments and care plan</td>
<td>Available in some areas, primarily private fee-for-service. Surgery readiness assessments are available provincially with a waitlist.</td>
<td>Publically funded assessments available in all regions in person and via telehealth.</td>
</tr>
<tr>
<td>Gender-affirming surgery</td>
<td>Hysterectomy, oophorectomy, orchiectomy in all regions.</td>
<td>Consider training additional surgeons in upper surgery to better serve more areas of BC.</td>
</tr>
<tr>
<td>Peer support</td>
<td>Available in some areas.</td>
<td>Coordinated network of peer support that reaches all regions of BC.</td>
</tr>
</tbody>
</table>

### Provincial Services

<table>
<thead>
<tr>
<th>Service</th>
<th>Current</th>
<th>Future</th>
</tr>
</thead>
<tbody>
<tr>
<td>Website</td>
<td>THiP website with limited resources.</td>
<td>Website and information platform with a peer support hub, updated information about surgery process and wait times, and additional resources for trans individuals, families and providers, Trans Cultural Safety education modules.</td>
</tr>
<tr>
<td>Specialist care</td>
<td>BCCH endocrinology and psychiatric services.</td>
<td>Continue to support growing program</td>
</tr>
<tr>
<td>Upper surgery</td>
<td>Upper surgeries performed by one surgeon in Vancouver.</td>
<td>Consider combined surgeries as part of the business case.</td>
</tr>
<tr>
<td>Surgery follow-up care</td>
<td>No formal system.</td>
<td>Nurse Clinician to provide post-op follow-up care and consultation.</td>
</tr>
<tr>
<td>Healthcare provider support</td>
<td>Trainings in VCH area through PRI SM.</td>
<td>Multiple educational approaches including on-line and in-person education and consultation.</td>
</tr>
<tr>
<td></td>
<td>Outdated clinical care guidelines (endocrine guidelines recently updated).</td>
<td>Updated clinical care guidelines for all areas of practice.</td>
</tr>
</tbody>
</table>

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*Version 3.4 September, 2015*
Out-of-Province Services

<table>
<thead>
<tr>
<th>Service</th>
<th>Current</th>
<th>Future</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lower surgeries</td>
<td>Provided at GRS Montreal, and at US clinics for individuals with complex medical needs.</td>
<td>Additional options for lower surgery outside of Canada. Develop a business case for a province-wide or Canadian western-hub surgical program.</td>
</tr>
<tr>
<td>(vaginoplasty, metoidioplasty, phalloplasty)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

New Program Services

Centralized technology platform, website, and healthcare provider education
The expansion of a centralized, website will address many of the needs identified by trans communities and service providers and provide a virtual platform for:

- Health information and system navigation for trans individuals and family members
- Peer support hub
- Trans Cultural Training modules
- Healthcare provider education resources, clinical care guidelines

Peer Support Network
Program to network and link existing peer programs and to develop capacity in underserved areas through:

- Online resources
- Online facilitator training
- Support from a provincial peer program coordinator

In the early phase of developing the network, community engagement and development will be required to support trans communities in self-organizing to become partners in the delivery of peer support services. Linkages with regional Health Authorities will assist in finding accessible space and build upon resources and organized programs that already exist. Service into the Provincial Corrections system and shelters will be developed as the network becomes established.

PHSA Team
Implementation of the proposed program can be facilitated by a permanent team working in collaboration with health care system partners, the trans community, and other organizations. In the first 1-3 years this team would be assisted by contracted, temporary staff to assist with detailed design and development work to implement the new program recommendations.

The following roles would be responsible for Trans Care BC program oversight, implementation and evaluation. A few roles, including the program at BCCH are providing specialist care:

- **Provincial Program Lead**: Will have a combination of direct operational responsibility for the team, contract management, program evaluation and quality assurance, as well as provincial planning to achieve the recommendations.
- **Medical Lead**: Works in partnership with the Program Lead and liaises with physician groups for design/development work to operationalize the recommendations and improvements and focus on developing capacity in other care providers through consultation, collaborative guideline development and education.
- **MH Clinician**: Provide education/outreach/consultation support provincially to other primary care providers as an expert in assessment and treatment intervention. Ad hoc direct specialist care.
Business Plan: Trans Care BC

- **Nurse Clinician**: Follow-up care for lower surgery in BC (with patients and provider consultation), pre/post-op information and education. Telehealth support will be critical to facilitate access in rural areas. Also involved in content development for clinical resources, education, and program evaluation. This role is considered part of specialist care.

- **Health Liaisons**: Health service information and navigation for trans individuals, families, and service providers in BC. Provide health promotion/prevention education, program development and evaluation and support peer network programming (1 youth focused, 2 adult). This role provides direct patient care which is specialized.

- **Education Facilitator**: Similar to other on-line modules which are facilitated virtually. 19

- **Peer Support Program Coordinator**: Central coordination of the peer support network, training and consultative support to regional peer support program coordinators/facilitators. Facilitate adult/youth groups in the lower mainland.

- **Community Developer**: Engages communities and stakeholders in establishing the peer support network and involvement in program evaluation.

- **Speech Language Pathologist (SLP)**: Education and consultation of regional SLPs in voice feminization therapy. May run some sessions in partnership with local resources.

- **Administrative Assistant**: Provide administrative program support/co-ordination such as management of surgical assessment process and data collection, maintaining online information hub, scheduling and logistics for educational outreach etc.

- **Senior Data Analyst**: Develop tools for data management, provide data analysis and evaluation support with start-up and program sustainability (after first 3 years, decrease support)

**BC Children's Hospital Team**

- Endocrinologist
- Psychiatrist
- Nurse Practitioner
- Psychologist
- Social Worker
- Clerical Support

**Contract and Temporary support roles:**

- **Trans* Specialty Care GPs at VCH**: sessions for readiness assessments and care planning, hormone therapy initiation, pre/post-op information and education
- **Psychiatry Sessions**: for provincial readiness assessment and care planning, treatment intervention as indicated
- **GP and Psychiatrist**: assessor training
- **Clinical Resource Developer**: Content development and subject matter expertise of healthcare provider and consumer resources, create online training modules, update clinical practice guidelines, promote provider resources
- **Project Manager**: Lead and coordinates initiative and start-up work. Support detailed planning and implementation of the various projects such as creating the on-line platform, and trans cultural safety program.
- **Project Coordinator**: Coordinate tasks related to implementing the various initiatives (primary care recommendations, on-line information hub, and integration with trans cultural safety modules, peer support network etc.)
- **Other specialty areas include**: curriculum writer, communications/marketing support, health economist etc.

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19 1 facilitator can train approximately 1,100 people per year.
4.2 Clinical Objectives and Measures

Program Evaluation

Program evaluation will be conducted to ensure care is delivered according to WPATH standards, established clinical guidelines and best practices in the field. Where clinical guidelines have yet to be established, this program will take a lead in developing them, in partnership with experts across Canada and around the world.

Program evaluation is an area where there is opportunity to involve and include community representatives in an advisory-type capacity at regular intervals for accountability to ongoing continuous improvement of services and outcomes.

5. ORGANIZATIONAL IMPACTS

5.1 Stakeholders

Internal: a group within PHSA
External: a group outside of PHSA
Primary: directly impacted or involved in the program
Secondary: impacted, but not directly involved in the program

This table represents initial stakeholder identification and is not fully comprehensive (see Section 2.2 for other partners and linkages).

<table>
<thead>
<tr>
<th>Stakeholder Group</th>
<th>Internal/External</th>
<th>Primary/Secondary</th>
<th>Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients and Families/Supports (includes community peer support roles)</td>
<td>External</td>
<td>Primary</td>
<td>Positively impacted by increased access to services and information and eventual increased knowledge about trans care. The provincial program and Health Authorities will work together with the trans community to become a partner in the delivery of the peer support network.</td>
</tr>
<tr>
<td>Healthcare Providers (GP, NP, MH Practitioners etc.)</td>
<td>External</td>
<td>Primary</td>
<td>Increase awareness, knowledge, skills in trans care through education and resource support. Trained Assessors Referrals for specialized care (Endocrine clinic, linkages with Health Liaison and/or Nurse Clinician etc.).</td>
</tr>
<tr>
<td>MCFD</td>
<td>External</td>
<td>Primary</td>
<td>Deliver mental health services for children, youth and families</td>
</tr>
<tr>
<td>Health Authorities</td>
<td>External</td>
<td>Secondary</td>
<td>Service delivery for this special population – support health care provider awareness, knowledge, linkages and development of peer support networks, regional assessors. In kind resources for training and education (space, provider time), telehealth access. Partnership with VCHA is essential for linkages and interfaces with direct patient care (i.e. Health Liaison roles etc.) as PHSA team and program is developed.</td>
</tr>
</tbody>
</table>
## Stakeholder Group Impact

<table>
<thead>
<tr>
<th>Stakeholder Group</th>
<th>Internal/External</th>
<th>Primary/Secondary</th>
<th>Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ministry of Health</td>
<td>External</td>
<td>Secondary</td>
<td>Funding, billing code and criteria changes, policy development.</td>
</tr>
<tr>
<td>Doctors of BC and GPSC</td>
<td>External</td>
<td>Secondary</td>
<td>Propose billing code and surgical criteria changes.</td>
</tr>
<tr>
<td>Non-Government Organizations</td>
<td>External</td>
<td>Secondary</td>
<td>Increase awareness, knowledge, skills in trans care through education and resource support.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Trained assessors.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Peer Network Support.</td>
</tr>
</tbody>
</table>

### 5.2 Internal Readiness and Organizational Factors

This program aligns with PHSA’s role to plan, manage and evaluate specialty and province-wide health care services across BC, working with the five geographic health authorities to meet local and provincial needs. This program will also live the value of ‘Patients first’ and be ‘Open to possibilities’ – these are foundational in order to be flexible and adaptable as services develop and evolve to best meet the needs of this population into the future.

The program delivery model will impact care delivered at local and regional levels. Although there was some representation and participation of health authorities, NGOs, and other system partners through working groups and the May 2nd session, these were the early adopters and people already working with the trans population. A communication and stakeholder engagement plan will be needed to build awareness and understanding of this work when moving into implementation and developing agreements and contracts.

A Provincial Program Lead will be hired to bring both the leadership and skill/experience in the care of this population which will be new to PHSA. This work will also have an impact on infrastructure supports for PHSA such as:

- Administrative roles
- Equipment and Hardware Technology Support (on-line system development and ongoing operational support), and space (for PHSA team)
- Corporate support services (Finance, Performance Management & Reporting, Communications, IMIT, and potentially Project Management support)
6. IMPLEMENTATION PLAN

The core requirements of this program to build a foundation and implement the new services and recommendations are outlined in the following diagrams. This describes the critical steps required for implementation:

Establishing infrastructure and governance is essential before moving into the Design & Development phase; however, some of the improvement opportunities can be implemented immediately within existing structures and with minimal additional investment:

**Primary Care Access & Consultation:**
- Website resources and additional content developed including system navigation, how to be an educated health care consumer etc. (could be added to the current THiP website)
- Communication plan for GPs to demystify trans health care
- Develop consistent approaches for Trans* Specialty Care GPs to support family GPs in prescribing/maintaining hormone therapy

**Healthcare Provider Education:**
- Communication to increase knowledge and use of the RACE line for trans health care consultation
- Expand representation from outside the Lower Mainland for the BC Trans Clinical Care Group
- Provide workshops for primary care providers

**Community/Peer Support:**
- Establish additional health liaison roles

**Gender-Affirming Surgery:**
- Updated website information (procedures, pre/post-op information, etc.)
Business Plan: Trans Care BC

- Patient care experience survey developed
- Tracking and trending of wait time data
- Increase upper surgeries

The immediate issues related to wait lists and access will be achieved by:
- Increasing the number of upper surgeries
- Funding for hormone and surgery readiness assessments, contracting with Health Authorities, and training new assessors
- Increasing options and funding for lower surgeries to reduce financial barriers for patients and spread demand to various surgical centres

Temporarily increasing the number of upper surgeries over the next year will not meet ongoing demand; however, data and statistics are needed as part of the business case development to determine whether a centralized or decentralized model of care for upper surgery in BC is most feasible.

More detailed 18 month implementation plans from the working groups are attached in Appendix E.

Recommendations for critical enablers from the Ministry of Health include:

Funding to (see Section 7.2 for more detail):
  a) Provide additional options to access lower surgery outside of Canada
  b) Cover after care costs for surgery at GRS in Montreal
  c) Increase the number of upper surgeries (Fee for Service component)
  d) Remunerate health care providers for completing readiness assessments (through PHSA contracts initially).

Policy changes for:
  e) Breast growth criteria for augmentation surgery
  f) Billing code changes for GPs
  g) Mandatory trans cultural safety training for 811 (nurseline), and working with General Practice Services Committee (GPSC) to encourage participation in trans-cultural competency, influence medical school curriculums

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20 GP billing code changes should support the ability of GPs to do readiness assessments under FFS, which will further increase capacity in addition to PHSA funding to Health Authorities for other care providers to support readiness assessments.
The longer term plan which maps out the new initiatives/services recommended are phased in the following approach:

<table>
<thead>
<tr>
<th>Phase 1 (0-1.5 years)</th>
<th>Phase 2 (1.5 – 3 years)</th>
<th>Phase 3 (3 – 5 years)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Community/Peer Support Network</strong>&lt;br&gt;• Detailed design of peer support network plan</td>
<td><strong>Structure and partnerships established</strong>&lt;br&gt;Facilitator training program in place</td>
<td>Network expansion</td>
</tr>
<tr>
<td><strong>Primary Care Access &amp; Consultation</strong>&lt;br&gt;• GP billing code created&lt;br&gt;• Additional mental health support/resources&lt;br&gt;• Public Assessors in each Health Authority</td>
<td>Additional mental health support/resources</td>
<td></td>
</tr>
<tr>
<td><strong>Healthcare Provider Education</strong>&lt;br&gt;• Design and development of online curriculum&lt;br&gt;• Clinical information for providers on-line&lt;br&gt;• Education in medical schools</td>
<td>Testing and go-live of on-line Trans Cultural Safety modules</td>
<td></td>
</tr>
<tr>
<td><strong>Gender-Affirming Surgery</strong>&lt;br&gt;• Add gender-affirming surgery to Surgical Patient Registry&lt;br&gt;• Resource Nurse for follow-up post surgery&lt;br&gt;• Additional options for access to lower surgery&lt;br&gt;• Business Case for feasibility of Surgery Program</td>
<td><strong>Detailed design and implementation planning for surgical program (TBD)</strong></td>
<td><strong>Implementation of BC Gender-Affirming surgical program (TBD)</strong></td>
</tr>
</tbody>
</table>
7. ACKNOWLEDGEMENTS

This document was made possible by the efforts and contributions of many. Of note are the Steering Committee members who dedicated their time to this work; Laura Case COO, Vancouver Community, VCH, Connie Coniglio, Provincial Executive Director, Children and Women's Mental Health and Substance Use Program BC MHSU Services, PHSA, Dr. Soma Ganesan, Head & Medical Director, Department of Psychiatry, VCH, Fin Gareau, Community Representative, Lorraine Grieves, Manager, Youth Addictions & Prevention Services, VCH, Dr. David Hall, Medical Director, Primary Care, VCH, Gwen Haworth, LGBT2Q + Educator, Prism Services, VCH, Theresa Kennedy, Interim Chief Communication Officer, PHSA, Dr. Gail Knudson, Psychiatrist, Sexual Medicine, VCH, Michele Lane, Executive Director, Acute & Provincial Services, MoH, Dr. Daniel Metzger, Pediatric Endocrinologist, BCCH, Angela Mezzomo, Executive Assistant, PHSA, Julia O'Dwyer, Parent Community Representative, Janice Penner, Senior Director BCCH & Sunnyhill, PHSA, Raven Salander, Community Representative, ChrYs Tei, Community Representative, Outside Lower Mainland, Dr. Marria Townsend, VCH Lead Physician, Transgender Care, Natasha Wolfe, Community Health Liaison, THiP
Appendix A - Glossary

**Gender**: socially and culturally constructed roles, behaviours, expressions and identities of girls, women, boys, men, and trans people.

**Gender Affirming Surgery**: range of surgeries that create physical characteristics that are in line with one’s gender identity, including vaginoplasty, breast augmentation, chest surgery, and phalloplasty; sometimes referred to as sex reassignment surgery (SRS).

**Gender Dysphoria**: distress resulting from a difference between a person’s gender identity and the person’s assigned sex, associated gender role, and/or primary and secondary sex characteristics. *(WPATH)*

**Hormone Therapy (HT)**: administration of sex hormones for the purpose of bringing one’s secondary sex characteristics more in line with one’s gender identity; hormone replacement therapy; HRT; transhormonal therapy.

**Hormone Readiness Assessment and Care Planning**: assessment and care planning with a healthcare professional to determine if a patient is ready to begin hormone therapy.

**Lower Surgery**: umbrella term for gender-affirming surgeries done below the waist, including masculinizing (e.g. hysterectomy, clitoral release, metoidioplasty, and phalloplasty) and feminizing (e.g. orchiectomy and vaginoplasty) surgeries. Also called “bottom surgery”.

**Medical Transition**: to undergo medical steps one deems necessary to transition to one’s preferred sex, for example hormones therapy and/or gender affirming surgery.

**Primary Care Provider**: an individual’s main health care provider in non-emergency situations (check ups, referrals); Family Doctor; General Practitioner (GP); Nurse Practitioner (NP).

**Qualified Assessors**: Healthcare practitioners designated by the Chief Assessor as qualified to conduct surgical readiness assessment and care planning appointments in the Province of British Columbia.

**Sex**: biological attributes and legal categories used to classify humans as male, female, intersex or other categories, primarily associated with physical and physiological features including chromosomes, genetic expression, hormone levels and function, and reproductive/sexual anatomy.

**Sex Assignment**: legal designation of sex, usually made at birth.

**Surgical Readiness Assessment and Care Planning**: assessment and care planning with a healthcare professional to determine if a patient is ready to be referred for gender-affirming surgery.

**Trans (Trans*, Transgender, Transsexual)**: trans is an umbrella term that describes a wide range of people whose gender identity and/or gender expression differ from their assigned sex and/or the societal and cultural expectations of their assigned sex; includes people who identify as androgyne, agender, bigender, butch, CAFAB, CAMAB, cross-dresser, drag king, drag queen, femme, FTM, gender creative, gender fluid, gender non-conforming, genderqueer, gender variant, MTF, pangender, questioning, trans, trans man, trans woman, transfeminine, transgender, transmasculine, transsexual, and two-spirit. *(QMUNITY)*

**Transphobia**: ignorance, fear, dislike, and/or hatred of trans people, which may be expressed through name-calling, disparaging jokes, exclusion, rejection, harassment, violence, and many forms of discrimination (refusing to use a person’s name/pronoun, denial of services, employment, housing). *(QMUNITY)*

**Upper Surgery**: umbrella term used for some gender-affirming above-the-waist surgeries including masculinizing chest surgeries and feminizing breast augmentation surgeries.
Two-Spirit (2-Spirit or 2S): A term used within some Indigenous communities, encompassing sexual, gender, cultural, and/or spiritual identity. This umbrella term was created in the English language to reflect complex Indigenous understandings of gender and sexuality and the long history of sexual and gender diversity in Indigenous cultures. This term may refer to cross, multiple, and/or non-binary gender roles; non-heterosexual identities; and a range of cultural identities, roles, and practices embodied by Two Spirit peoples. (definition used with permission from Battered Women’s Support Services)

World Professional Association for Transgender Health (WPATH): professional organization devoted to transgender health, whose mission as an international multidisciplinary professional association is to promote evidence based care, education, research, advocacy, public policy and respect in transgender health.
Appendix B - Key Themes and Questions from May 2nd

Primary Care Access and Consultation:

**Themes:** Funding; Roles & Responsibilities; Who & How Organizations Interact; Populations; Evaluation; Recruitment & Training; Peer Support & Intersectionality

- Is funding permanent? Or will the funding disappear in “X” amount of years?
- Location concerns were frequent, especially for those British Columbians living in rural areas—how will they be accounted for?
- Will improvements also involve a more comprehensive method for patients to report concerns, file complaints, and maintain privacy? And to whom would they raise these issues with?
- How is the current system going to be broadened? I.e. for those off the grid (homeless), without internet/computer, access to telephone.
- On the topic of systematics, what efforts are being made to ensure future electronic systems have gender options for intersex people and non-binary folks?
- How can GPs be more suited to work with trans individuals? What level of training will the GPs, Psychiatrists, Psychologists, NP's, Pharmacists receive on trans health needs?
- The community pushed for more exploration on trans people and mental health—in most cases mental health issues are spurred by societies’ reaction to one’s identification.

Event Day Questions and Answers:

Q: What kind of resources will be able to be accessed by people coming into Canada who do not have citizenship or permanent residence?
A: No request for proposals at this time. Foundation of Hope (non-profit organization) working to help LGBTQ refugees.

Q: What is Telehealth?
A: Enabling service; video conference connections (and/or phone) through secure Health Authority networks (800 around the province). Some private practitioners use Medeo (i.e. psychologists)

Q: If a trans man is on testosterone therapy and his GP can prescribe and maintain his hormone therapy, is there a requirement to still see an endocrinologist?
A: No, ideal state is that GP has ability and competency to continue to provide.

Q: Is the cost of hormone therapy covered by the health system? Can Nurse practitioners proscribe testosterone?
A: Some hormones are covered (i.e. oral estrogen; puberty blockers). No, NP’s cannot prescribe testosterone currently. In community setting family physicians are able to sign but not NP’s yet.

Q: Will there be expanded access to voice feminization therapy?
A: Making recommendation for increased access and Speech Language Pathologist support. Trans health info program offers voice feminization therapy for people. Under-funded; long wait list.

Q: Will there be a public list of primary care providers who work with trans folks?
A: No, not a public list but there is a list of resources if you call THiP; different providers and programs maintain lists of certain expertise. Not able to hold primary care providers accountable.
Q: What are you trying to get for the prisoner in healthcare?
A: We didn’t consider this area specifically but there is good opportunity to going forward as healthcare delivery in the corrections system is being transferred to PHSA (from the Ministry of Justice). PRISM does go into prisons to work with inmates.

Q: Planning is all good but will there be money from MoH to fund all these initiatives?
A: Yes, there is a commitment to fund this program.

What’s missing...
- What about children and youth?
- Pediatricians?

Community/ Peer Supports:

Themes: Process to build the provincial program; accountabilities, quality assurance, and client experience; specific program components; engaging providers to become more involved; billing codes and diagnostic codes; cultural safety, broader health system issues; rural and remote issues
- The community was interested in the role of peer support workers. Is the positioned paid? Are they dispersed evenly across British Columbia? In light of the economic disadvantages transgender or non-conforming people face, how would they be able to apply for these jobs?
- How would peer support look for youth in comparison to a model for seniors or adults?
- Do peer support services include focus for children, youth, and families? There is a huge gap in services for children and youth who are trans and questioning. Also for youth 24-30.

Event Day Questions and Answers:

Q: Is the funding plan long term and is a portion of the funding allocated to non-governmental resources?
A: The business case includes sustainable funding for peer and community supports to various Health Authorities and partners (not for profits).

Q: What is meant by peer support and could you give some examples of the services they would provide?
A: Has lived experience and provides leadership/mentoring and short term solution counselling including education and referral.

Q: How will you make sure the hub and spoke model is flexible enough to integrate existing resources and community experience across the province including individuals that fall outside already existing groups?
A: Further community consultation utilizing existing knowledge about what is already out there to identify existing gaps is needed. This will look different in areas around the province and is not a once size fits all model. Consideration will be given on how to meet the diverse and marginalized community needs.

Q: How would a provincial peer support model meet the unique needs of youth?
A: A youth engagement strategy is needed. At VCH there is a Trans youth drop-in group and youth are being involved in leadership as facilitators – this and other models that exist would be good to duplicate. There is also a Health Canada initiative named Call Out! That has new funding available for training providers to be more supportive of LGBT2 youth through Vancouver Coastal Health.

Q: Funding to pay for physical space for peer supporters to work i.e. Victoria?
A: Start with what already exists and look at the gaps. Regional Health Authorities may not always deliver peer support services directly; however, linkages with them supports the ability to find space that is accessible and free. Other considerations are Pride Societies and universities/colleges. Some funding for space will also be a set aside.

What's missing...
- Who gets paid?
- Who gets to teach?
- Parents of trans supporting out of town parents of trans (i.e. bed and breakfast/ networking)?
- What about children and youth?
- What peer supports are in place for youth who are in elementary and high school?

Gender-Affirming Surgery:

Themes: Process; Surgical Choice/options; assessors; cost; upper and lower surgery; government programing commitment; health records; follow-up; breast criteria
- Similar to the question in primary care access and consultation: Is there a way of dispersing surgery locations across Canada? Particularly in British Columbia?
- The community highlighted extreme displeasure in the wait times for surgery—how will this be expedited?
- In concern to overall information resources, more is needed.
- How can patients be assured that these “promised” surgeries are actually going to happen?
- The cost is extremely high for those seeking surgery—is funding being considered or must one continue to pay out of pocket (i.e. travel expenses, electrolysis, vocal coaching, etc.)?
- A suggestion: can surgeons travel to BC and perform, say, a number of surgeries at once? Perhaps, this could help decrease costs.
- Many questions were voiced about who will be selected as assessors? This is important because it connects to qualification/competency standards.
- With much attention revolving around the initial surgery itself, will aftercare treatment and surgery also be considered?

Event Day Questions and Answers:
Q: How many resource nurses will there be, can health liaisons have a role in this, and how will people around the province access resources?
A: Part of the role will be in consultation.

Q: Are you looking at training additional doctors to perform Gender-affirming Surgery in BC?
A: Several types of surgeons are needed to perform these specialty surgeries in the areas of plastics, gynaecology, and urology that have additional training in this area. A resource plan is needed along with the surgeons to make a program sustainable – operating room time, beds, nursing care, all need to be considered. Some lower surgeries are publically funded in BC and available in Health Authorities (hysterectomy, oophorectomy, orchietomy).

Q: Can a person have a hormone and surgery readiness assessment at the same time? Why four assessors and what qualifications are needed?
A: Yes. The WPATH Standards of Care state that GP, NP, Psychiatrist, Psychologist, Registered Counsellor, Nurse or Social Worker with training, can be assessors. Four is a best guess knowing that there are none in some health regions.
Business Plan: Trans Care BC

What's missing...
- Cover electrolysis. Cis get electrolysis covered, but trans don’t?
- If we can’t do phalloplasty here what about clitoral release?
- Options and coverage for prosthetics for trans men.
- Choice of surgeons and flexibility (i.e. type of surgery)
- Would it work if we pay all travel and accommodation if there were more choices outside of BC?
- No assessments!
- Genital surgery
- Non-binary surgical options?
- No MSP pre-approval process?
- Research and development into addiction and surgical options.
- Track people who opt for privately paid surgery.
- Informed consent model for surgeries.
- Rotational surgeons – bring Dr. Brassard to BC regularly.

Health Care Provider Education:

Themes: Resource development; mandatory involvement; quality assurance/accountability; funding; populations; accessibility/deployment; face to face supports, anti-oppression
- How will health care providers be trained? How will training be diversified? What theories/frameworks will guide the current curriculum? Will there be a certification for specialization in trans healthcare? What about other health disciplines such as nurses, social workers, OTs, pharmacists etc.? Will there be regular updates? Does it account for accessibility and safety? Will education reach K-12 staff?
- The community voiced their concern about how health care will focus on the various age groups? I.e. Children, youth, senior, adult.
- Those in the community who are already working as community facilitators are concerned about their position when developments take place.
- What kind of education and resources are out there for families with trans youth. How can families become better educated on trans health, trans youth health and needs? Can services/resources be offered outside of Vancouver and lower mainland into rural communities?

Event Day Questions and Answers:
Q: How will you ensure that trans education is included in the training curriculum to the broadest range of health care providers and other professions?
A: Can have some mandatory training linked to employment opportunities, including contracted agencies. Make the training free for health care providers (including Allied Health).

Q: How do you incentivize doctors and others to be trained to work with trans people? What about mandatory education?
A: MoH is adding pressure for mandatory education in curriculums. The majority of family physicians are in private practice and not accountable to a local Health Authority making it difficult to enforce. However, GPs have a special committee through Doctors of BC and meet regularly with the Ministry of Health – there is an opportunity to encourage participation through that group. Many trans folks see walk-in clinic doctors due to lack of accessibility issues.
Refer your doctor to the RACE line for information about trans specific care.

Q: How will you involve a variety of perspectives and incorporate existing work into resource development for health care professions?
A: Workshops; development training; cultural diversity training. Will research what resources are currently available as a starting point. Community consultation on the curriculum will be undertaken.

Q: Will PHSA offer a trans competency/cultural safety course?
A: Yes. Have a platform in PHSA (ICC). Online facilitators are beneficial in ICC. In this model the government has worked with HA’s to define certain levels of mandatory training.

What’s missing...
- Online learning module-generic enough that is could be used with parents and teachers.
- Who will educate the psychiatrists?
- Let trans people know their options (i.e. freezing sperm).
- Service providers outside of formal health care system (i.e. teachers).
- Medical Office Assistant training
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