

PATHA's vision for transgender healthcare under the current health reforms

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ABSTRACT

AIM: The Aotearoa New Zealand healthcare system does not adequately meet the needs of transgender people. Due to healthcare reforms and increases in funding and awareness of transgender health, the Ministry of Health has met with the Professional Association for Transgender Health Aotearoa (PATHA) to discuss ways to improve the healthcare system. We developed a vision for a transgender healthcare document to enable a process for our members to collaborate and to increase transparency about what advice PATHA has provided to the Ministry.

METHOD: Feedback from PATHA's committees was incorporated into a draft document, which was then sent to all PATHA members for further feedback and collaboration.

RESULTS: PATHA proposes improvements to transgender healthcare that are centred around a new transgender health resourcing hub, which should operate according to a Te Tiriti o Waitangi framework, provide national coordination of a distributed model of care, provide resourcing (including education) for primary care and actively work to increase provision and equity of gender-affirming surgeries. In order to be effective, the new resourcing hub would utilise peer health navigators, provide education and professional development, promote healing-focussed care and incorporate transgender community leadership and accountability.

CONCLUSIONS: These improvements would allow for the best practices from existing regional programmes to be implemented throughout the healthcare system. The proposed changes align with the goals of the healthcare reforms to make healthcare for transgender people more equitable, accessible and cohesive.

In Aotearoa New Zealand, transgender people should have full access to both gender-affirming healthcare and routine healthcare. Gender-affirming healthcare is care that facilitates peoples' abilities to embody, express and live in their gender. This includes endocrine and surgical procedures, hair removal, voice therapy and providing social and psychological support.¹ Not all transgender people require such care, but for those who do it is necessary to ensure their wellbeing.² Timely access to appropriate gender-affirming care reduces health inequities faced by transgender people, which could result in lower health costs for this population across individuals' lifespans.³

There is a significant unmet need for gender-affirming healthcare among transgender people in Aotearoa New Zealand. *Counting Ourselves, the 2018 Aotearoa New Zealand Trans and Non-binary Health Survey* found that this ranges from 19% for gender-affirming hormones (with rates of unmet

need for hormones even higher among trans men [26%] and 14–25-year-olds [29%]) to 67% of transgender men having an unmet need for chest reconstruction surgery. Around half of transgender women had an unmet need for voice therapy (50%) and feminising genital surgery (49%).⁴

There is a growing demand for gender-affirming healthcare among transgender people,⁵ but often there are barriers to this care, including unavailability. Transgender people often have to pay significant individual healthcare costs, as gender-affirming healthcare is not always accessible through public healthcare systems. This can result in many people being unable to access the care they need, and some may fundraise for this essential healthcare through donations from friends, whānau and transgender communities.⁶

Even when services are available in the public healthcare system, they are often not sufficient to meet demand due to funding and capacity limitations or a lack of trained healthcare providers.

Long waiting lists for public endocrinologists or psychologists can delay access to gender-affirming hormones or puberty-delaying medications for unacceptable lengths of time, or require individuals to pay for private consultations. Gender-affirming surgeries in the public sector suffer from chronically under-estimating demand, under-resourcing, lacking training in gender-affirming care and having to compete for priorities with other elective surgeries. We are not aware of any plan to address the substantial unmet need; the current health reforms and the creation of Te Whatu Ora – Health New Zealand and Te Aka Whai Ora – Māori Health Authority provide an opportunity to address this in a coordinated manner.

In 2021 and 2022, members of the Professional Association for Transgender Health Aotearoa (PATHA) met with the Associate Minister of Health Honourable Dr Ayesha Verrall, and Ministry of Health officials. We created our Vision for Transgender Healthcare document to create a process for PATHA members to collaborate on developing the advice and recommendations that PATHA made to the Minister and the Ministry and to share this information with the wider public. This article is an adaptation of the full document⁷ to inform health professionals across Aotearoa of PATHA's vision for how transgender healthcare can be improved in this country, particularly in light of current health reforms.

Method

The PATHA Vision for Transgender Healthcare document began with an initial outline that was sent to members of the PATHA Executive, and its Education, and Policy and Advocacy Committees for feedback. After their feedback was incorporated, a draft of the full document was developed and was sent to all of the approximately 200 PATHA members for feedback, with their comments then incorporated into the final version.

The goals and elements of this strategy have been informed by Trans Care BC, which is an information and resourcing hub for transgender people in the public health system of British Columbia, Canada. Trans Care BC provides information about transgender health, helps transgender people with accessing healthcare and navigating the healthcare system, and provides clinical support to healthcare professionals through education, resources and clinical standards. Its programme aims to bring “gender-affirming care closer to home

wherever possible” and to support equity and accessibility of care.⁸

Results

PATHA would like to see clear requirements, resourcing and accountability for Aotearoa's new healthcare system to provide accessible gender-affirming healthcare, including at a minimum: puberty blockers, fertility preservation, gender-affirming hormones, psychosocial support, hair removal, voice therapy and gender-affirming surgeries. This would include a clear expectation of timely access to care, without the current “postcode lottery” across regions for gender-affirming healthcare.

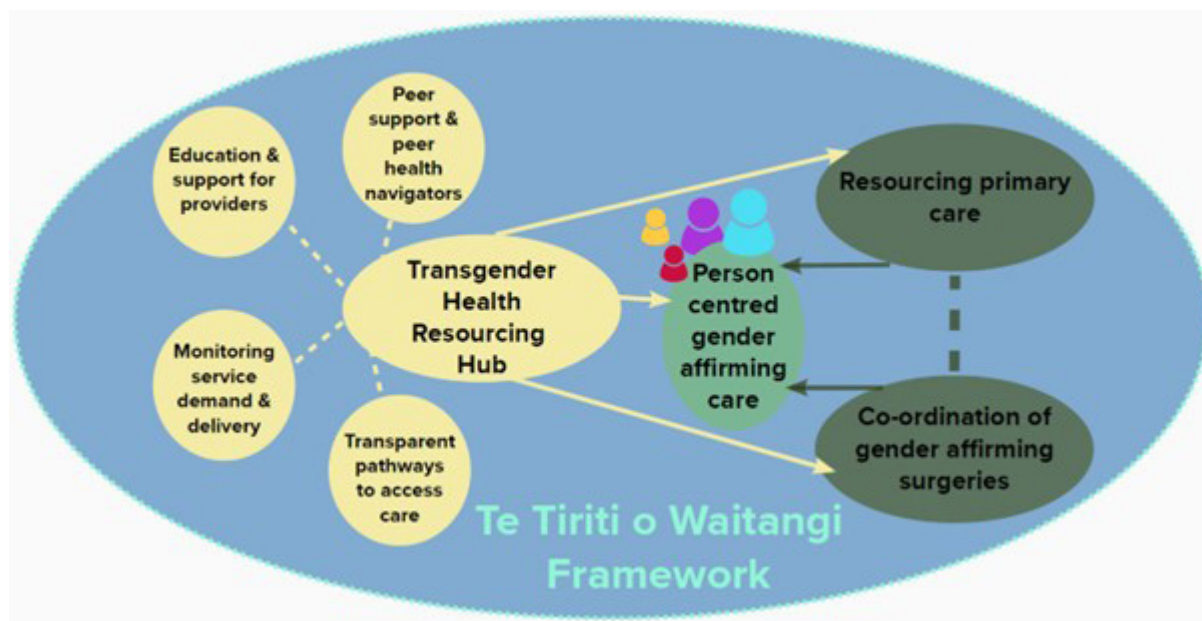
The Ministry of Health definition of equity “recognises different people with different levels of advantage require different approaches and resources to get equitable health outcomes”.⁹ PATHA recommends that a new transgender healthcare resourcing hub be established with an aim to support the healthcare system to provide more equitable, person-centred, accessible and cohesive healthcare for all transgender people, regardless of where they live in Aotearoa New Zealand. This hub would not provide clinical care directly, but instead focus on navigation, coordination and resourcing for this care in the new health system. As well as national coordination, this hub could include regional expertise for local coordination and initiatives provided across regions. In order to ensure equity of access to care, it is important that the new hub monitors the extent of both demand and provision of all types of gender-affirming care.

We are proposing a hub-and-spoke model where the transgender health resourcing hub could assist with national coordination of a distributed model of care, where some care—such as gender-affirming hormones—is delivered locally, and other care—such as surgery—is delivered regionally or nationally.

Te Tiriti o Waitangi framework

Our vision for transgender healthcare includes a Te Tiriti o Waitangi framework. We aim to align with the goals of the current health reforms to work in partnership with Māori, honouring Te Tiriti o Waitangi, and achieving health equity for all people in Aotearoa New Zealand, particularly Māori.¹⁰ We propose that the transgender health resourcing hub should have a steering group that includes significant Māori and takatāpui

Figure 1: Elements of the proposed vision for transgender healthcare under the current health reforms.



expertise and leadership. The healthcare system, including Te Aka Whai Ora, should also resource Kaupapa Māori and Pasifika healthcare services to provide high-quality gender-affirming and general healthcare and be grounded in Māori and Pasifika knowledge, models of healthcare and health promotion.^{11,12} Within such frameworks, person-centred care is both holistic, including all relevant aspects of one's *ola lelei* (wellbeing) and collective involving those in a person's world who are key to their gender-affirmation journey, such as *whānau* (whakapapa-based and kaupapa-based), *kāinga* (extended family) and *matakeinanga* (wider community).

Our vision for transgender healthcare under the current health reforms is illustrated in Figure 1. This includes grounding in a Te Tiriti o Waitangi framework.¹³ Each element of the vision is discussed below.

Resourcing and supporting primary care

Currently, gender-affirming hormones are prescribed by a variety of health professionals in a range of primary and secondary care settings in Aotearoa New Zealand.⁴ Pathways to access gender-affirming hormones vary markedly across regions. In some regions, there has been a shift towards primary care for gender-affirming care to better meet increasing demand and the needs of transgender communities.^{14,15}

Distributing gender-affirming care among a

range of primary care services will make it more likely that the diverse needs of transgender people are met. Population-based research has found that at least 1.0% of adolescents¹⁶ and 0.8% of adults¹⁷ in Aotearoa are transgender. The demand for gender-affirming hormones is increasing due to more people feeling comfortable to explore their genders. A model of care in which initial access to gender-affirming hormones is only provided by centralised services (whether in primary care or secondary care) risks becoming oversubscribed and could perpetuate the idea that health professionals need specialist expertise to provide care to transgender people. Primary care should be an ideal place for providing gender-affirming healthcare, as this type of care may be interlinked with other areas of health and wellbeing, and primary care clinicians are experts in whole life experience. Additionally, primary care providers are part of patients' home communities or with the community service providers that best fit their needs and are familiar with their other health needs, such as *hauora Māori* and Pasifika health providers and Youth One Stop Shops (YOSSs). Primary care providers' scopes of practice vary, and the healthcare needs that transgender people have are also varied. In support of gender-affirming care being provided in primary care, the latest version of the World Professional Association for Transgender Health Standards of Care states that if primary

care providers are “*competent to deliver similar care for cisgender patients, they should develop competency in caring for [transgender] patients*”.¹

Research has shown that assessments by mental health professionals for gender-affirming hormones and surgeries can be experienced as a requirement to “prove” one’s gender, leading to people saying what they think the provider wants to hear.¹⁸ With sufficient support, education or knowledge of the intervention, any qualified doctors and nurse practitioners can assess whether someone meets requirements to access gender-affirming hormones or to be referred for surgeries.^{1,2} Because they are likely to be more aware of a person’s health needs and history, primary care prescribers with an established and ongoing relationship with patients currently in their care may be the best people to assess capacity to give informed consent for gender-affirming hormones, just as they may be for other medical treatments and care. If mental health professionals are not required to assess people for gender-affirming hormones or surgeries, they will have more time to work with those transgender people who require mental health support. PATHA would like to see cost barriers removed for transgender people choosing to access such mental health support. We also call for more education for mental health professionals, including the growing primary mental health workforce, to build cultural safety when delivering care to transgender people.

The transgender health resourcing hub could support primary care prescribers to be able to initiate and provide ongoing prescriptions for gender-affirming hormones for adults who do not have complex physical or mental health needs. Developing this capacity nationally may need to occur in steps, starting with recognition and support for GPs and nurse practitioners who have a special interest in transgender healthcare, including strengthening clinical peer support networks.

Gender-affirming care should be accessible and free, based on informed consent and tailored to individualised needs and goals. This may include psychosocial support, access to peer support, gender-affirming hormones and pathways for referrals to secondary care services where necessary. It is essential that primary care providers have full resourcing in order to provide such gender-affirming care. This includes financial support for extended appointments with clinicians where needed. The new transgender

healthcare resourcing hub should play a key role in providing education and training for primary care staff, as well as funding or employing clinicians as clinical leaders, acting as a point of contact for primary care clinicians to readily access support for providing this care.

The transgender health resourcing hub would continue to support secondary care services and specialised primary care services to provide additional support for gender-affirming care where needed, such as for children and adolescents, as well as for adults with complex physical or mental health needs. This could be through both local referral pathways and liaising with more specialised services. PATHA recommends that existing provision for more specialised primary and secondary care services continues.

Resourcing gender-affirming surgeries **Genital surgeries**

The national Gender Affirming (genital) Surgery (GAgS) Service requires much greater funding to meet the population’s needs. With funding for only 14 surgeries per year, GAgS would take over 27 years to be able to provide surgery to all of its 389 current active referrals as at December 2022.¹⁹ The *Counting Ourselves* study conducted in 2018, when these surgeries were part of the High Cost Treatment Pool, found that most people were not aware that this service existed and only 15% of *Counting Ourselves* participants needing genital surgeries had applied to the service, with most who did not apply saying it was not worth it because of the length of the waitlist.⁴

PATHA recommends that Te Whatu Ora – Health New Zealand and Te Aka Whai Ora – Māori Health Authority review the GAgS service and follow international models of best practice for surgical services that include a multi-disciplinary team of surgeons, anaesthetists, hair removal technicians, clinical nurse specialists, physiotherapists, mental health professionals and peer health navigators. This team would provide the full range of services needed for surgical care, including psychosocial pre- and post-operative support for those receiving or waiting for these surgeries.

Other gender affirming surgeries

There is a high level of unmet need for other (non-genital) gender-affirming surgeries in New Zealand, such as chest reconstruction, breast augmentation, facial feminisation, voice surgery, orchiectomy and hysterectomy/oophorectomy.⁴

Access to these surgeries in the public health system is very limited, and service provision varies by region.²⁰ Some local districts have applied criteria for gender-affirming surgeries that are more restrictive than international and national best practice, which may lead to inequitable outcomes.

PATHA recommends that the new healthcare system and transgender healthcare resourcing hub provide comprehensive pre- and post-operative care for people accessing all types of gender-affirming surgeries, and also post-surgical care for people who pay privately to go overseas for these medically necessary surgeries. We would like this to include funded management for future complications from these surgeries. In addition, the provision of all gender-affirming surgeries, including genital (bottom), chest (top) and facial surgeries, should be increased to meet the rising demand. The new system should also provide national coordination for gender-affirming surgeries, ensure transparent pathways to care and equity of access to surgeries across districts, and fund appropriate multi-disciplinary professionals to provide clinical opinions or support patients to meet any clinical requirements to access gender-affirming surgeries.

Enabling strategies

To achieve full access to appropriate care, a transgender healthcare resourcing hub should be created with the following enabling strategies.

Peer health navigators and support

Not knowing where to go to access gender-affirming care is a significant barrier in the current healthcare system. *Counting Ourselves* survey participants reported that not knowing where to go was the most commonly reported barrier for hormones (40%), and it was the second most reported barrier, after cost, for most surgeries.⁴ Healthcare navigators are essential to break down this barrier. Regional gender-affirming care services are increasing turning to peer healthcare navigators and support workers to meet these needs in a way that has relatively lower costs.¹⁵

PATHA recommends that the new transgender healthcare resourcing hub should establish a national network of peer health navigators to provide staff in peer navigator roles with adequate support, integration with other healthcare services and, where needed, training towards accredited qualifications.

Transgender people who have access to peer support are likely to benefit from improved mental

health and personal growth. Where this is provided, peer support may be best contracted out to community organisations. We recommend that people working in peer support roles should have access to the training, support and supervision that they need, including instruction in clinical guidelines, communication skills, maintaining confidentiality, setting boundaries, appropriate information disclosure and practising self-care. They should also have links with health services (e.g., referral pathways to mental health services) for situations where these are required. We also recommend scholarships for Māori and other groups that face additional healthcare access barriers to ensure the network of peer navigators and support workers meets the needs of diverse transgender communities.

Education, resources and professional development

Transgender people are more likely to delay or avoid access to healthcare due to anticipated discrimination, and are more likely to receive unsatisfactory care.^{4,21-23} Over a third of transgender people in Aotearoa New Zealand had avoided seeing a doctor when they needed to due to worries about disrespect or mistreatment.⁴ Health services may not be effective or safe enough for transgender people due to inadequate staff training and exclusionary policies and environments.^{4,20} Providing healthcare that is culturally safe and inclusive for transgender people is the responsibility of any health professional, regardless of speciality, and not just those with specialist knowledge in transgender health.

PATHA recommends that the new healthcare system and transgender healthcare resourcing hub should provide education and training for all healthcare staff on transgender cultural safety and awareness; work with professional bodies, medical colleges, and tertiary institutions to include transgender cultural safety and awareness in professional healthcare curricula; and provide clinical mentoring and supervision for health professionals working in the field of transgender health. In addition, the healthcare system should promote cultural safety in services for transgender Māori and their whānau, as well as for transgender people from all ethnic minority cultural backgrounds.

Healing-focussed care

Transgender people have long been pathologised by the medical system, with their identities being labelled as a mental disorder. However, this is

changing, with gender-affirming healthcare now being seen as part of the range of sexual healthcare needs related to bodily autonomy in the latest revision of the International Classification of Diseases.²⁴

Many healthcare environments, policies and systems continue to be harmful for transgender people. Transgender people are often still pathologised and their identities are not respected, and they often have to deal with unsafe or stressful gender-segregated spaces in healthcare settings.^{4,22} PATHA recommends a new resourcing hub that advises on healthcare service design considerations such as removing assumptions about gender in some types of care (e.g., maternity care) and in gender-segregated spaces. There is a lack of inclusive data collection and management practices,²⁵ which can cause problems with referrals and other services. The new healthcare system should improve data management systems to better protect the privacy, safety and continuity of care for transgender people.

Transparency, accountability and transgender community leadership

There is currently very little publicly accessible, clear information about what gender-affirming care is available in the healthcare system and how to access it.²⁰ This can lead to people needing to self-advocate to receive essential medical care. While peer health navigators could assist with information provision and advocacy support, it is also important that the healthcare system is publicly transparent about services and provides accessible information about pathways to access gender-affirming healthcare.

PATHA recommends that the new healthcare system should partner with transgender communities and their organisations to design and operate the new transgender health resourcing hub. The hub should be led by a steering group of transgender community leaders, and undergo a programme of education and training to build capacity for transgender people in leadership

roles. The new healthcare system should be transparent and accountable to transgender communities, and be publicly visible in the communities in which it serves. This includes having measurable outcomes, information that is publicly accessible in a range of domains (e.g., web pages, flyers for community organisations) and clear contacts for clarification of services available in local districts.

Conclusion

The present healthcare system does not adequately meet the needs of transgender people. With the current health reforms, we need to make healthcare for transgender people more people-centred, equitable, accessible and cohesive. We propose that this is done by creating a new transgender health resourcing hub that operates under a Te Tiriti o Waitangi framework, provides national coordination of a distributed model of care, actively works to resource primary care and provides support for gender-affirming surgeries. For the new resourcing hub to work effectively, it should utilise peer health navigators, education and professional development, healing-focussed care and transgender community leadership and transparency.

In essence, PATHA is proposing that this new healthcare system take the best things that are occurring regionally and provide coordination of these in a national hub. Examples of current regional good practice include transgender leadership having been crucial for the redesign of gender-affirming healthcare services in Waitaha Canterbury and, in the Northern Region, Hauora Tāhine providing clear and transparent pathways available online for people, employing a key worker to help people navigate access to gender-affirming care, and this service being actively involved in local rainbow community events. Much of what we recommend is already occurring in some regions. Designing a national hub will allow us to take the best practices we are seeing and implement them throughout the whole country.

COMPETING INTERESTS

Nil.

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