

Equitable Access to Gender-Affirming Care for Trans and Gender Diverse Individuals:

A Policy Brief on Gender-Affirming Care in Canada



Table of Contents

Context	2
Brief Summary	2
Introduction.....	3
Barriers to Receiving Gender-Affirming Care	5
Limited availability of gender-affirming clinics/providers	5
Differential insurance coverage by province/territory.....	6
Requirement of psychological assessments as a barrier to care	7
Lack of Competence among healthcare professionals	8
Intersectional barriers.....	9
Recommendations for Policy Action	10
1. Standardize and expand coverage.....	10
2. Simplify assessment processes	10
3. Increase healthcare provider training.....	10
4. Reduce wait times.....	11
5. Improve financial accessibility:	11
6. Enhance anti-discrimination legislation and policies:.....	11
7. Establish comprehensive care models:.....	12
8. Ensure access to gender-affirming care for youth:.....	12
9. Address intersectional barriers:	12
For additional action, consider supporting:	13
References	14

Context

This brief is part of a series of policy briefs created for RainbowCanada.org, a tool that aims to improve understanding of the historical and contemporary landscape of laws and policies that shape the health and experiences of 2SLGBTQI people in Canada. These briefs highlight opportunities for policy advances in Canada, acknowledging the successes and limitations of policy-work to-date.

To help put this brief into context, you may want to explore the gender policy category on RainbowCanada.org.

This brief includes an overview of the state of gender-affirming healthcare in Canada in 2023, particularly as it is experienced by trans and gender-diverse (TGD) people, followed by a review of the current Canadian policy landscape and recommended policy actions to improve access to culturally-safe gender-affirming care for this population.

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Brief Summary

Gender-affirming care is crucial for the health and well-being of TGD individuals in Canada. Access to gender-affirming care has been shown to have a significant impact on the mental and physical health of TGD individuals.

Accessing gender-affirming care in Canada remains a challenge, leading to disparities in care and hindering the overall well-being of TGD populations. The brief puts forth recommendations for policy and practice to guide stakeholders in implementing measures that promote equitable access to comprehensive gender affirming healthcare in Canada.

Introduction

Access to gender-affirming healthcare is essential in enabling TGD individuals to live authentic and fulfilling lives and is a community-priority for trans populations [3].

Gender-affirming healthcare is associated with:

- higher levels of life satisfaction, happiness, and quality of life [1, 2];
- lower levels of depression, anxiety, suicidality, and substance use [4]; and
- reduced stigma and discrimination [1, 2, 5].

Conversely, lack of gender-affirming care has been linked with adverse physical health outcomes such as heart disease, HIV, and mortality [6, 7]. Access to gender-affirming care can facilitate care engagement [8], medication adherence [9], and other factors on the pathway to improved clinical care outcomes [4, 10, 11]. Further, improved access to gender-affirming healthcare may offer cost-savings in the Canadian healthcare system context. In the US, the provision of gender-affirming care has been shown to be low-cost while lack of gender-affirming care coverage results in higher healthcare system expenditures and poorer outcomes for TGD people [12, 13].

The purpose of this policy brief is to provide an overview of the state of gender-affirming healthcare in Canada in 2023, particularly as it is experienced by TGD people. The brief highlights the importance of addressing barriers and emphasizes the need to improve access to culturally-safe gender-affirming care.

Accessing gender-affirming care in Canada remains a challenge, leading to disparities in care and hindering the well-being of TGD populations. Despite legal efforts to prevent discrimination based on gender identity or expression, TGD individuals in Canada still face numerous obstacles to accessing gender-affirming healthcare, including stigma and discrimination [14]. They are frequently mistreated, neglected, or exposed to violence by healthcare professionals [15, 16]. Cisnormativity, or the systemic privileging of cisgender people, bodies and identities, along with transphobia and other intersecting forms of oppression, can lead to healthcare avoidance [17].

In addition, the accessibility of gender-affirming healthcare in Canada varies greatly by province/territory of residence and between urban and rural areas. These geographic disparities lead to unmet needs or delays in receiving care.

This brief puts forth recommendations for policy and practice to guide stakeholders in implementing measures that promote equitable access to comprehensive gender-affirming healthcare in Canada. By addressing these obstacles and implementing the recommended policies, authorities can improve access to, and quality of, gender-affirming care for TGD people.

This policy brief explores the following recommendations for action:

1. Standardize and expand coverage to ensure equitable access to gender-affirming procedures and treatments.
2. Simplify assessment processes to recognize the autonomy and self-determination of TGD individuals.
3. Increase healthcare provider training to enhance knowledge and understanding of gender diversity and psychosocial aspects of gender affirmation.
4. Reduce wait times by increasing funding for gender-affirming care infrastructure.
5. Improve financial accessibility by developing financial assistance programs.
6. Enhance anti-discrimination legislation and policies to protect the rights of TGD individuals.
7. Establish comprehensive care models to address the physical, mental, and social well-being of TGD individuals.
8. Ensure access to gender-affirming care for youth by implementing comprehensive mental health support and affirming care.
9. Address intersectional barriers by developing strategies that are responsive to the needs of marginalized TGD communities

Barriers to Receiving Gender-Affirming Care

Limited availability of gender-affirming clinics/providers

Summary

- Transgender people in Canada have unmet healthcare needs, including gender-affirming care.
- There are extended wait times for consultations, assessments, surgeries, and other necessary treatments.
- There are only three clinics in Canada where gender-affirming surgeries involving sexual or reproductive organs can be performed.
- The COVID-19 pandemic has exacerbated barriers to accessing gender-affirming healthcare.

There is a growing body of evidence that shows transgender people in Canada have unmet healthcare needs in the area of gender-affirming care due to absence of Canadian gender-affirming care standards and lack of resources [18]. These unmet needs are, in part, the result of extended wait times for consultations, assessments, surgeries, and other necessary treatments [19].

Although most provinces and territories cover the cost of gender-affirming surgeries involving sexual or reproductive organs, often called “lower” or “bottom surgeries” [20], there are only three clinics in Canada where these procedures can be performed: the Centre Metropolitain de Chirurgie in Montreal, the Gender Surgery Program B.C. in Vancouver, and the Women's College Hospital in Toronto [21]. A 2019 survey with 2,217 transgender and nonbinary residents in Canada found that there is significant regional variation in unmet needs or delays in primary, general, and gender-affirming care. Among participants accessing gender-affirming medical interventions, self-defined completion of medical gender affirmation treatment¹ ranged from 16.8% in Newfoundland and Labrador to 59.1% in Quebec where the country's largest gender-affirming surgical center is located. Of those who needed but had not completed gender-affirming care, 40.7% were on a waitlist, most often for surgery. Participants of the study reported waiting times ranged from 3 to 12 months for gender-affirming surgeries, 3 to 11 months for mental health assessments, and 2 to 6 months for hormones [19].

¹ The authors' definition of "completion of medical gender affirmation" was based on a previous study from Trans PULSE Ontario, in which participants who self-reported having completed medical transition and living full-time in their felt gender were classified as "complete" with respect to transition.

The COVID-19 pandemic has exacerbated barriers to gender-affirming healthcare in Canada. A national study [22] found that the pandemic had a significant negative impact on the health and well-being of TGD people in Canada, and that access to gender-affirming care had been particularly compromised. Recently, there have been efforts to make gender-affirming care more accessible. For example, access to surgeries has expanded across Canada [23, 24]. The TransCare BC program in BC has been established to facilitate integration of trans-specific care in general practice, and there has been increased funding for surgeries, such as a maximum reimbursement of \$75,000 for employees covered by the Public Service Health Care Plan (PSHCP) [25]. However, there are still significant disparities in access to care. These disparities can lead to unmet needs or delays in receiving care, which negatively impact the mental health and well-being of TGD individuals.

Differential insurance coverage by province/territory

Summary

- Provincial/territorial health plan coverage for gender-affirming care varies widely.
- Yukon has the most comprehensive coverage, including upper and lower surgeries, facial surgeries, body contouring, voice feminizing surgery, hair removal, and voice training.
- British Columbia, Alberta, and Ontario offer coverage for lower surgeries (metoidioplasties, vaginoplasties, phalloplasties), mastectomies, and limited breast augmentation.
- Other provinces have more limited coverage, and the distinction between "medically necessary" and "cosmetic" care creates disparities, leading to challenges in access, financial burden, and delays in care.

Provincial/territorial health plan coverage varies with regard to types of procedures. Likewise, coverage for gender-affirming care offered by private health insurance providers can vary widely, depending on the specific provider and plan.

The Yukon territory's coverage for gender-affirming healthcare is quite comprehensive, and includes upper and lower surgeries, facial surgeries, body contouring, voice feminizing surgery, hair removal, and voice and communication training [26]. However, in some provinces, essential gender-affirming medical treatments are not covered, leaving individuals to pay out-of-pocket for costly treatments. For instance, British Columbia, Alberta, and Ontario offer breast augmentation for assigned male at birth (AMAB) individuals under certain

conditions, often where breast growth induced by hormones is limited [27-29]. While chest contouring is covered in British Columbia [29], in Ontario, it is typically considered an additional cost borne by the care recipient [28]. Quebec covers a limited range of procedures, including phalloplasty, metoidioplasty, vaginoplasty, and double mastectomy with reconstruction but certain procedures like facial feminization and breast augmentation are not included in coverage [31]. No jurisdictions other than the Yukon and Prince Edward Island cover facial surgeries, voice feminizing surgery, and hair removal (important components of gender-affirming care for many TGD patients).

There is also a range of coverage across provinces and territories for ancillary costs such as transportation to gender-affirming clinics. This is partly because some transition-related interventions, including facial feminization surgery, have been understood as 'cosmetic' and therefore not 'medically necessary' [32]. However, care that is currently considered 'cosmetic,' including facial surgeries, is recognized by the World Professional Association for Transgender Health (WPATH) as being critical in the lives of TGD individuals, given that such interventions play a pivotal role in addressing the health needs of those who request them [33]. The lack of consistency in coverage – together with the unsubstantiated distinction that is often made between 'medically necessary' and 'cosmetic' gender-affirming care – creates disparities for transgender individuals across Canada. Individuals who live in provinces where gender-affirming health care is less accessible may be forced to travel long distances to access necessary care. This can be financially and emotionally difficult, reduce access to social supports, and can lead to delays in care, all of which can have negative health consequences.

Requirement of psychological assessments as a barrier to care

Summary

- DSM-V labels gender dysphoria as a diagnosable condition, potentially pathologizing trans identities.
- New WPATH SOC-8 (2022) suggests one assessment for lower surgeries in transgender individuals, but policy changes lag in some health programs and providers, potentially becoming an

Service providers frequently utilize the World Professional Association for Transgender Health's (WPATH) Standards of Care (SOC-8), together with clinical texts such as the American Psychiatric Association's Diagnostic and Statistical

Manual (DSM-V), to determine the "fitness" of trans individuals for medical transition. However, the DSM-V pathologizes trans identities by classifying gender dysphoria as a diagnosable condition. The WPATH SOC-8 guidelines direct clinicians to verify the presence of gender dysphoria or gender incongruence and obtain informed consent for hormone therapies or chest surgeries (e.g., mastectomy, breast augmentation). These treatments require one clinical assessment. Although 'lower surgeries' involving sexual and/or reproductive organs, have historically required two assessments [34], the new guidelines recommend only one assessment [33]. However, some provincial health insurance programs and individual service providers have yet to reflect this change in policy and practice.

Lack of Competence among healthcare professionals

Summary

- TGD people are more likely to report higher unmet healthcare needs and experience disparities in the quality of care they receive.
- Limited numbers of primary care providers are comfortable providing trans-related medical care.
- TGD people often have to educate their healthcare providers about transgender health issues.
- Negative attitudes, discriminatory behavior, and harassment from healthcare professionals can hinder access to care for TGD individuals.

Relative to cisgender counterparts, TGD people are more likely to report unmet healthcare needs and experience disparities in the quality of care they receive, likely due to a lack of healthcare provider preparedness to provide gender-affirming care [35]. A Saskatchewan based survey conducted in 2021 reported that only 30% of primary care providers would be comfortable providing trans-related medical care, such as hormone therapy and referrals for surgery. [36]. A study [37] with TGD people in Nova Scotia found that participants often had to educate their healthcare providers about transgender health issues, such as the effects of hormone replacement therapy, gender-affirming surgeries, or transgender identity in general, including what it means to be transgender and what kinds of questions are appropriate or inappropriate. These provider-level barriers can lead to feelings of mistrust towards healthcare providers and institutions.

Furthermore, lack of sensitivity to transgender identity among healthcare professionals can result in negative attitudes, discriminatory behavior, and harassment [15, 16]. Acts such as "outing" (disclosing someone's sexual orientation

or gender identity without their consent) and misgendering (by using incorrect pronouns or names) contribute to a sense of exclusion that further hinder access to care [38]. Negative experiences with transphobia, along with the shortage of healthcare professionals who are knowledgeable and experienced in providing gender-affirming care, may limit access and lead to reluctance or avoidance of necessary care among TGD people, particularly for those in rural or remote areas across Canada.

Intersectional barriers

Summary

- TGD populations are diverse and have intersecting identities, advantages, and experiences of marginalization.
- Two-Spirit, Indigenous, and racialized TGD people face intersecting barriers to safe and gender-affirming healthcare, including racism and cissexism.
- Trans women, especially those who are Two-Spirit, Indigenous, and racialized, are at risk of transfemicide.
- TGD youth face unique challenges, such as unsupportive or uninformed parents and lower access to gender-affirming care.

There is great diversity within TGD populations, including a range of intersecting identities, experiences of marginalization, and sources of strength and resilience. Two-Spirit, Indigenous, and racialized TGD people are marginalized on multiple grounds and face intersecting barriers to accessing safe and gender-affirming healthcare, including racism and the effects of settler colonialism, in addition to transphobia and cissexism. Among trans populations, persons of colour and Indigenous individuals experience higher levels of racism and discrimination, including within healthcare settings [39]. Trans women, especially those who are Two-Spirit, Indigenous, and racialized, are particularly at risk of violence and murder [40]. TGD youth also face unique challenges, such as unsupportive or uninformed parents who may hinder their access to care. Additionally, TGD youth are likely to have lower access to gender-affirming care, worse mental health, and fewer trans-inclusive experiences in primary care than adults [41]. There is a need for intersectional approaches that recognize the diverse circumstances and experiences of TGD individuals, and address the various forms of discrimination they face, such as colonialism, racism, ableism, and ageism. Taking these factors into account is crucial to ensure equitable access to gender-affirming care for TGD communities.

Recommendations for Policy Action

1. Standardize and expand coverage

We recommend establishing comprehensive coverage for gender-affirming procedures and treatments across all provinces and territories to ensure equitable access to care. We also urge provinces and territories to collaborate with insurance providers and regulatory bodies to establish clear guidelines for gender-affirming procedures and treatments coverage. This should include coverage for hormone therapy, surgeries, mental health support, and other related healthcare services across all provinces and territories.

2. Simplify assessment processes

We call on provinces and territories to streamline eligibility criteria for accessing gender-affirming healthcare so that they align with up-to-date WPATH SOC-8 guidelines. That is, where possible (i.e., where a prescriber or surgeon is able to verify eligibility criteria), provinces and territories should reduce barriers to care by substituting mandatory third-party assessments with processes of informed consent. Lastly, we urge provincial and territorial health authorities to shorten wait times for consultation and treatments by allocating more funds for the provision of GAC. Assessment processes should recognize the autonomy and self-determination of TGD individuals in making decisions about their own bodies and medical transition.

3. Increase healthcare provider training

We recommend that all levels of government support the implementation of comprehensive training programs for healthcare professionals to enhance their knowledge and understanding of gender diversity. This should be accompanied by educational campaigns targeting healthcare professionals to promote respectful and inclusive care for TGD patients. Training should focus on trans-inclusive practices, cultural safety, and addressing bias and discrimination (See [this training by CBRC](#) in partnership with prideHealth for improving access to gender-affirming care for trans and gender nonconforming people in Nova Scotia). Efforts should be made to recruit and retain healthcare providers with expertise in gender-affirming care, particularly in underserved regions. However, this recommendation should not be construed as suggesting that specialization is necessary for healthcare providers to provide gender-affirming care. Different kinds of gender-affirming care, such as prescribing hormones, can be provided by any licensed healthcare provider in primary care. Also, to improve access to mental health services tailored to the unique needs of TGD individuals, we recommend all levels of government allocate

funds to support training programs and continuing education for mental health professionals. This will enhance their knowledge and competency in delivering culturally sensitive and affirming care to TGD people.

4. Reduce wait times

We call on all levels of government to increase funding for gender-affirming care in areas such as healthcare infrastructure, including specialized clinics or centers, that are dedicated to providing gender-affirming services. By expanding the physical capacity of these facilities, more individuals can be accommodated, and the overall wait times can be reduced.

5. Improve financial accessibility:

We recommend that all levels of government collaborate with community stakeholders to develop financial assistance programs (See the [MeFund](#) in Ottawa, the [Trans Hope Fund](#) in Saskatchewan or [University of Toronto gender affirmation benefit](#)) to support TGD individuals with limited financial resources to access gender-affirming care. Financial assistance programs can alleviate the financial burden associated with gender-affirming care for TGD individuals by expanding insurance coverage, providing subsidies and grants, or covering travel, lodging, and time from work. These programs should specifically target TGD individuals who face economic barriers since Canada's comprehensive healthcare system does not guarantee equitable access to gender-affirming care, and as coverage varies by province and territory. Many TGD individuals have to access care through private insurance, which can be inequitably distributed, with those who have secure employment and high incomes having the most access to coverage.

6. Enhance anti-discrimination legislation and policies:

We recommend that all levels of government commit to strengthening anti-discrimination legislation, policies and enforcement mechanisms to protect the rights of TGD individuals. This includes establishing avenues for reporting and addressing instances of discrimination. Collaboration with TGD advocacy organizations, human rights groups, and experts in the field is essential to ensure that any reforms are informed by the lived experiences and needs of the community.

7. Establish comprehensive care models:

We call on provincial and territorial governments to work collaboratively with community stakeholders to develop integrated and multidisciplinary care models that address the physical, mental, and social well-being of TGD individuals. This can include medical care for transition-related needs, post-operative care, mental health care, and support for social and emotional needs and long-term monitoring of health needs. Integrating Gender-affirming care into primary care practice can be one of the ways to make it easier for TGD individuals to access the care they need.

8. Ensure access to gender-affirming care for youth:

We urge provinces and territories to implement comprehensive mental health support and affirming care for Two-Spirit, transgender, nonbinary, and other gender-diverse youth which understands and respects their unique challenges and identities. This includes fostering partnerships between healthcare providers, schools, community organizations, and 2SLGBTQI support networks to create a collaborative support system for transgender and gender diverse youth.

9. Address intersectional barriers:

We believe it is imperative for all levels of government to collaborate with community stakeholders to develop strategies to address the specific needs of TGD individuals with intersecting identities. This means understanding that an individual's experiences are shaped by multiple factors, such as their gender identity, sexual orientation, race, ethnicity, class, ability, and so on. Incorporating an intersectional framework to address the challenges that TGD individuals with intersecting identities are facing is crucial to achieving health equity in this area. This can include providing culturally competent care that accounts for the specific needs of TGD individuals differentiated by race, ethnicity, and culture. To implement this approach effectively, it is important to engage with and listen to the voices and experiences of marginalized TGD communities. Collaborating with community organizations, Indigenous leaders, and advocates can help shape policies and practices that are responsive to their needs.

For additional action, consider supporting:

British Columbia

- [Catherine White Holman Wellness Centre](#): A volunteer-run clinic in Vancouver that provides low-barrier wellness services to transgender and gender non-conforming individuals, including hormone readiness assessments and counselling services.
- [Trans Care BC](#): A provincial program that aims to enhance the coordination and accessibility of gender-affirming healthcare services throughout British Columbia.
- [Qmunity](#): A non-profit organization based in Vancouver that provides resources, support, and advocacy for the 2SLGBTQI community.

Alberta

- [Calgary Outlink](#): A non-profit organization offering support and resources to Calgary's LGBTQ+ community. They provide peer support groups, workshops, and counselling services for transgender and gender non-conforming individuals.
- [The Pride Centre of Edmonton](#): A community center providing resources, support, and programming for 2SLGBTQI individuals in Edmonton.

Ontario

- [Rainbow Health Ontario](#): A program of Sherbourne Health, Rainbow Health Ontario provides resources and support for LGBTQ+ individuals seeking healthcare services in Ontario.
- [Sherbourne Health](#): A healthcare organization in Toronto that provides specialized services for LGBTQ+ individuals, including primary care, mental health support, and gender-affirming care.
- [The 519](#): A Toronto-based organization committed to the health, happiness, and full participation of the LGBTQ+ community.
- Nationwide
- [Trans Lifeline](#): A crisis hotline staffed by transgender individuals, offering emotional and financial support.

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