PATHA Vision for Transgender Healthcare Under the 2022 Health Reforms

Context

Transgender people—including binary and non-binary transgender people—have the same potential to live healthy and flourishing lives as everyone else. However, evidence shows that transgender people experience poorer overall health and lifetime higher risk of health problems compared to the total population. For example:

- the University of Waikato's *Counting Ourselves* survey[1] heard from 1178 transgender respondents aged 14-83. It found 71% of transgender people were currently experiencing high levels of psychological distress (compared with 8% in the general population).[2] More than half of those surveyed (55%) had seriously thought about suicide in the past 12 months, and 37% had ever made a suicide attempt.
- The University of Auckland's *Youth'12* study[3] found one in five transgender secondary school students had attempted suicide and nearly half had self-harmed in the previous year. Around 40% were currently experiencing significant depressive symptoms.

These higher risks are not inherent to transgender people, but are linked to social exclusion and discrimination.[4] Those who experience discrimination related to other aspects of their identity,[5] including Māori,[6] Pasifika, disabled people, and migrants face even higher risk of poor health outcomes. Conversely, acceptance, inclusion, social support, and access to appropriate healthcare are all protective factors that contribute to lower rates of health problems.

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[1] Veale, J., Byrne, J., Tan, K. K., Guy, S., Yee, A., Nopera, T. M. L., & Bentham, R. (2019). *Counting Ourselves: The Health and Wellbeing of Trans and Non-binary People in Aotearoa New Zealand.* Transgender Health Research Lab, University of Waikato.

[2] Tan, K. K., Ellis, S. J., Schmidt, J. M., Byrne, J. L., & Veale, J. F. (2020). Mental health inequities among transgender people in Aotearoa New Zealand: findings from the Counting Ourselves Survey. *International Journal of Environmental Research and Public Health, 17*(8), 2862.

[3] Clark, T. C., Lucassen, M. F. G., Bullen, P., Denny, S. J., Fleming, T. M., Robinson, E. M., & Rossen, F. V. (2014). The health and well-being of transgender high school students: Results from the New Zealand Adolescent Health Survey (Youth'12). *Journal of Adolescent Health, 55*, 93-99.

[4] Treharne, G. J., Riggs, D. W., Ellis, S. J., Flett, J. A., & Bartholomaeus, C. (2020). Suicidality, self-harm, and their correlates among transgender and cisgender people living in Aotearoa/New Zealand or Australia. *International Journal of Transgender Health*, *21*(4), 440-454.

[5] Robertson, S. (2017). *All of Us: Minority Identities & Inclusion in Aotearoa New Zealand.* https://theallofusproject.net/

[6] "As takatāpui, we experience a unique combination of discrimination, based on being Māori and having diverse gender identities and sexualities. As Māori, we share the legacy of colonisation, where systemic racism has resulted in poor outcomes in education, health, employment, social services and justice. In these contexts, takatāpui often find that our gender and sexuality is ignored, minimised or considered shameful. Even within Rainbow communities, the importance of being Māori to takatāpui and the appropriate use of tikanga or Māori protocols is not well understood." From Kerekere, E. (2015) *Takatāpui: Part of the Whānau.* Auckland: Tīwhanawhana Trust and Mental Health Foundation.

Many transgender people access hormones or surgeries to embody, actualise, or affirm their genders; this access is necessary to ensure their wellbeing and to address any discomfort or distress caused by incongruence between their body and their gender or sense of self. Provision of these hormones and surgeries is known as "gender affirming healthcare". *He Ara Oranga*, the Report of the Government Inquiry into Mental Health and Addiction, recognised that limited access to gender affirming healthcare "has a negative effect on the mental health and wellbeing of people seeking to access them".[7] Timely access to appropriate gender affirming care could reduce health inequities faced by transgender people, resulting in lower health costs across their lifespan (including mental health, substance use, and sexual healthcare usage) that outweigh the costs of providing such care.[8]

Access to gender affirming healthcare is inadequate and demand is growing

In Aotearoa New Zealand, access to gender affirming healthcare is limited and generally inadequate. In 2008, the Human Rights Commission's *Inquiry into Discrimination Experienced by Transgender People*[9] found significant gaps and inconsistencies in the availability, accessibility, acceptability and quality of health services, with most transgender people not receiving the gender affirming healthcare they needed.

Counting Ourselves[10] found significantly high levels of unmet need for gender affirming healthcare persisted a decade later in 2018. This ranged from 19% for hormone treatment to 67% of transgender men with 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%).

Demand for gender affirming healthcare has increased significantly in recent years (for example, as seen in this Auckland[11] and Wellington[12] data) as transgender people have become more aware of healthcare options and as social support increases for people affirming their gender. The true picture of demand is unclear as many services are unavailable, DHBs and the Ministry of Health do not document unmet need, and transgender people often face barriers to understanding what services are available or how to access them.

Transgender people are burdened with significant individual healthcare costs. Where gender affirming healthcare is not accessible through the public system, they are left with the only option of private specialist appointments and surgery (which may only be available overseas

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[7] Paterson, R., Durie, M., Disley, B., Rangihuna, D., Tiatia-Seath, J., & Tualamali'i, J. (2018). *He Ara Oranga: Report of the Government Inquiry into Mental Health and Addiction.* The Government Inquiry into Mental Health and Addiction: Wellington, New Zealand.
[8] Padula, W. V., Heru, S., & Campbell, J. D. (2016). Societal implications of health insurance coverage for medically necessary services in the U.S. transgender population: A cost-effectiveness analysis. *Journal of General Internal Medicine, 31*(4), 394–401.
[9] Human Rights Commission (2008) *To Be Who I Am: Kia Noho Au ki Tōku Anō Ao, Report of the Inquiry into Discrimination Experienced by Transgender People.*
[10] Veale et al, 2019, as above.
[11] Thomas, F. (2018). *Transgender Community Still Waiting for Good News on Full Surgical Service.* NZ Doctor: https://www.nzdoctor.co.nz/article/print-archive/transgender community-still-waiting-good-news-full-surgical-service
[12] Delahunt, J. W., Denison, H. J., Sim, D. A., Bullock, J. J., & Krebs, J. D. (2018). Increasing rates of people identifying as transgender presenting to Endocrine Services in the Wellington region. *The New Zealand Medical Journal, 131*(1468), 33–42.

when such travel is possible), for those who can afford it. This results in many people being unable to access the care they need; as a result, some may fundraise for essential healthcare through donations from friends, whānau, and transgender communities.[13]

Even when services are available in the public healthcare system, they are often not sufficient to meet demand due to funding and capacity limitations. Long waiting lists for public endocrinologists or psychologists can delay access to gender affirming hormones for unacceptable lengths of time or require individuals to pay for private consultations. For example, as at November 2021, the waiting time to see the psychologist at Capital and Coast DHB Endocrinology was 10 months. While many DHBs have the ability to provide gender affirming surgeries, such as chest reconstruction surgery, breast augmentation, hysterectomy/oophorectomy, and orchiectomy, limited oversight of demand and capacity issues mean referrals are commonly declined, and there is often no coordinated plan to address the substantial unmet need.

Recent responses to these issues

In response to this inadequate access and growing demand for gender affirming healthcare, in 2017 the Labour Party included the following points related to transgender health in their Rainbow Policy[14]:

- "improve access to affordable primary care based on the informed consent model, particularly for younger, trans, and intersex New Zealanders. This also includes training and resources for health professionals about sexual orientation and gender diversity
- support and ensure all district health boards reduce barriers for trans and gender diverse people to access gender affirming healthcare, transition related medical support (including hormones, social support and other cosmetic interventions), and an assessment of the need for gender reassignment surgery as an elective service
- ensure fair access to publicly funded gender affirming surgical options for trans and gender diverse people based on need."

In November 2020, PATHA sent a Briefing to the Incoming Minister of Health[15] which highlighted the inadequate access to gender affirming healthcare in Aotearoa and outlined evidence of the continued serious health inequities, stigma, marginalisation, discrimination faced by transgender people. Our briefing also gave recommendations for action across three priority areas:

- Reliable public access to gender affirming healthcare
- A wider health system that delivers safe, equitable, and effective care for transgender people
- Addressing systemic and interpersonal harms that impact health outcomes as social determinants of health

[13] Barcelos, C. A., & Budge, S. L. (2019). Inequalities in crowdfunding for transgender health care. *Transgender Health*, *4*(1), 81–88.
[14] Labour Party. (2017). *Rainbow policy.* https://honestuniverse.com/2017/08/30/nz-political-parties-transgender-health-plans/#labour
[15] Professional Association for Transgender Health Aotearoa (2020). *Briefing to the Incoming Minister of Health 2020*. https://patha.nz/2020-briefing

In 2021, PATHA members met with the Associate Minister of Health, Hon Dr Ayesha Verrall and Ministry of Health officials. In a follow-up meeting with the Ministry of Health, officials confirmed to PATHA that they are prioritising work in the areas of primary care, the Gender Affirming (Genital) Surgery Service (GAGSS), and improving nationwide consistency for gender affirming care. The Ministry asked PATHA to suggest members to be part of a reference group to support its transgender health work.

Also, in 2021, the Government announced a plan for transformation of our health system by replacing the District Health Boards with national entities, which became known as Te Whatu Ora / Health New Zealand and the Te Aka Whai Ora / Māori Health Authority.[16] The goal of these reforms is to "improve the health and wellbeing of all New Zealanders" by creating a healthcare system that is more:

- People-centred: a system that brings together the voice of all communities
- Equitable: a system that focuses on working in partnership with Māori and honouring Te Tiriti o Waitangi
- Accessible: a system that offers more equitable, convenient and integrated access to services for all New Zealanders
- Cohesive: a national health system that delivers locally, supported by coordinated planning and oversight"[17]

The May 2022 Budget includes funding to improve access to primary care services for transgender people. At the time of writing this, many of the details of how this funding will be used are still being worked through. Some of the budget items, such as primary care workforce development, align with what we are outlining in this vision for transgender healthcare document.

This PATHA document provides a vision for transgender healthcare in the context of health reforms. It draws upon the British Columbia model, adapted to the Aotearoa New Zealand context. We created this document to inform PATHA members and the wider public about what is PATHA seeking in its consultation with the Minister and the Ministry.

This document began with an initial outline that was sent to members of the PATHA Executive, Education, and Policy and Advocacy Committees for feedback. After feedback was incorporated, a draft of the full document was developed which included background from our Briefing to the Incoming Minister that was updated as necessary. A draft version of the full document was sent to all PATHA members for feedback which was incorporated into the final version.

We recommend that the Ministry of Health also consult with other transgender, takatāpui, rainbow, and professional (particularly GP) organisations about their current work to improve the healthcare system for transgender people.

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[16] Department of the Prime Minister and Cabinet (2021). *How the Health System is Changing*. https://www.futureofhealth.govt.nz/about-the-reforms/how-health-system-changing/

[17] Department of the Prime Minister and Cabinet (2021). *The Future of Health*. https://www.futureofhealth.govt.nz/

Overview of this proposal

To address the serious health inequities, increasing demand for gender affirming care, high levels of unmet need and barriers to accessing care, and variable access across regions (postcode lottery) that transgender people face, we need clear requirements and resourcing for the new healthcare system to provide accessible gender affirming healthcare. The new healthcare system should have clear expectations about providing timely access to a range of care including at a minimum: puberty blockers, fertility preservation, gender affirming hormones, psychosocial support, hair removal, voice therapy and gender affirming surgeries including chest reconstruction, breast augmentation, laryngeal shave, hysterectomy and orchiectomy.

To achieve the new healthcare reforms' goal of providing coordination, planning, and oversight, PATHA recommends that a new transgender healthcare resourcing hub be set up as part of Te Whatu Ora / Health New Zealand and Te Aka Whai Ora / Māori Health Authority, with direct care continuing to be provided by the range of providers currently providing this care, and the growing number who might do so in the future, with increased education and workforce development. This is 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 some care—such as surgeries—is delivered regionally or nationally. The transgender healthcare resourcing hub should aim to achieve full access to person-centred gender affirming healthcare for all transgender people, regardless of their location, and promote transgender cultural safety and awareness within the wider healthcare system.

This new transgender healthcare resourcing hub would not provide care directly and instead focus on co-ordinating, resourcing, empowering, and educating for this care in the new health system, as outlined below. As well as national coordination, this hub could include regional expertise for local coordination and resourcing in different regions. To do this, it is important that the new hub records the demand and monitors the provision of all types of gender affirming care when they happen. At present, the provision of this care is not being comprehensively monitored; for example, we are aware that some DHBs would not be able to identify how many gender affirming chest reconstruction surgeries that they are doing (or declining).

This new transgender healthcare resourcing hub should align with Te Tiriti o Waitangi, as a partnership between Te Whatu Ora / Health New Zealand and Te Aka Whai Ora / Māori Health Authority, including Māori co-governance, and emphasis on Māori and Pasifika models of care.

Guided by a Te Tiriti o Waitangi framework, our vision for transgender healthcare under the current health reforms includes the following:

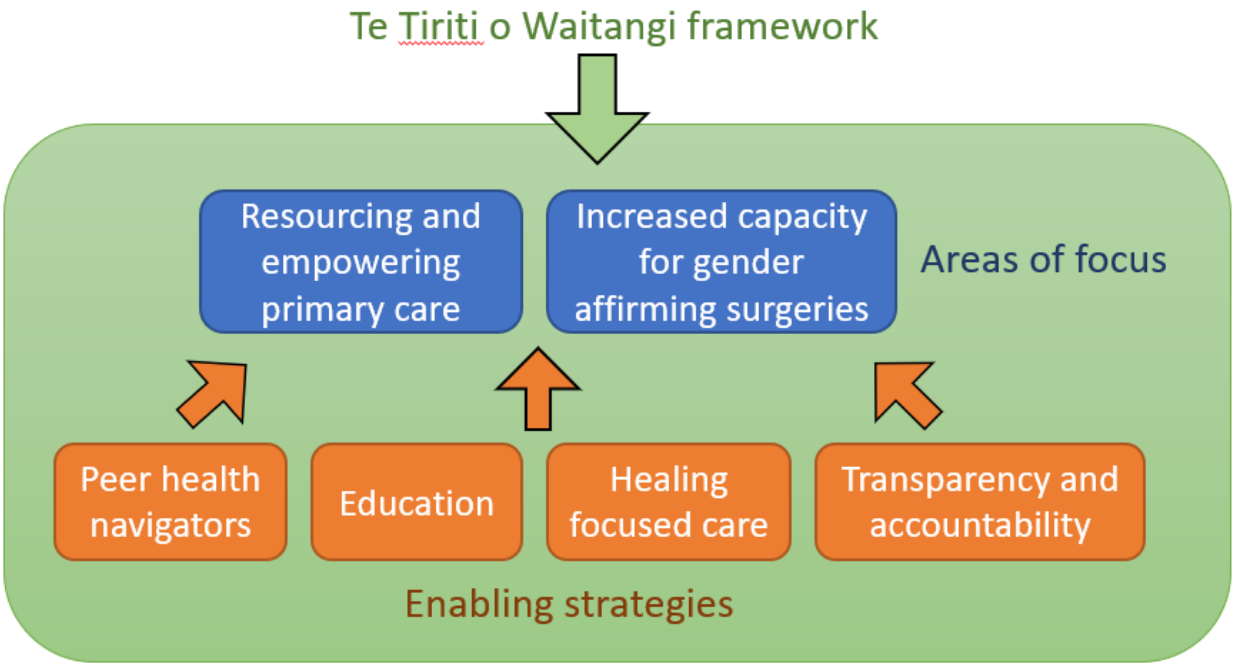
- Resourcing and empowering primary care
    - Improving access through an informed consent model of gender affirming care

- Increased capacity for gender affirming surgeries
    - Increase provision and equity

- Clear pathways and with transparent nationally-agreed criteria

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 (national network)
- Education: improve health professional training and continuing education, guidelines, cultural sensitivity and awareness, and a standardised point of contact for their clinical questions and support
- Healing focused: Actively depathologising trans healthcare and acknowledging of past harms in healthcare settings
- Transgender community leadership and accountability: including transgender leadership in the design and operation of the hub



Much of the background information in this document has been adapted from PATHA's 2020 Briefing to the Incoming Minister.[18] The goals and elements of this strategy have been adapted from Trans Care BC,[19] which is the transgender health resourcing hub in the public health system of British Columbia, Canada. Below, we outline each of these elements, including the background, need, and justification for each of them.

Te Tiriti o Waitangi framework

[18] PATHA, 2020, as above.
[19] Trans Care BC. (N.D.) Improving Gender-affirming Care Across B.C. http://www.phsa.ca/transcarebc/

There is evidence that diverse genders and sexualities were widely accepted in te ao Māori prior to the colonisation of Aotearoa New Zealand.[20] As a result of colonisation, takatāpui and Māori transgender people have had their genders and sexualities supressed, criminalised, and pathologised. One of the lasting impacts of colonisation is that takatāpui and Māori transgender people have been forced to leave their whānau or become disconnected from te ao Māori.[21] Providing access to gender affirming care could be part of upholding Te Tiriti o Waitangi in the healthcare system.

PATHA's recommendations

PATHA proposes a new transgender health resourcing hub should be created as a partnership with co-governance between the new Te Whatu Ora / Health New Zealand and Te Aka Whai Ora / Māori Health Authority and have a steering group that includes significant Māori expertise. To work towards our healthcare system's obligations under Te Tiriti o Waitangi to provide equity in healthcare access for transgender Māori and their whānau (including kaupapa whānau), hapū, and iwi. The healthcare system should also resource kaupapa Māori and Pasifika healthcare services to provide greater high-quality gender affirming and general healthcare and be grounded in Māori and Pasifika models of healthcare and health promotion, such as the Meihana Model[22] and Fonofale.[23] Through providing care that is person-centred, care that we are proposing could become collective-centred through appropriate tending to mātauranga Māori and Pasifika, including those in a person's ao who are key to their gender affirmation journey, such as whānau.

Resourcing and empowering primary care

Currently in Aotearoa New Zealand, gender affirming hormones are prescribed by a variety of health professionals in a range of clinical settings. This includes endocrinologists, sexual health physicians, adolescent health physicians, paediatricians, and general practitioners (GPs).[24] Pathways to access gender affirming hormones vary markedly across DHBs. In some DHB regions, there has been a shift towards primary care for gender affirming care to better meet increasing demand and the needs of transgender communities. For example, in Canterbury gender affirming hormone initiation for adults is led by primary care,[25] and in Wellington a study at Victoria University found benefits in providing gender affirming hormones through student health services.[26]

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[20] Kerekere, 2015, as above.

[21] Kerekere, 2015, as above.

[22] Pitama, S., Robertson, P., Cram, F., Gillies, M., Huria, T., & Dallas-Katoa, W. (2007). Meihana Model: A clinical assessment framework. *New Zealand Journal of Psychology, 36*(3), 118–125.

[23] Pulotu-Endemann, F. K. (2001). *Fonofale Model of Health*. Paper presented at the Pacific Models for Health Promotion. Massey University 07 September 2009.

[24] Veale et al, 2019, as above.

[25] McGonigle, L., & Nicholls, R. (2022). A community-based initiative to improve transgender mental health in Canterbury, New Zealand. *Journal of Primary Health Care, 14*(1), 43–47.

[26] Ker, A., Fraser, G., Lyons, A., Stephenson, C., & Fleming, T. (2020). Providing gender affirming hormone therapy through primary care: service users' and health professionals' experiences of a pilot clinic. *Journal of Primary Health Care, 12*(1), 72-78.

Population-based research indicates that 1.2% of adolescents[27] and 0.8% of adults[28] in Aotearoa are transgender. Other research has shown that two-thirds of transgender people in Aotearoa require gender affirming hormones, with many reporting an unmet need.[29] Given the size of the transgender population and increasing demand for services, relying on only a centralised model for providing gender affirming hormones—whether that is within primary care or secondary care—risks being oversubscribed, could perpetuate the idea that health professionals require specialist expertise to provide care to transgender people, and could exacerbate the travel barriers that many transgender people face when trying to access care. In line with the recommendations of the Health and Disability System Review,[30] primary care is an ideal place for providing gender affirming healthcare, as primary care providers—including GPs, nurse practitioners, and practice nurses—are part of patients' home communities or with the community service providers that best fit their needs. Primary care clinicians are experts in whole life experience; gender affirming healthcare is not a standalone health need and is often interlinked with other areas of health and wellbeing.

Presently, DHB-funded mental health services are experiencing extremely high levels of demand, with limited staffing. Recent research in Aotearoa indicates that mental health assessments for gender affirming hormones and surgeries from mental health providers could lead to people saying what they think the mental health provider wants to hear.[31] These assessments do not need to be conducted only by mental health professionals, and in accordance with national and international guidelines,[32,33] any qualified doctor with sufficient knowledge of the intervention, regardless of specialty, can assess people for capacity and readiness to access gender affirming hormones or surgeries. Moving away from requiring mental health professionals to conduct these assessments could free up time for mental health professionals to work with transgender people to address the mental health needs that exist among transgender communities.

PATHA's recommendations

PATHA recommends a person-centred model of care distributed among primary care providers, including Māori and Pasifika health providers, Youth One Stop Shops, and other community-based services. This care should be based on informed consent and tailored to individualised gender affirming care needs and goals, including psychosocial support, gender affirming

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[27] Clark et al, 2014, as above.
[28] Statistics New Zealand. (2021). *1 in 20 Adults Identify as LGBT+ in Major Social Survey.* https://www.stats.govt.nz/news/1-in-20-adults-identify-as-lgbt-in-major-social-survey
[29] Veale et al, 2019, as above.
[30] Health and Disability System Review. (2020). *Health and Disability System Review – Final Report – Pūrongo Whakamutunga*. Wellington: HDSR. http://www.systemreview.health.govt.nz/final-report
[31] Fraser, G., Brady, A., & Wilson, M. S. (2021). "What if I'm not trans enough? What if I'm not man enough?": Transgender young adults' experiences of gender-affirming healthcare readiness assessments in Aotearoa New Zealand. *International Journal of Transgender Health, 22*(4), 454–467
[32] Coleman, E., Bockting, W. O., Botzer, M., Cohen-Kettenis, P. T., DeCuypere, G., Feldman, J., Fraser, L., Green, J., Knudson, G., Meyer, W. J., Monstrey, S., Adler, R. K., Brown, G. R., Devor, A. H., Ehrbar, R., Ettner, R., Eyler, E., Garofalo, R., Karasic, D. H., … Zucker, K. (2012). Standards of care for the health of transsexual, transgender, and gender-nonconforming people, version 7. *International Journal of Transgenderism*, *13*(4), 165–232.
[33] Oliphant, J., Veale, J. F., Macdonald, J., Carroll, R., Johnson, R., Harte, M., Stephenson, C., & Bullock, J. (2018). *Guidelines for Gender Affirming Healthcare for Gender Diverse and Transgender Children, Young People and Adults in Aotearoa, New Zealand*. Transgender Health Research Lab, University of Waikato. https://patha.nz/Guidelines

hormones, and pathways for referrals to secondary care services where necessary. The new healthcare system and resourcing hub should have the ultimate goal of *empowering all primary care prescribers to be able to provide initiation and maintenance of gender affirming hormones for adults who do not have complex physical or mental health needs*. Primary care prescribers who have 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, as their ongoing relationship with their patients can make them more aware of a broad range of areas of a person's physical and mental health needs and histories. Access to gender affirming hormones via primary care could reduce barriers through timely access care in settings that are closer to where people live and more connected with their communities.

While empowering all primary care prescribers to provide initiation of gender affirming hormones is the ultimate goal, we recognise that change to achieve this likely needs to occur in steps. Interim steps could include supporting and enhancing peer groups for GPs with a special interest (GPSI) in transgender health care, for example through best practice primary care guidelines, formalising the GPSI role, and expanding the number of primary care prescribers empowered to initiate gender affirming hormones.

Full resourcing for primary care to undertake this work is essential. We are aware that primary care is currently being required to take on a lot of additional care, and many providers will be reluctant to take on a new type of care without full resourcing. To minimise the cost barriers for providers and patients accessing care, resourcing should include financial support for extended appointments with GPs, as well as appointments with primary care nurses and primary care mental health professionals, with all appointments provided at no cost to patients. Further resourcing should include the new transgender healthcare resourcing hub playing a key role in the education and training of primary care staff; it should also fund or employ primary care clinicians to be clinical leaders, acting as a point of contact for primary care clinicians to readily access support when providing gender affirming care.

Primary care prescribers could provide referrals to mental health professionals when mental health support is requested by transgender patients. Cost barriers should be removed for transgender people accessing mental health support.

Healthcare that is distributed among primary care providers will take pressure off secondary care services; it is more efficient and cost effective for the healthcare system, and by reducing barriers and increasing access to care, this will lead to better physical and mental health outcomes for transgender people. The new healthcare system and new transgender health resourcing hub should continue to support secondary care services and specialised primary care services to provide additional support for gender affirming hormones where needed through both local referral pathways and specialty liaison (e.g., pediatrics, endocrinology, sexual health services, mental health services) for children and adolescents, as well as for adults with complex physical or mental health needs. We also note that gaps in secondary care services remain, such as for pediatric care in many regions. It is essential that provision of this existing secondary care services continues and expands as for those who need them.

Resourcing gender affirming surgeries

The Ministry of Health manages the national provision of Gender Affirming Genital Surgery Service (GAGSS), and we understand that it is unusual for the Ministry to manage a clinical service.[34] This service received new funding in the 2019 Budget,[35] and awareness of the Service probably increased due to this funding, as demand increased by over 160% from October 2018 to September 2020.[36] While there is funding for 14 surgeries per year, five surgeries were performed in 2020 and ten surgeries were performed in 2021. GAGSS does not seem to have the funding nor the capacity to meet the population need. No psychosocial support is provided for people waiting for these essential procedures, and referrals require a readiness assessment, which is not available in many DHBs and there are significant cost barriers faced by those seeking to access this care privately.

The level of need for these surgeries is even greater than the waiting list suggests. In the *Counting Ourselves* survey, only 46% of participants knew that this funding existed and only 15% of those wanting genital surgeries had applied to the publicly-funded list. The most common reasons for not applying were because of the length of the waiting list (74%), not knowing how to apply for it (40%), and not having the money to pay for the assessments needed to apply (28%).[37]

Access to other gender affirming surgeries in the public health system is very limited, and where these are provided, service provision varies by DHB region. The *Counting Ourselves* survey found high levels of unmet need for a range of surgeries, including chest reconstruction, breast augmentation, facial feminisation, orchiectomy, and hysterectomy / oophorectomy.[38] PATHA has heard reports of some DHBs not allowing chest reconstruction surgeries for transgender people who are not taking testosterone and applying criteria for gender affirming surgeries that are more restrictive than international[39] and national[40] best practice for this medically necessary care, or criteria that are not fit for purpose because they are designed for people accessing the care for reasons other than gender affirmation. PATHA is concerned that such restrictions may be enforced as a way of managing the demand on a service with limited capacity and lead to inequitable outcomes.

PATHA's recommendations

We need adequate funding and support for the national GAGSS to meet the transgender population's needs. PATHA recommends that Ministry of Health funds a separate entity to manage the gender affirming genital surgery service. This entity could be public or private, and

[34] Ministry of Health, 2020, as above.
[35] Norman, C. (2019). *Rainbow Community Gives Thumbs Up to Funding Boost for Gender Reassignment Surgery*. https://www.tvnz.co.nz/one-news/new-zealand/rainbow-community-gives-thumbs-up-funding-boost-gender reassignment-surgery
[36] Ministry of Health. (2020). *Updates from the gender affirming (genital) surgery service*. https://www.health.govt.nz/our-work/preventative-health-wellness/delivering-health-services-transgender-people/updates-gender-affirming-genital-surgery-service#previous
[37] Veale et al, 2019, as above.
[38] Veale et al, 2019, as above.
[39] Coleman et al, 2012, as above.
[40] Oliphant et al, 2018, as above.

include multi-disciplinary team comprising surgeon(s), anaesthetists, hair removal technicians, clinical nurse specialists, physiotherapists, and mental health professionals, to ensure that people accessing genital surgery have access to the full service that is needed for surgical care, including psychosocial support while receiving or waiting for these surgeries. We also recommend that the new healthcare system and transgender healthcare resourcing hub:

- provide comprehensive supportive care for people accessing all types of gender affirming surgeries or preparing for and recovering from surgeries, including care for those paying privately to go overseas for these medically necessary surgeries
- increase provision of all gender affirming surgeries, including lower, top, and facial surgeries to meet the demand
- provide national coordination for gender affirming surgeries, ensuring increased transparency of pathways to care and equity of access to surgeries across regions
- ensure assessment criteria for gender affirming surgeries are equitable based on national guidelines[41] and international standards of care[42] for transgender people
- increase transgender cultural safety and awareness for all staff providing gender affirming surgeries in Aotearoa New Zealand and increase the interest and capacity for new specialist surgical staff entering this field
- fund appropriate readiness assessments for gender affirming surgeries

Enabling strategies

To work effectively and meet its goal of full access to appropriate care for transgender people, the new transgender healthcare resourcing hub should utilise the following enabling strategies. The order that we present these strategies does not indicate that we believe any particular strategy is more important than another.

1. Peer health navigators and peer 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.[43] Peer support with service navigation of gender affirming healthcare is essential to break down this barrier. In the Northern Region, peer support roles for transgender people and their whānau are resourced as part of gender affirming healthcare through a contract with RainbowYOUTH[44] and OutLine.[45] A transgender health key worker employed by Auckland DHB specifically helps people navigate access to gender affirming health services. This role has helped reduce waiting times for specialist appointments and reduce the number and cost of missed appointments. PATHA acknowledges that peer

[41] Oliphant et al, 2018, as above.
[42] Coleman et al, 2012, as above.
[43] Veale et al, 2019, as above.
[44] RainbowYOUTH. (2020). *Transgender Support Service.* https://ry.org.nz/what-we-do/tpss
[45] OUTLine. (2020). *Transgender Peer Support Service.* https://outline.org.nz/transgender peer-support-service/

health navigation work is difficult when there is a lack of services available, and navigators require supervision support; these challenges should be factored in to any monitoring and evaluation frameworks, so that inability to obtain referrals and reasons for declined referrals are measured alongside improved ability to navigate available services.

Obtaining knowledge, emotional and practical support, and connections with other transgender people who have shared experiences is likely to benefit transgender people's mental health and personal growth. Peer support, including with healthcare service navigation, has long been provided informally by transgender communities and through peer-led support organisations.

To reduce the current barriers to accessing care and empower transgender communities to provide support within their communities, PATHA recommends that the new transgender healthcare resourcing hub:

- establish a national network of peer health navigators
- provide staff in peer health navigator roles with adequate support, integration with other healthcare services, and training to lead to qualifications where needed
- provide organisations that work directly to provide peer support for transgender people in community settings with funding, networking, resources, and support

We recommend that peer *navigators* should be employed directly within the healthcare workforce because we believe that the healthcare system has the responsibility for being the ones to reduce the current barriers, and having people in these roles within the healthcare system will help to reduce any negative perceptions or mistrust that transgender people have with the healthcare system. Peer *support* may be best contracted out to community organisations, but we recommend that people working in peer support roles should have access to the training and supervision that they need and support from health services (e.g., regular meetings with mental health services) when these are required.

2. Education, resources, and professional development

Compared with cisgender people, transgender people are less likely to be able to access needed healthcare, more likely to delay or avoid access because of anticipated discrimination, and more likely to receive unsatisfactory care.[46,47,48] This is because health services may not be effective or safe enough for transgender people due to inadequate staff training, exclusionary policies and environments, or lack of service availability.[49] These issues occur across all areas of healthcare, including primary care, mental health, and sexual and reproductive health services. For example:

- The University of Auckland's *Youth 2012* study found that transgender high school students were more than twice as likely to be unable to access health care compared with their non-transgender peers.[50]

[46] Veale et al, 2019, as above.
[47] Clark et al, 2014, as above.
[48] Birkenhead, A. & Rands, D. (2012) *Let's Talk About Sex... (Sexuality and Gender): Improving Mental Health and Addiction Services for Rainbow Communities.* Auckland, New Zealand: Auckland District Health Board, OUTline and Affinity Services.
[49] Veale et al, 2019, as above.
[50] Clark et al, 2014, as above.

- In *Counting Ourselves*, over a third of participants (36%) had avoided seeing a doctor when they needed to because they were worried about disrespect or mistreatment as a trans or non-binary person. Almost half (46%) had to teach a healthcare provider about transgender people so that they could get appropriate healthcare, and less than half (46%) reported having GPs who consistently used the correct names and pronouns when referring to them or who supported their gender affirming healthcare needs (47%).[51]
- The *Out Loud* project collected the stories and wishes of transgender and other rainbow people around Aotearoa's mental health and addiction services and system. Experiences include privacy breaches, mental distress being used as a reason to gatekeep access to gender affirming healthcare, and racism and ableism adding additional barriers to accessing support.[52] Other studies have reported similar experiences.[53,54,55,56]

Many health professionals have not had access to up-to-date professional training to learn about transgender people's healthcare needs, lives, and experiences, or to understand their role in enabling transgender people to make informed choices about their healthcare. Providing healthcare with transgender cultural safety and awareness is the responsibility of any health professional, regardless of speciality, and not simply the responsibility of those seen to have specialist knowledge in transgender health. This could be incorporated as part of education and training in broader rainbow cultural safety and awareness that should be part of standard induction training. To address the education need, PATHA recommends the new healthcare system and transgender healthcare resourcing hub:

- provide education and training for all healthcare staff, including primary care providers, mental health professionals, and other organisations contracted by the healthcare system to provide services, with a focus on developing capacity in these settings; this should include training on transgender cultural safety and awareness, as well as technical clinical competency for providing care to transgender people[57]
- work with professional bodies and tertiary institutions to include transgender cultural safety and awareness in professional healthcare curricula and require this as a prerequisite to professional registration
- fund or employ primary care clinicians in different regions to create a standardised point of contact for primary care clinicians to ask clinical questions and receive support with providing gender-affirming care

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[51] Veale et al, 2019, as above.
[52] RainbowYOUTH & We Are Beneficiaries. (2018). *Out Loud Aotearoa: Sharing the Stories and Wishes of Queer, Gender Diverse, Intersex, Takatāpui, MVPFAFF and Rainbow Communities Around Aotearoa's Mental Health and Addictions Services.* https://s3-ap-southeast-2.amazonaws.com/ry.storage/OutLoud_Report_Web_Final.pdf.
[53] Fraser, G. (2019). *The Rainbow Mental Health Support Experiences Study: Summary of Findings.* https://drive.google.com/file/d/1sr3wckwT0taljQ62oZItBYnou1-ijeFB/view?pli=1
[54] Fraser, G. (2019). *Queer and Trans Experiences of Accessing Mental Health Support in Aotearoa: Summary of Findings for Participants and Community Advisors.* https://drive.google.com/file/d/1QJcT93eTVrTtRQsnYjo_AChEOwg5udhm/view?pli=1
[55] Adams, J., Dickinson, P. and Asiasiga, L. (2012) *Mental Health Promotion and Prevention Services to Gay, Lesbian, Bisexual, Transgender and Intersex Populations in New Zealand: Needs Assessment Report.* https://www.tepou.co.nz/uploads/files/resource-assets/mental-health-promotion-and-prevention-services-to-glbti-populations-in-nz-needs-assessment-report.pdf
[56] Birkenhead & Rands, 2012, as above.
[57] Asia Pacific Transgender Network (2020). *Regional Mapping Report on Trans Health, Rights and Development in Asia*. https://weareaptn.org/wp-content/uploads/2020/02/APTN-HealthMappingReport-FINAL_comp.pdf

- provide clinical mentoring and supervision for health professionals working in the field of transgender health
- work with and resource stakeholders, including PATHA, to develop or update clinical practice guidelines and produce resources on gender affirming care and treatment, including educational programs, e-learning resources, and patient and clinician information leaflets
- explore the use of telehealth and other technologies to reduce barriers to care access, particularly for transgender people in rural or remote areas
- promote ethnic and cultural safety and awareness in services for transgender Māori and their whānau (including kaupapa whānau), hapū, and iwi, and transgender people from all ethnic and cultural backgrounds, including migrants and refugees.

3. Healing focused care

Historically, much of transgender medicine has caused harm by pathologising transgender people and inappropriately labelling their identities as a diagnosable mental disorder.[58] In the recent International Classification of Diseases 11th Revision,[59] diagnoses related to being transgender have been moved from the "Mental, Behavioural or Neurodevelopmental Disorders" chapter to the "Conditions Related to Sexual Health" chapter. While this pathologising view of transgender identities as mentally disordered is changing, societal stigma against transgender people remains. This stigma results in transgender people experiencing gender minority stress and facing serious mental health inequities, and there are high levels of unmet need for mental health support within this population,[60] and this support should not stigmatise the genders of those transgender people who have mental health needs.

In addition to pathologisation, healthcare environments, policies, and systems have often also been harmful for transgender people. For example, gender-segregated spaces in healthcare settings, such as bathrooms and wards, can be unsafe or stressful for transgender people, particularly if there are no facilities that match their gender or they are allocated to an incorrect gender-segregated facility.

The collection and management of patient data and personal information has also not been inclusive. Currently the National Health Index (NHI), patient management systems, and other electronic platforms used across the health system do not enable best practice in capturing and managing this information for transgender people,[61] and guidance about how to update the name and gender on an NHI record is limited and contradictory.[62] Another issue is that patient record systems do not match and connect with government records; for example, a primary care

[58] Oliphant et al, 2018, as above.
[59] World Health Organisation Regional Office for Europe (n.d.). *WHO/Europe Brief – Transgender Health in the Context of ICD-11*. https://www.euro.who.int/en/health-topics/health-determinants/gender/gender-definitions/whoeurope-brief-transgender-health-in-the-context-of-icd-11
[60] Veale et al, 2019, as above.
[61] Adriaansen, M. J., Perry, W. N., Perry, H. E., & Steel, R. C. (2017). Binary male-female laboratory reference ranges do not reflect reality for transgender individuals on sex-hormone therapy. *New Zealand Journal of Medical Laboratory Science*, *71*(3), 101–105.
[62] Currently the Ministry of Health website confirms in some places but not others that such a change can be made without the need for someone to have changed their name or gender on their birth certificate. This advice is needed as the complex Family Court process to amend one's birth certificate that remains in place until mid 2023 deters most transgender people, and excludes those who are not permanent residents who also have no available option to change their name in New Zealand.

clinic may use a patient record system which can accurately record name, gender, and update NHI numbers, but this does not mean that the lab system or electronic prescription has the correct details. PATHA members have reported that this can cause problems with referrals to ACC or WINZ if there is a mismatch with genders.

Currently, most labs have their own IT system, and recording gender in a way that is inclusive of transgender people is challenging as each IT system needs to be upgraded. We understand that changes to the healthcare system will see some merging of lab IT systems that could make changes easier.

PATHA recommends that the new transgender healthcare resourcing hub and health system acknowledge and work to address past harmful impacts on transgender people from healthcare settings and providers by:

- actively working to depathologise transgender healthcare; that is, continue moving away from framing being transgender as a mental health disorder
- resourcing the mental health sector to address the current need for mental healthcare services as a result of social stigma and gender minority stress
- improving data management systems so that transgender people's names and genders are recorded appropriately and consistently, and ensure private information, such as details about an individual's body, is protected within the confidential relationship between a healthcare practitioner and patient
- overseeing service design considerations such as removing assumptions about gender in some types of care and providing gender neutral bathrooms alongside clear guidance that transgender people can use gendered bathrooms
- continuing the process of improving healthcare environments, policies, and systems as required when issues arise

4. Transgender community leadership and accountability

At present, most DHBs do not have a clear publicly-accessible pathway for transgender people seeking gender affirming care.[63,64] Transgender people can experience difficulties finding clear information about what gender affirming care is available and how it can be accessed. Transgender people often also need to self-advocate to receive the essential medical care to which they are entitled. While peer health navigators could assist with this, it is also important that the healthcare system is publicly transparent about the services that it provides.

The new transgender health resourcing hub should have transgender people in its leadership, and should partner with transgender communities and their organisations for its design and operation. If the resourcing hub is guided by Te Pae Māhutonga's principles of te mana whakahaere (autonomy) and ngā manukura (community leadership), the new healthcare system will be more mana-enhancing for transgender people, and this will further promote the health of

[63] Professional Association for Transgender Health Aotearoa (2019). *Is the Provision of Gender Affirming Health Care Equitable Across the District Health Boards in Aotearoa, New Zealand?* https://patha.nz/page-1075371
[64] Gender Minorities Aotearoa (2021). *District Health Boards – What They Provide.* https://genderminorities.com/find-transgender-info-services/medical-surgical/district-health-boards-what-they-provide/

transgender people.[65] The new resourcing hub may need to undergo a program of education and training to build capacity for transgender people in leadership roles. Transgender leadership in the steering of the new resourcing hub will enable it to utilise the expertise and lived experience of transgender people for achieving its goals and have greater transparency and accountability to the communities that it serves.

For the new healthcare system to achieve its ambitions to be equitable and accessible, PATHA recommends that it:

- co-design the new transgender healthcare resourcing hub with a steering group that includes transgender community leaders, and engage with transgender populations in the process of developing and improving services
- be required to provide clear, up to date, publicly available information on pathways to access gender affirming healthcare
- be publicly visible in the communities in which it serves, including on social media and in transgender, takatāpui, and rainbow community events

Conclusion

The healthcare system in Aotearoa New Zealand is being transformed to create a more people-centred, equitable, accessible, and cohesive system that is based on a Te Tiriti o Waitangi partnership framework. The present healthcare system has left many gaps for transgender people. With these changes, we also 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 which operates under a Te Tiriti o Waitangi framework, provides national coordination of a distributed model of care, actively works to empower and 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-focused care, and transgender community leadership and accountability.

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. For example, transgender leadership has been crucial for the redesign of healthcare services in Canterbury, and transgender leadership continues within this service; in the Northern DHBs Region, Hauora Tāhine pathways has clear and transparent pathways available online and this service is actively involved in local rainbow community events. Much of what we recommend is already occurring in some DHBs. Designing a national hub will allow us to take the best practices we are seeing and implement this throughout the motu.

[65] Durie, 1999, as above.