

Creating a Transgender Care Project EOI: Learning Through Humility

Where We Started

There is no organized pathway in Surrey-North Delta for gender-affirming care. **This project aimed to lay a solid foundation for a Gender-affirming Care project** that sensitively incorporates patients' lived experiences and provider understanding. To do that, we needed to know what needs exist in SND.



Moving Forward with Intentionality

The project ran from the end of **July to December 2023**.

The working group had 15 members and included trans representation. Working group members included: Family Physicians, Endocrinologists, OB-GYNs, Fraser Health Authority partners, Indigenous Health partners, Foundry and Trans Care BC.

A **grace-based** and **"nothing about us, without us"** approach was decided upon to tackle the various aspects of project work.

Questions were asked from a place of genuine curiosity, and answers were shared under the premise that **when we know better, we will do better**.

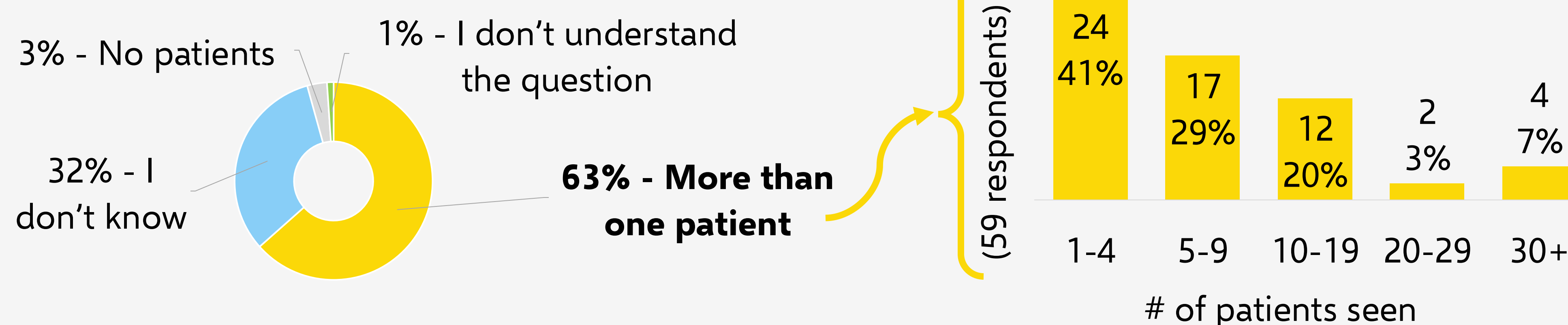
Survey Results

The surveys ran for one month in **October and November 2023**.

Provider Survey

95 people responded to the provider survey, **mainly family physicians**

How many Two-Spirit, transgender, or gender diverse patients do you see per year? (out of 93 respondents)



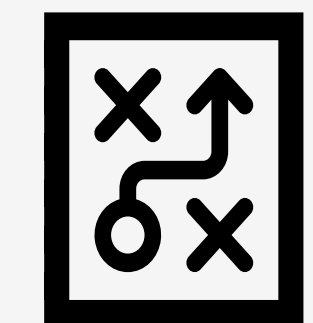
Have you received any training on gender-affirming care? (out of 88 respondents)

Yes: 26% **No: 74%**

Patient Survey

17 people responded to the patient survey

29% of patient respondents reported that they **have tried to access** some form of gender-affirming medical care, but they were not able to.



Main access challenges for patients included system navigation, wait lists, stigma and discrimination.



Patients want to be heard

"Thank you for the opportunity for letting us share our opinion"

Community Needs Assessment Survey

Two surveys were created to assess community needs: **one for providers and one for patients**.

The anonymous survey questions were grouped into themes that highlighted:

- **educational opportunities**
- **personal bias**
- **personal and clinical safety**
- **lived experience**
- **areas of need**

Recognizing that language could cause further harm, **several working group meetings were spent dissecting nuance and phrasing** in the surveys to set the stage for safety so that people could feel comfortable answering truthfully, regardless of their truth.

Examples of language and design in the patient survey

"Have you accessed any types of gender-affirming medical care? (for example, puberty suppression, hormone therapy, gender-affirming surgery, etc.)"

Explain why we ask & recognize that gender-affirming care is a need for many people

"We ask this question to understand what types of services people need and what barriers they may face when accessing the care they need."

Recognize people who may not want/need gender-affirming medical care

"A person does not have to access or need/want to access gender-affirming care to be trans or to be the gender that they are (that is, the gender they identify as). As well, some people who access gender-affirming care are not trans."

To support the safety of survey respondents, **"check-in" breaks built into the survey** included:

- a list of support resources
- acknowledgement of the potential emotional difficulty of taking the survey

"Talking or thinking about your healthcare access and experience may be difficult. Please take a look at the support resources below."

A Journey of Learning



Challenges

The working group met as professional strangers
The group included **experts and non-experts** who wanted to enhance their practice and create a community of safety, knowledge, and clinical skills for themselves and their colleagues



Actions

- Made it safe to say **"I don't know"**
- Made it safe to **ask questions**
- **Checked in with experts** every step of the way

We learned that the title of our project (Transgender Care) was not inclusive.

Addressing blind spots within the working group

Nuances of the language



Challenges

Determining how to get the answers needed without re-traumatizing patients who were taking the survey.



Actions

- To get valuable data, we created an environment where people felt safe to answer.
- We were extremely **thoughtful and intentional about the language we used** and the survey length.



Challenges

The **patient survey had to be restarted** due to spam responses, likely triggered by the offer of monetary compensation.

We learned to be more deliberate about who to circulate to, via which methods and how/whether to advertise compensation.

Survey technical difficulties

Acknowledgements

Thank you to the Transgender Care Shared Care Project Working Group for their involvement in this work.