



**Brief to the Standing Committee on Health:
A Canada without barriers to the health and well-being of trans and gender diverse people**

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Background

The Canadian Professional Association for Transgender Health (CPATH)

The Canadian Professional Association for Transgender Health (CPATH) is an interdisciplinary health professional organization of over 600 professional members who are working to support the health, wellbeing, and dignity of trans and gender diverse people. Our vision is *a Canada without barriers to the health, well-being and self-actualization of trans and gender diverse people*. Our work is guided by evidence-informed best practice and research. It is also guided by the lived experience of trans, non-binary and gender-diverse individuals. In this way, we aim to be both be connected with and responsive to the needs emerging from trans and gender diverse people and communities across the country. CPATH's efforts are focused on the following areas:

1. Educating healthcare professionals and strengthening access to most current evidence.
2. Facilitating networks for professionals and learners working with and for trans and gender diverse people.
3. Encouraging research to expand knowledge, apply ethical guidelines and deepen understanding about gender diversity.
4. Advocating for institutional, social, healthcare, policy and legislative change by utilizing our collective knowledge and expertise.

Gender diversity occurs naturally and along a broad spectrum beyond a male-female binary. *Trans* is as an overarching term that includes a wide range of people whose gender differs from the expectations of gender based on the sex that was assigned to them at birth. The term trans may hold a broad spectrum of gender identities, such transgender, genderqueer, non-binary, Two-spirit; however, not all individuals with these identities identify as trans. Transitioning is not a linear, rapid progress from one binary gender to the other. Each client may have a different pathway, journey and end goal in actualizing the expression of their true self.

It's estimated there are now 25 million transgender people around the world. In Canada, a very conservative estimate of 0.6% applied to Canadian census counts suggests there are approximately 200,000 trans individuals' aged 18 and older living in Canada.¹ Exponential growth in numbers of trans people seeking care may be due to greater public awareness of trans issues, and greater availability of information via the internet, and due to the ability for trans people to make contact with and support one another.

A Triple Aim for Trans and Gender Diverse Canadians: Better Health Outcomes, Better Healthcare Experiences, Better Healthcare Access

Health Outcomes

Many trans Canadians have positive health outcomes, attributable to strong support networks and access to health care, education, employment, housing, and other services; others lack supports necessary to thrive. Despite the limited data available, transgender and gender diverse individuals have been found to be at higher risk of experiencing poor health outcomes due to increased risk for violence, isolation, and other types of discrimination both inside and outside of health care settings.² Homelessness, discrimination and social stigma have serious consequences on the health and wellbeing of LGBTQ2S people and may lead to mental health issues, substance use, anxiety, depression, and suicide, especially for young trans people.³ Evidence on the health outcome disparities, including the crisis level suicide attempts and completions, cites transphobia, lack of healthcare access and low levels of family and social support as creating the highest risk for suicidality.⁴ The social conditions that produce these health outcome disparities are critical and several studies have shown the relation between minority stress in trans populations and the heightened rates of depression and other mental illness.⁵

Healthcare Experiences

In June 2018 the World Health Organization announced the completion of revision and reform of the *International Classification of Diseases* (ICD) that removes trans identities from the mental health disorders chapter. Historically, the pathologization of gender identity through the ICD and Diagnostic and Statistical Manual of Mental Disorders (DSM) – has contributed to stigma, discrimination, harassment, and abuse on the basis of gender identity and expression. Changes to these clinical manuals signal a fundamental shift towards recognition that expressions of the full diversities of gender do not equal mental illness and must not be stigmatized.

An estimation of health care inequalities between trans and cisgender individuals in Canada highlighted that 43.9% of trans people reported unmet health care needs in the past year compared to 10.7% of the cis-gender population.⁶ Barriers range from lack of provider knowledge on trans issues to stigma and refusal of care. Previous research in Canada on the health of trans individuals has revealed this population to be medically underserved in both primary and specialist care settings; barriers included lack of providers knowledgeable about trans issues,⁷⁻⁸ denial of health care altogether⁹⁻¹⁰⁻¹¹ and/or refusal to approve hormone therapy and/or gender-affirming surgeries¹².

We know that many trans individuals under-utilize or avoid health care services altogether. 29% who needed emergency services felt unable to access them. Of those who had accessed the emergency department while expressing a gender different from their birth-assigned sex, 52% experienced negative treatment due to being trans, ranging from insulting or demeaning language to outright refusal of care. Understanding what prevents trans people from accessing health care, including stigma, environmental, social, policy and legal barriers, is crucial for improving the overall health and wellbeing of this population.

Healthcare Access

The primary objective of Canadian health care policy is to protect, promote and restore the physical and mental wellbeing of residents of Canada and to facilitate reasonable access to health services without financial or other barriers. The Canada Health Act emphasizes that all Canadians are entitled to the same level of care and our Constitution Act highlights “providing essential public services of reasonable quality

to all Canadians” and promoting equal opportunities for the well-being of Canadians”.¹³ This has yet to be reconciled for trans folks, many of whom face barriers when seeking gender-affirming medical treatments or health care in general.¹⁴

Internationally, clinics serving gender diverse children and adolescents are reporting four to five -fold increases in the number of patients presenting annually.¹⁵⁻¹⁶ It is important to note that not all trans people want or require medical or surgical intervention and for those who do require surgical intervention, procedures required vary on an individual basis. In Ontario, there has been exponential growth in the numbers of individuals seeking gender-affirming surgeries. In 2008, after a decade of being delisted, select gender-affirming surgeries were relisted for coverage within the Ontario Health Insurance Plan. Two years after that, in 2010, there were 59 approvals for transition-related surgery. In 2016 we saw 216 approvals. And last year, in 2018, there were 1460 approvals in Ontario alone.¹⁷ In Canada there is just one small private surgical centre, located in Montreal, offering transition related surgeries that include genital surgeries. Wait times are typically over two years to consult, let alone to access in-country services. And insurance coverage differs widely across the country, creating a sort of provincial lottery. Many individuals who have the financial resource choose to access care outside of the country. *Appendix A* offer an environmental scan map of gender-affirming medical care access across Canada that was developed by UFCW Canada in partnership with CPATH.

Access to Care: Informed Consent Model vs Standards of Care

The World Association for Transgender Health (WPATH) provides Standards of Care (SOC) that recommend standards to be used by all health professionals when working with transgender individuals. Health professionals and clients have expressed mixed feelings about the role the SOC have played within transgender health care¹⁸ and informed consent as a model of care has evolved as an alternative to the standard model of care recommended by WPATH’s SOC. SOC-7 emphasizes the importance of mental health professionals’ role in diagnosing gender dysphoria and in assessing the appropriateness and readiness for gender-affirming medical treatments. By contrast, the informed consent model for gender-affirming treatment seeks to acknowledge and better support the patient’s right to, and capability for, personal autonomy in choosing care options without the required involvement of a mental health professional. Clinicians’ use of the informed consent model enables them both to attain a richer understanding of transgender and gender diverse clients and to deliver better care in general. CPATH holds the position that a more responsive informed consent model of care gives patients permission to accept or decline possibly stigmatizing diagnoses as well as potential treatments that are available to them, while ensuring gender-affirming care is accessible in an environment that expresses respect for patient autonomy. The informed consent model offers less dependence on health professionals in a "gate-keeping" role that has been perceived as unnecessarily pathologizing and may limit access to care. An additional issue with requiring use of standards is the expectation for trans people to only seek care from providers and/or clinics who use them, thus further limiting access. In the Canadian context, CPATH supports and promotes an informed consent model that allows the clinician and patient to create a plan of care that is affirming and respectful of the client and compels clinicians to enhance their own understanding and proficiency.¹⁹

Recommendations

- 1. Amplify the federal government's role in ensuring equitable healthcare access for all trans Canadians.** Access to gender-affirming care such as surgery and medications is limited by variability in provincial funding that sees coverage in some provinces and not in others. A funded, national body to review and support provincial and territorial efforts to serve trans populations equitably across Canada should engage all levels of government and should be inclusive of trans people with diverse lived experiences, policy makers, researchers, service providers, and community leaders responsible for health and social services. With consideration to federal transfers, provinces and territories could be required to include just provisions for improving access to and coverage of medically necessary gender-affirming healthcare, which currently place an undue burden on trans populations, who generally experience lower socioeconomic status and greater barriers to employment and extended health benefits.
- 2. Eliminate conversion practices across Canada through legislative means.** Gender conversion practice is an intervention aimed at changing a person's sexual orientation (to heterosexual) and/or a person's gender (to cisgender). Evidence consistently rejects this approach as ineffective, harmful, and unethical. Conversion 'therapy' should not be allowed to continue with support of public funds or under Canadian law.
- 3. Strengthen and fund research, data capture and analysis on the health, social, economic, and policy factors that impact trans Canadians.** Trans health and health service data is critical to drive evidence-based policy and practices shifts within a Canadian healthcare context. Establishing strategic funding announcements through CIHR, the Public Health Agency of Canada, Health Canada, and other federal funders to support research to address gaps in the evidence base on trans health. Inclusion of gender identity within the mandate of CIHR's Institute for Gender and Health could increase research opportunities and trans (or LGBTQ2S)-specific funding calls sponsored across the CIHR Institutes that would prioritize-related proposals, and offer new information on the state of trans health in Canada. The CPATH Research Committee recently completed ***CPATH Ethical Guidelines for Research Involving Transgender People & Communities (2019)***. As interest in researching trans experiences increases, these ethical guidelines should be considered and applied. Government data collection and informatics should inclusively capture the gender demographics of Canadians and be used to address health inequities. Surveys and forms should not only represent male or female genders, but be inclusive of capturing non-binary, trans, and intersex populations.
- 4. Implement a National Gender Diversity Education Strategy.** A national education strategy that decreases stigma and promotes understanding of gender diversity and the safety, health, and wellbeing of trans children, youth, and adults should be supported and funded in all public service sectors and at all levels of government, as well as the general public. Such a strategy also presents an opportunity for trans-inclusive sex and gender education from elementary schools to health professional programs at universities and colleges.
- 5. Shift the balance of power to give more voice and power to the people with lived experience. Ensure an intersectional approach.** Shifting the balance of power means inclusive planning and co-design for equitable policy, research, education, services and supports. Our work at CPATH has been

strengthened immeasurably by engaging and collaborating with those who have lived trans experience. To understand the factors that influence health and access to care amongst trans individuals, it is critical to consider intersectionality. In the trans context, stigma based on gender identity is often compounded by stigma based on race, age, sexual orientation, dis/ability and socioeconomic status. For example, higher rates of discrimination in health care settings are experienced by Indigenous transgender individuals (36%) than white transgender individuals (17%). These intersecting life circumstances create additional risks or marginalization for trans individuals. Culturally tailored approaches to research, policy and service planning and delivery improvements must be factored in to all areas.

Canada, as a human rights leader, has the opportunity and responsibility to advance the health and wellbeing of trans people here in Canada, with reverberating impacts around the world. CPATH looks forward to ongoing partnership and collaboration across all levels of government to advance this critical work.

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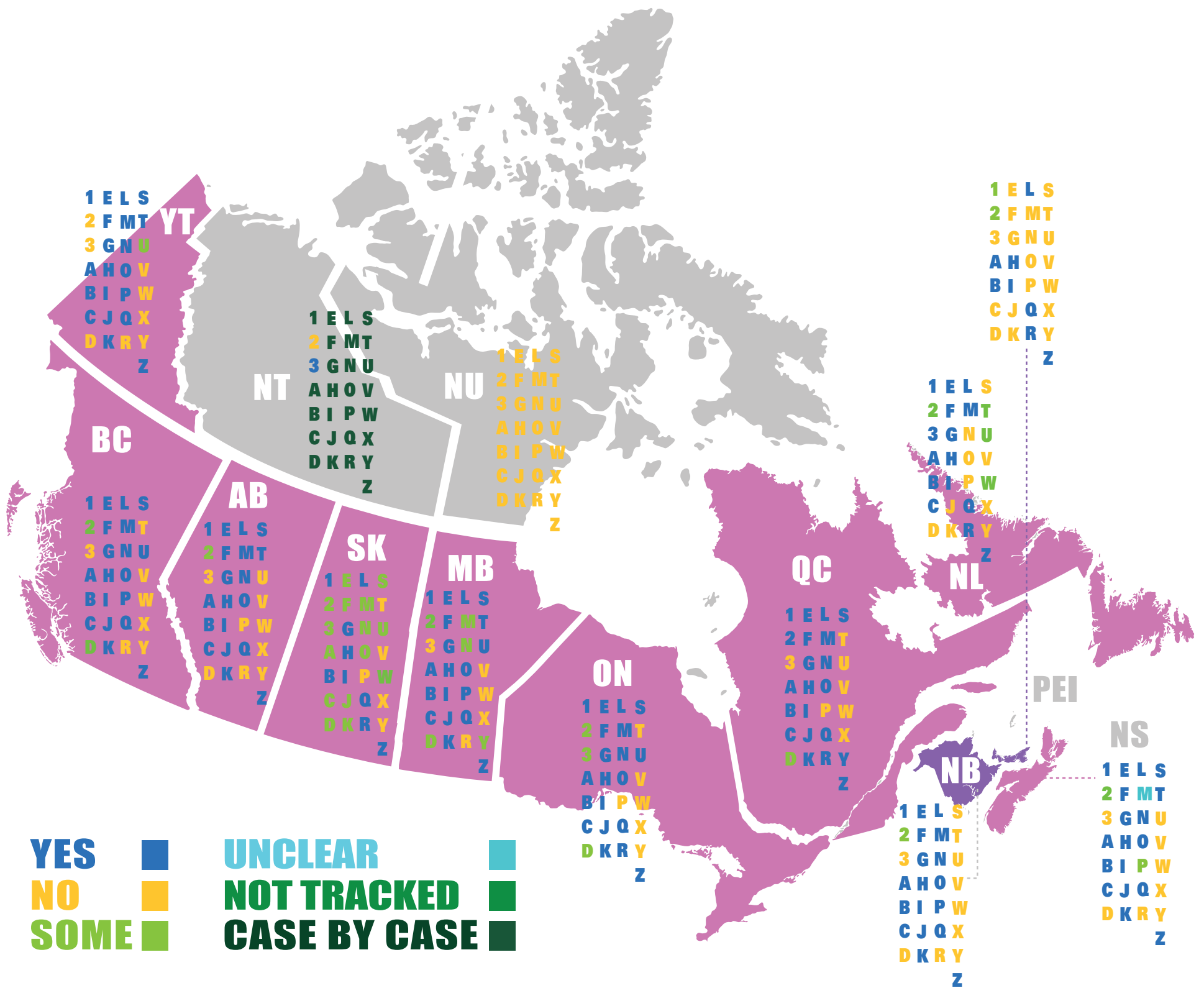
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PUBLICLY FUNDED GENDER AFFIRMING MEDICAL CARE IN CANADA

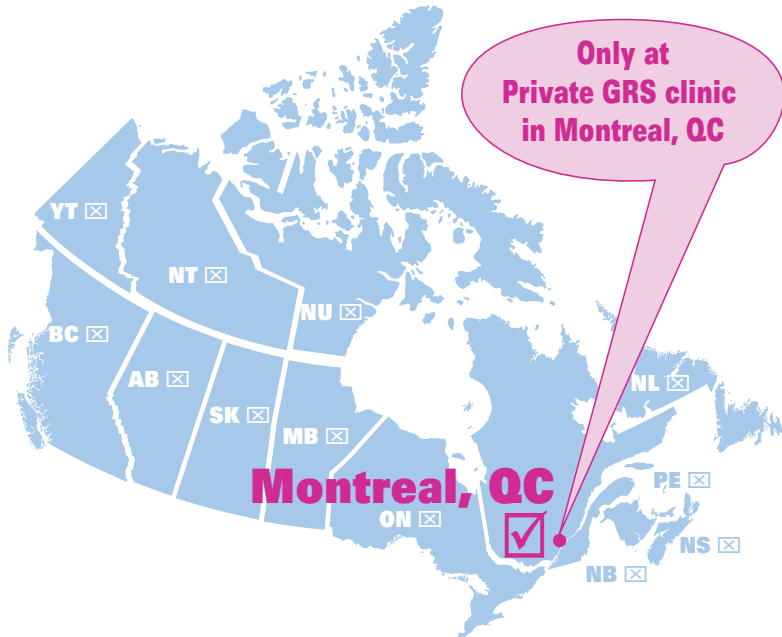


British Columbia (BC) **Alberta (AB)** **Saskatchewan (SK)** **Manitoba (MB)** **Ontario (ON)**
Quebec (QC) **New Brunswick (NB)** **Nova Scotia (NS)** **Prince Edward Island (PEI)**
Newfoundland & Labrador (NL) **Yukon (YT)** **Northwest Territories (NT)** **Nunavut (NU)**

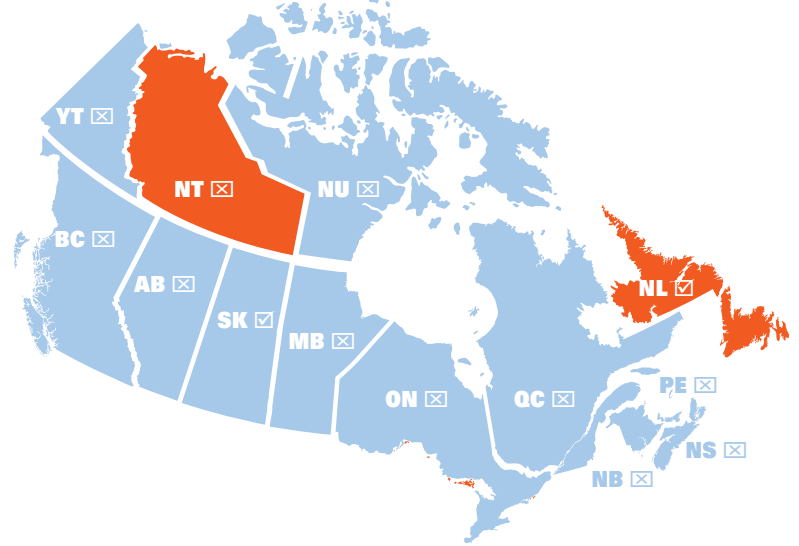
Gender Affirming Surgery.....	1	Labioplasty.....	E	Mastectomy.....	L	Private clinic stay.....	S
Surgery available in province ...	2	Clitoroplasty.....	F	Scrotoplasty.....	M	Travel.....	T
Use CAMH	3	Vaginectomy.....	G	Erectile and Testicular implant	N	Services outside of Canada	U
Penectomy.....	A	Hysterectomy	H	Clitoral release.....	O	Facial feminization.....	V
Orchiectomy.....	B	Salpingo - oophorectomy.....	I	Chest contouring/ Chest Masculinization ..	P	Voice and Communication Training	W
Vaginoplasty.....	C	Metoidioplasty.....	J	Assess for hormone therapy.....	Q	Tracheal shaving	X
Breast Augmentation.....	D	Phalloplasty.....	K	Counseling	R	Laser/hair removal.....	Y
						Psychiatric.....	Z

Current Landscape of Gender Affirming Funding in Canada

PROVIDERS OF BOTTOM SURGERIES IN CANADA



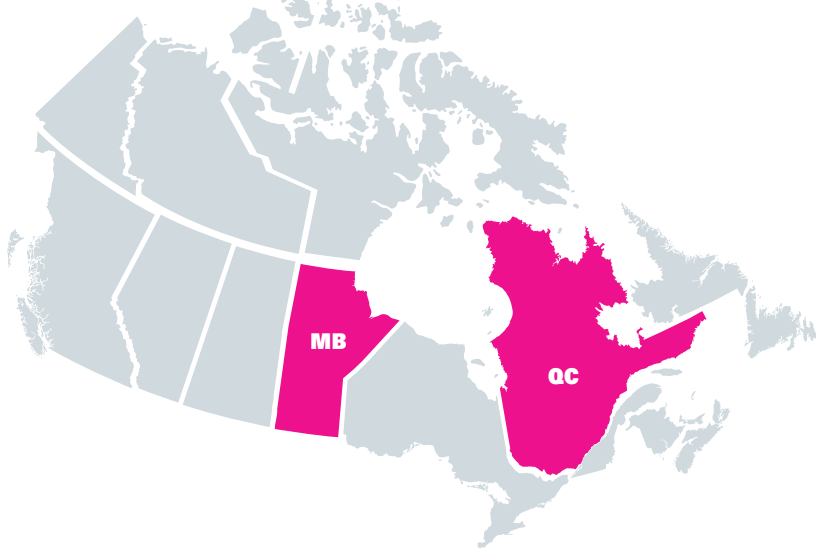
CAMH APPROVAL REQUIRED FOR GENDER AFFIRMING SURGERIES



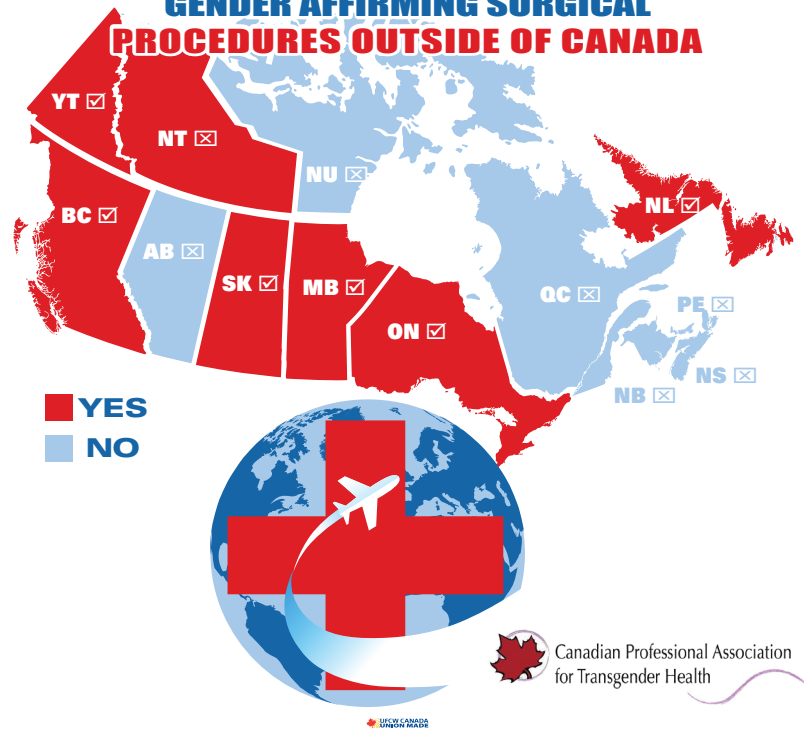
CAMH - (Centre for Addiction and Mental Health)



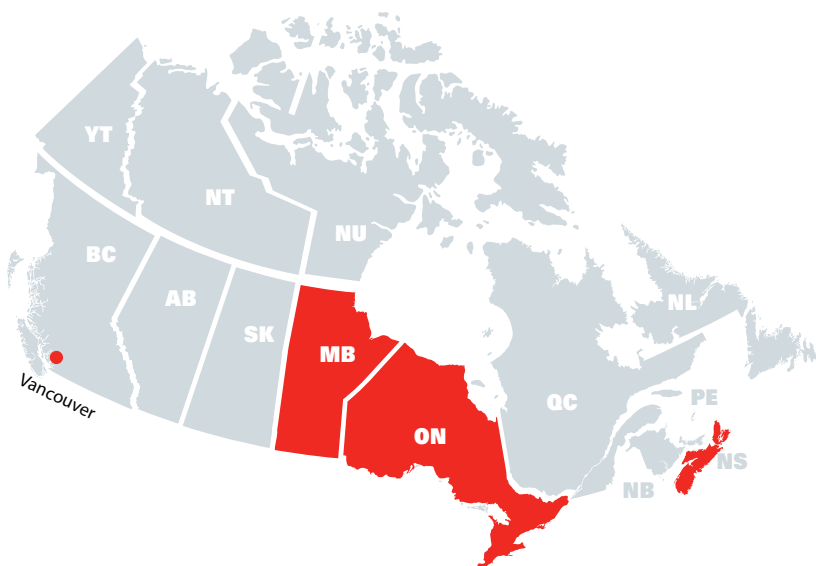
PUBLIC HEALTH PROVISION OF LASER/HAIR REMOVAL IN CANADA



CANADIAN PROVINCES PROVIDING CONDITIONAL FUNDING FOR GENDER AFFIRMING SURGICAL PROCEDURES OUTSIDE OF CANADA



AREAS IN CANADA WHERE GENDER CONVERSION THERAPY IS ILLIGAL



In Canada, transition-related medical services are approved by various provincial institutions and medical practitioners including:

BC	Qualified assessors working with Medical Services Plan
AB	Alberta Health Services + Alberta Health Care
SK	Ministry of Health (Medical Services Branch)
MB	Department of Health, Seniors and Active Living
ON	Ministry of Health and Long-Term Care
QC	Centre hospitalier de l'Université de Montréal and Régie de l'assurance maladie du Québec
NB	New Brunswick Medicare
NS	Department of Health and Wellness (Medical Services Insurance)
PEI	Health PEI
NL	Medical Care Plan
YT	Department of Health and Social Services
NT	Department of Health and Social Services
NU	Coverage could not be verified with the territory

CONTENT DISCLAIMER

The National Scan on Public Coverage for Trans* Health Procedures in Canada (the Scan) is produced by United Food and Commercial Workers Canada (UFCW Canada), in collaboration with the Canadian Professional Association for Transgender Health Care (CPATH). The Scan is the result of a national research initiative undertaken by UFCW Canada to identify the state of public coverage for medically necessary gender/transition related procedures.

These infographics present a high level overview of gender affirming medical care in Canada. The research data presented were obtained from a variety of sources deemed credible to the UFCW Canada and CPATH, including provincial and territorial ministries of health and health care providers. Information for the rest of Canada is up to date as of Sept 27, 2018. Health care coverage is subject to change since such time and the UFCW Canada and CPATH cannot guarantee the currency or accuracy of the information presented. In no event shall the UFCW Canada and/or CPATH be responsible or liable, directly or indirectly, for any damage or loss caused or alleged to be caused by or in connection with the Scan.

For Ontario: Mastectomy coverage provision changes on the Ontario schedule of benefits state: "OHIP – Insured mastectomy procedures include the removal of breast tissue, and reconstruction, including removal of excess skin, reduction and proper positioning of the nipple and areola, and minimization of chest wall scars."