QUALITY STANDARDS

Gender-Affirming Care for Gender-Diverse People

Care for Adults

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Ontario Health

Scope of This Quality Standard

This quality standard addresses care for gender-diverse adults aged 18 years and older. The quality standard focuses on gender-affirming care and the primary care needs of gender-diverse people, including assessment, screening, treatment, and follow-up. It addresses referral for gender-affirming surgery, based on clinical evidence, but not specific surgical procedures.

Although many statements may apply to intersex people, this quality standard does not directly address the care of intersex people.

A quality standard on gender-affirming care for children and young people is in development.

What Is a Quality Standard?

Quality standards outline what high-quality care looks like for conditions or processes where there are large variations in how care is delivered, or where there are gaps between the care provided in Ontario and the care patients should receive. They:

- Help patients, families, and care partners know what to ask for in their care
- Help clinicians know what care they should be offering, based on evidence and expert consensus
- Help health care organizations measure, assess, and improve their performance in caring for patients

Quality standards and their accompanying patient guides are developed by Ontario Health, in collaboration with clinicians, patients, and care partners across Ontario.

For more information, contact QualityStandards@OntarioHealth.ca.

Quality Statements to Improve Care: Summary

These quality statements describe what high-quality care looks like for gender-diverse people.

Quality Statement 1: Gender-Affirming Education and Training for Health Care Teams

Gender-diverse people receive care from clinicians who have the clinical and cultural competency to provide safe and appropriate gender-affirming care with cultural humility. Health care organizations provide ongoing gender-affirming education and training for health care teams to build organizational capacity to deliver equitable care.

Quality Statement 2: Gender-Affirming Primary Care

Gender-diverse people receive appropriate and compassionate gender-affirming primary care assessments, screening, treatment, and follow-up. This care is based on their needs and preferences and is appropriate for their age, gender, and current organs.

Quality Statement 3: Gender-Affirming Hormone Therapy

Gender-diverse people have access to gender-affirming hormone therapy from a primary care clinician. Gender-affirming hormone therapy meets people's needs and preferences.

Quality Statement 4: Gender-Affirming Mental Health Care

Gender-diverse people are offered trauma-informed, person-centred, gender-affirming care for mental health and substance use concerns as needed. These concerns are considered concurrently with gender incongruence and gender diversity as needed. Care for all aspects of health and well-being are delivered as part of a comprehensive care plan.

Quality Statement 5: Gender-Affirming Health Care Environments

Gender-diverse people receive care in a safe, trauma-informed, gender-affirming, and culturally responsive environment. Wraparound care is provided throughout people's care journeys.

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A Note on Terminology

The terminology used in the area of gender diversity is constantly evolving, and there is a great deal of variation in the terms and definitions used. The language used in this quality standard is representative of the time at which the quality standard was developed. However, the language used to talk about a person's gender identity should always be guided by the person.

In this quality standard, we use the term *gender-diverse* to refer to all people whose gender identity or expression differs from the gender typically attributed to the sex assigned to them at birth. The term is inclusive of all Two-Spirit, trans, and nonbinary people.

Gender-affirming care, also referred to as trans-competent care, refers to health care that recognizes and affirms the gender identity of gender-diverse people, whether socially, medically, legally, behaviourally, or some combination of these.[1,2] For example, when a clinician asks for and uses a gender-diverse person's correct name and pronouns throughout a health care visit, they are affirming the person's gender identity.[3] Gender-affirming care requires cultural competency: the ability to understand and interact effectively and respectfully with people from groups other than one's own.[4] *Gender-affirming care* also refers to health care to affirm a person's gender, such as gender-affirming hormone therapy or surgery, but it is not necessarily the same as transition-related care. *Transition-related care* refers to health care to support a person's gender identity, but it does not necessarily ensure the provision of gender-affirming care or indicate the quality or safety of the care provided.[1]

Two-Spirit means different things to different people and different communities. One of the most commonly cited understandings of the term refers to a person who identifies as having both a masculine and a feminine spirit and is used by some Indigenous people to describe their sexual orientation, gender, and/or spiritual identity.[5] The term *Two-Spirit* refers to a pre-contact gender identity (i.e., developed before the arrival of settlers and colonialization) believed to be common among most, if not all, First Nations peoples of Turtle Island (North America). This identity has an important place within Indigenous societies and is based not on sexual activities or practices but rather the sacredness that comes from carrying traditional knowledge, practices, and teachings of both men and women. Many definitions and understandings of *Two-Spirit* are nation specific, and each Two-Spirit person has their own way of expressing their Two-Spiritedness. Not all Indigenous people identify as Two-Spirit, and Indigenous people have various ways of expressing and terminology to describe their gender identity and sexual orientation.[6]

A *transgender*, or *trans*, person is someone whose gender identity or expression differs from the gender typically attributed to the sex assigned to them at birth.[4]

Nonbinary is used as an umbrella term to describe people who experience their gender as outside the gender binary (i.e., male and female). The term includes people whose gender comprises more than 1 gender identity simultaneously or at different times (i.e., bigender), people who do not have a gender identity (e.g., agender), people with a neutral gender identity (i.e., neutrois), people whose gender identity encompasses or blends elements of several genders, and people whose gender changes over time (e.g., genderfluid).[7-10]

Why This Quality Standard Is Needed

In Ontario, gender-diverse people experience inequities in accessing health care, which negatively affects their experiences of the health care system and their health outcomes.[11] The 2021 Canadian census indicated that approximately 1 in 300 people in Ontario identified as transgender or nonbinary,[12] and the need for gender-related care within the primary care system is growing.[13,14]

Gender-diverse people experience a great deal of harassment, abuse, mistreatment, violence, and discrimination because of their gender identity. Common experiences include exclusion and marginalization, being bullied in school, and being rejected by their families, especially among those who are racialized or belong to other communities disproportionately affected by the social determinants of health (i.e., nonmedical factors that influence health outcomes such as poverty and discrimination).[15] Gender-diverse people have an elevated risk for certain health conditions, including noncommunicable diseases, such as stroke and mental health and substance use conditions, and communicable diseases, such as human immunodeficiency virus (HIV) and sexually transmitted infections.[16]

Gender-diverse people also face barriers to accessing health care and experience lower rates of health screening compared to cisgender people (i.e., people whose gender identity aligns with that typically associated with the sex assigned to them at birth).[16] These health disparities often result from experiences of minority stress. Minority stress is stress resulting from the way that those from nondominant groups are treated by society; for gender-diverse people, this is a burden of stress specific to people's gender-diverse status that is experienced in addition to the typical stress experienced by cisgender people.[17] Minority stress among gender-diverse people includes gender-based discrimination, oppression, rejection, victimization, and anticipation of discrimination or victimization, as well as nonaffirmation of gender identity, internalized transphobia, concealment of sexual and gender identity, structural societal stigma, and internalization of stigma.[17-20] For gender-diverse people, this type of stress often results in mental and physical health outcomes worse than those of their cisgender peers. Experiences of verbal harassment have been found to double the risk of attempted suicide among gender-diverse people, with 1 study reporting that 59% of gender-diverse people who experienced physical or sexual assault seriously considered suicide and that 29% attempted suicide.[21] Minority stress is unique, chronic, and socially based.

In the 2020 Trans Pulse Canada survey, 45% of the 2,873 gender-diverse people surveyed reported having 1 or more unmet health needs in the past year; in Ontario, this rate was 42%.[22] In Ontario, many survey respondents reported living on a low income (24% made less than $15,000 per year, and 22% made between $15,000 and $29,000 per year), which puts them at risk of homelessness and poor health, further exacerbating the challenges that some gender-diverse people face in accessing gender-affirming health care. The results of the Trans Pulse Canada survey demonstrate the relationship between the social determinants of health and the marginalization and discrimination that gender-diverse people experience, all of which negatively affect the quality of care they receive in emergency departments, primary care, and other health care settings.[23]

Two-Spirit Indigenous people in Canada experience further challenges that negatively affect health outcomes such as intergenerational trauma, systemic racism, and the impacts of colonialism, which have been shown to result in elevated levels of post-traumatic stress disorder, anxiety, depression, and suicidality in this population.[24,25] Many of Ontario's health care services have not been adequately planned or resourced to support the needs of Two-Spirit people. According to a report by the Truth and Reconciliation Commission of Canada, about 79% of surveyed Two-Spirit Indigenous adults living in Toronto reported either delaying or not seeking health care because of previous experiences of discrimination in the health care system, and only 29% reported having very good or excellent mental health.[26] Certain social determinants of health likely contribute to the higher rate of mental health concerns observed in this population. For example, a Trans Pulse Canada report found higher rates of poverty, homelessness, and under-housing among Two-Spirit Indigenous populations than among other Indigenous and non-Indigenous people living in Ontario.[25] A 2018 survey found that 83% of Two-Spirit Indigenous adults in Toronto live below the before-tax low-income cut-off and that 33% have experienced homelessness at some point in their life.[26]

Significant opportunities exist to improve gender-affirming care in Ontario. Gender-affirming primary care can be improved by establishing a welcoming, safe environment that is respectful of all gender-diverse people and by using gender-affirming, inclusive language.[16] Such factors have been shown to reduce disparities in health care for gender-diverse people.[22] In addition, providing gender-affirming medical interventions can reduce psychological distress related to aspects of a person's body that do not align with their gender identity.[20,27]

Measurement to Support Improvement

The Gender-Affirming Care Quality Standard Advisory Committee identified 5 overarching indicators to monitor the progress being made toward improving care for gender-diverse adults in Ontario.

Indicators That Can Be Measured Using Provincial Data

- Percentage of gender-diverse adults who have a primary care clinician
- Percentage of gender-diverse adults who feel their health is good

Indicators That Can Be Measured Using Only Local Data

- Percentage of gender-diverse adults who feel comfortable discussing health needs related to their gender identity with their primary care clinician

- Percentage of gender-diverse adults who felt they were able to access gender-affirming care within an appropriate time frame
- Percentage of primary care clinicians who feel comfortable and sufficiently knowledgeable to care for gender-diverse adults

Quality Statement 1: Gender-Affirming Education and Training for Health Care Teams

Gender-diverse people receive care from clinicians who have the clinical and cultural competency to provide safe and appropriate gender-affirming care with cultural humility. Health care organizations provide ongoing gender-affirming education and training for health care teams to build organizational capacity to deliver equitable care.

Sources: Registered Nurses' Association of Ontario, 2021[5] | World Professional Association for Transgender Health, 2022[1]

Definitions

Gender-diverse people: People whose gender identity or expression differs from the gender typically attributed to the sex assigned to them at birth. The term is inclusive of all Two-Spirit, trans, and nonbinary people.

Clinical and cultural competency: The ability of clinicians to provide safe and appropriate gender-affirming care, including the knowledge, skills, and ability to[5]:

- Perform complete health histories, consultations, screenings, assessments, treatments, and follow-up
- Provide care across the lifespan and address primary and preventive health care needs (see quality statement 2)
- Provide care and support for mental health (see quality statement 4), substance use (see quality statement 4), sexual and reproductive health, and harm reduction, as needed
- Take a trauma-informed approach to delivering care (see Appendix 3, Guiding Principles, *Trauma-Informed Care*)
- Provide appropriate care for people from racialized groups, including Indigenous and Black people, with an understanding of the systemic barriers to accessing high-quality health care that people from racialized groups commonly experience (e.g., racism, discrimination, stigma)

- Use appropriate communication strategies (see quality statement 5)
- Clinicians should aim to stay up to date on appropriate terminology and care practices for gender-diverse people, and use the terminology preferred by gender-diverse individuals; asking how gender-diverse people understand gender and what words they use to describe their gender identity and body parts is good practice.

Safe and appropriate gender-affirming care: This includes the following:

- *Safe gender-affirming care:* Organizations providing direct care optimize the safety of people seeking gender-affirming care by ensuring that health care teams have the knowledge, skills, and ability to provide high-quality care to gender-diverse people and do so with cultural humility. People receiving care are helped to feel safe to disclose their health information, and clinicians provide adequate information for people to make informed decisions about their care. Clinicians do not ask people to disclose information irrelevant to their care (e.g., asking about a person's transition-related care when providing care for a respiratory infection). Clinicians acknowledge that gender-diverse people have the right to self-determination, including the right to autonomy, when making health care decisions and the right to their own safety.[1,5]
- *Appropriate gender-affirming care:* Clinicians provide person-centred care tailored to each person's unique needs and preferences. Clinicians engage in shared decision-making with people receiving gender-affirming care (and with trusted care partners, where appropriate), and they always use people's correct names and pronouns.[1,5]

Cultural humility: Cultural humility is a continual process of self-reflection and critiquing both one's own and systemic assumptions, beliefs, and biases in order to build a trusting relationship with patients based on mutual effort, respect, understanding, and decision-making.[28,29] Clinicians recognize how the health care system perpetuates power imbalances with marginalized communities, especially with Indigenous peoples, and work toward establishing equitable dynamics and partnerships with their patients.[30] Health care team members humbly acknowledge the value of all cultures and are life-long learners of other people's experiences, using this knowledge to inform care delivery.[31] This knowledge includes an understanding of the trauma and harm caused by settler colonialism to Indigenous peoples and is used to address the systemic discrimination marginalized communities and racialized people experience when receiving care. Health care organizations apply an intersectional (see Appendix 3, Guiding Principles, *Intersectionality*) and anti-oppressive framework in their practices and understand how overlapping social identities, such as race and ethnicity, class, gender, and sexual orientation, combine to affect individual experiences with oppression. Health care organizations and clinicians honour the beliefs, customs, and values of people receiving care to build trusting relationships and understand how these factors influence people's overall identity and shape their reality.

Ongoing gender-affirming education and training: Health care organizations provide education and training to enhance the knowledge, skills, and ability of clinicians to deliver safe and appropriate

gender-affirming care. Education is provided through educational institutions, relevant programs and accreditations, and information about best practices shared by advocacy groups. Universities and colleges providing health care education include gender-affirming content in their curricula and offer focused courses on gender-affirming care. Educational content includes supportive education and training on best practices related to providing clinically and culturally competent gender-affirming care. Clinicians stay up to date with current knowledge in the field of gender-affirming care, including the most recent therapies and practices and appropriate terminology.[1,5]

Equitable care: Equitable care requires that all gender-diverse people are provided with an equal opportunity to attain their fullest health potential through barrier-free access to high-quality gender-affirming care. Ensuring equitable care involves addressing barriers in and beyond health care settings, including addressing the social determinants of health (e.g., racism, discrimination, economic prejudice; see Appendix 3, Guiding Principles, *Social Determinants of Health*). Equitable care is attained when gender-diverse people receive safe and appropriate gender-affirming care based on their needs and preferences and no longer face stigma or discrimination in any health care settings.

Rationale

Most of the health care needs of gender-diverse people, including transition-related interventions such as gender-affirming hormone therapy, can be effectively managed in primary care.[32] However, across Ontario, specialized sexual health centres have often been left solely responsible for providing gender-affirming primary care.[33] Reasons for this include a lack of gender-affirming education and training for clinicians, a belief among primary care clinicians that gender-affirming care is specialized, and fear of doing harm.[33]

Basic gender-affirming support and management, including validating people's genders, using gender-neutral language, asking for and using people's correct names and pronouns, and delivering safe and equitable care can significantly improve the overall health outcomes and quality of life of gender-diverse people.[34] It is important for clinicians to receive appropriate gender-affirming education and training for these reasons: to mitigate barriers to accessing care; to ensure that gender-diverse people across Ontario are able to receive timely, high-quality care; and to increase clinicians' comfort with providing care to gender-diverse people.[35]

What This Quality Statement Means

For Gender-Diverse People

Your clinicians should always treat you with respect and dignity, and they should always listen to you. They should help you feel safe and care for you in a way that respects you and your gender identity. For example, they should ask for and use your correct name and pronouns. Your clinicians should work with you to understand your needs and any difficulties you face in accessing care. Your primary care clinician (also called a primary care physician, family doctor, or nurse practitioner) should have the education and training to provide both primary care and gender-affirming care services, such as gender-affirming hormone therapy. They should refer you to specialized care if and when it is appropriate.

For Clinicians

Treat gender-diverse people with respect, dignity, and compassion, and work to establish trust with them. Ensure that you are equipped with the appropriate knowledge and skills to provide safe and appropriate gender-affirming care with cultural humility; for example, by pursuing ongoing gender-affirming education and training. See each person as an individual, engage in active listening, work to understand people's needs, and provide timely, high-quality gender-affirming care. Be an advocate for and an agent of change if structural factors of discrimination need to be addressed.

For Organizations and Health Services Planners

Ensure that clinicians, health care teams, and administrators across health care settings receive ongoing education and training to build the clinical and cultural competency to provide safe and appropriate gender-affirming care. Ensure that staff are supported to advocate for gender-diverse patients. Review policies and procedures with the following aims: to remove intrinsic systemic barriers to accessing care; to advance equity; to address interlocking systems of social oppression; and to recognize the intersectional identities of gender-diverse people (see Appendix 3, Guiding Principles, *Intersectionality*).[36,37]

To address the lack of gender-affirming education in clinicians' initial training, the Ministry of Health and the Ministry of Colleges and Universities could consider working together to embed this quality standard into clinical education programs.

Quality Indicators: How to Measure Improvement for This Statement

- Percentage of clinicians who have training in safe and appropriate gender-affirming care
    - Can be subset to primary care clinicians
    - Potential stratification: clinician type
- Percentage of health care organizations that provide or facilitate yearly mandatory training for their staff on equity, diversity, and inclusion that encompasses content on gender diversity
    - Can be subset to primary care organizations

Measurement details for these indicators, as well as overarching indicators to measure improvement for the goals of the entire quality standard, are available in the technical specifications.

Quality Statement 2: Gender-Affirming Primary Care

> Gender-diverse people receive appropriate and compassionate gender-affirming primary care assessments, screening, treatment, and follow-up. This care is based on their needs and preferences and is appropriate for their age, gender, and current organs.
>
> Source: World Professional Association for Transgender Health, 2022[1]

Definitions

Gender-diverse people: People whose gender identity or expression differs from the gender typically attributed to the sex assigned to them at birth. The term is inclusive of all Two-Spirit, trans, and nonbinary people.

Appropriate and compassionate gender-affirming primary care assessments, screening, treatment, and follow-up: Primary care is provided to gender-diverse people in the same way that it is provided to cisgender people (i.e., people whose gender identity or expression aligns with the gender typically attributed to the sex assigned to them at birth). Care is differentiated as needed for physical, psychological, or sexual health concerns. Primary care clinicians practise cultural humility (see quality statement 1); provide care in a safe, gender-affirming, and inclusive environment; and engage all people receiving care in shared decision-making.

Assessments, screening, treatment, and follow-up are routine components of gender-affirming primary care. They are provided according to clinical practice guideline recommendations and in line with people's values and goals of care. Components of gender-affirming primary care include the following[1,4]:

- A detailed medical history (when relevant) that documents past and present use of gender-affirming hormone therapy, gender-affirming surgeries, and which organs are present; the organ inventory is updated as needed based on surgical history and physiological changes resulting from hormone therapy
- A plan for further gender-affirming care, including surgical assessment, if desired
- Appropriate screening as needed for conditions such as cardiovascular disease, venous thromboembolism, osteoporosis and bone mineral density, sexual health, and mental health

- Cancer screening:
  - Breast cancer screening for people who have received estrogens; screening considers the duration and dosage of hormone therapy, the person's current age, and the age at which hormone therapy was initiated
    - Note: A key component of gender-affirming care is the use of appropriate, gender-affirming language. In conversations with gender-diverse people about breast cancer screening, clinicians should ask for and use the preferred terminology of the person receiving care. For example, trans men may refer to their upper body as their "chest," and trans women may use "breasts"; "chest tissue" may also be used instead of "breast tissue"
  - Breast cancer screening for people with breasts from natal puberty who have not had gender-affirming top surgery (i.e., surgery to remove breast tissue)
  - Cervical cancer screening for people who have or previously had a cervix
  - Prostate cancer screening for people with a prostate

Primary care clinicians do not engage in gender-related medical misattribution or invasive, unnecessary questioning about a person's gender identity or transition status, commonly referred to as "trans broken arm syndrome."[38] This is a form of medical discrimination experienced by gender-diverse people when a clinician incorrectly assumes that a medical condition is related to a person's gender identity or medical transition; for example, responding to an asthma exacerbation as though the condition is associated with a person's use of gender-affirming hormone therapy without having performed an assessment or testing for asthma. In 1 study, nearly one-third of gender-diverse participants reported experiencing trans broken arm syndrome.[38]

Rationale

Gender-diverse Canadians tend to have more illnesses and greater health service use than cisgender Canadians.[33] However, despite the fact that many of the health care needs of gender-diverse people, including transition-related interventions such as gender-affirming hormone therapy, can be effectively managed by primary care clinicians, gender-diverse people are underserved in primary care.[32] Across Ontario, specialized sexual health centres have often provided both basic primary care and several necessary, often life-saving, gender-affirming services to gender-diverse people.[33] As a result of the limited capacity and number of these centres across Ontario, many gender-diverse individuals experience long travel and wait times, delayed treatment and support, and other barriers to accessing gender-affirming primary care.[33] Even when care is available, many individuals report delaying primary care visits because of previous negative experiences of not receiving safe and culturally competent care, resulting in overall unmet health care needs.[39,40] Many gender-diverse people have also reported being mistreated by clinicians, including being discriminated against and denied their gender.[39]

Owing to a lack of education and training, resources, and comfort, many primary care clinicians believe that gender-affirming care is not within their scope of practice.[33] However, primary care clinicians are well positioned to provide this care. They typically know their patients well and already provide many of the primary care services needed by gender-diverse people to their cisgender patients, such as hormone therapy, cancer and chronic disease screening, and mental health care. Importantly, the approach taken for some areas of primary care practice (e.g., Pap tests, tests for sexually transmitted infections, discussions of fertility) will differ between cisgender and gender-diverse patients. However, with appropriate education and training, gender-affirming primary care can become a competency that all primary care clinicians have.[33]

What This Quality Statement Means

For Gender-Diverse People

Your primary care clinician (also called a primary care physician, family doctor, or nurse practitioner) should provide you with safe, respectful, and compassionate care. They should respect your gender identity and ask for and use your correct name and pronouns.

Your primary care clinician should help you with your physical health needs, your mental health needs, and health needs related to your gender identity. For example, primary care clinicians can prescribe gender-affirming hormone therapy, and they can refer you to specialists for gender-affirming surgery. Your primary care clinician should keep up-to-date records of your gender-affirming care (for example, past and present use of hormone therapy and any gender-affirming surgeries you may have had). If you have plans to start or continue gender-affirming care, such as hormone therapy or surgery, your primary care clinician should support you in that process. Your primary care clinician should not refuse to provide you care or ask questions about your gender that are not relevant to the care you need.

For Primary Care Clinicians

Provide appropriate and compassionate gender-affirming primary care to gender-diverse people. Provide them with assessments, screening, treatment, and follow-up according to clinical practice guideline recommendations, in line with people's needs and preferences, and as appropriate for people's age, gender, and current organs. Discuss plans for ongoing and further gender-affirming care, and maintain up-to-date records of people's past and present use of gender-affirming hormone therapy, gender-affirming surgeries, and current organs. Provide referrals to specialist care only as needed; for example, for gender-affirming surgical assessment. Do not respond to health concerns that are unrelated to gender as though there is a connection with gender.

For Organizations and Health Services Planners

Ensure that primary care clinicians have the training, resources, time, and processes in place to meet the gender-affirming primary care needs of gender-diverse people. Ensure that primary care clinicians are up to date on guidance for the primary care needs of gender-diverse people and are supported through mechanisms like peer mentorship and communities of practice to provide this care.

Quality Indicators: How to Measure Improvement for This Statement

- Percentage of gender-diverse adults who are up to date with routine screening appropriate for their health needs
    - Potential stratification: screening type (e.g., cancer, bone mineral density, sexual health)
- Percentage of gender-diverse adults whose primary care records have up-to-date information about medication history, surgical history, sex assigned at birth, and current organs

Measurement details for these indicators, as well as overarching indicators to measure improvement for the goals of the entire quality standard, are available in the technical specifications.

Quality Statement 3: Gender-Affirming Hormone Therapy

Gender-diverse people have access to gender-affirming hormone therapy from a primary care clinician. Gender-affirming hormone therapy meets people's needs and preferences.

Sources: Advisory committee consensus | Endocrine Society, 2017[41] | World Professional Association for Transgender Health, 2022[1]

Definitions

Gender-diverse people: People whose gender identity or expression differs from the gender typically attributed to the sex assigned to them at birth. The term is inclusive of all Two-Spirit, trans, and nonbinary people.

Gender-affirming hormone therapy: Gender-affirming hormone therapy for feminine embodiment goals typically consists of estrogen and an androgen-lowering medication.[41] Masculinizing hormone therapy typically consists of testosterone. Gender-affirming hormone therapy should be customized to meet the individual needs of each person, Hormone levels should be maintained at a level to support good bone health, and hormones should not be prescribed above the level normally found in the body.[41,42] For people who wish to receive gender-affirming hormone therapy, primary care clinicians should prescribe it according to current clinical practice guideline recommendations[1,4] and Rainbow Health Ontario's *Guidelines for Gender-Affirming Primary Care With Trans and Non-binary Patients*.[4] The following should be discussed with the person receiving care before gender-affirming hormone therapy is prescribed[1,4]:

- The person's gender-affirming goals and expectations
- The person's overall health (including physical health and mental health) and current medications
- The person's capacity to provide informed consent to gender-affirming hormone therapy
- The person's social supports, any modifications needed for work or school, and any needed supports
- The likely onset and course of physical changes associated with gender-affirming hormone therapy and the expected benefits
- Which expected changes are reversible and which are irreversible

- The risks, limitations, and possible side effects of gender-affirming hormone therapy based on the route of administration
- Options for fertility preservation, if of interest, and associated costs
- Any medical conditions that may be exacerbated by lowered endogenous sex hormone concentrations or treatment with exogenous sex hormones
- The dose, timing, and method of administration of gender-affirming hormone therapy
- Proper needle-handling technique for people receiving injectable hormones
- Out-of-pocket costs for the person
- The frequency of follow-up visits and what is involved in follow-up; for example, clinic visits to monitor physical changes and potential side effects, regular blood work to monitor hormone levels, and clinic visits for dosage changes
- The potential to collaborate with other clinicians regarding the person's gender-affirming hormone therapy; for example, before and after gender-affirming surgery

From a primary care clinician: Primary care clinicians typically know their patients well and are well positioned to facilitate a safe and collaborative decision-making process that empowers, educates, and supports people seeking gender-affirming hormone therapy.[1,3] This includes a discussion of the risks and benefits of the proposed therapy. The primary care clinician takes an active role in helping people meet their transition-related goals and addressing barriers to the safe administration of gender-affirming hormone therapy. Providing gender-affirming hormone therapy is within the scope of primary care with the appropriate training, but a referral to an endocrinologist may be appropriate and helpful in medically complex cases.

Rationale

Gender-diverse people often need gender-affirming hormone therapy to achieve changes consistent with their transition-related goals and gender identity.[13] However, they frequently experience misunderstanding, prejudice, and harm from the medical community, and systemic oppression has often resulted in the denial of gender-affirming services and treatment. A 2015 survey of gender-diverse people in Ontario reported that among respondents who wanted a medical transition, those receiving hormone therapy were about 50% less likely to have seriously considered suicide than those not receiving hormone therapy.[43]

Gender-affirming hormone therapy should be accessible, trauma informed, guided by the person receiving care, and individualized based on the person's treatment goals. In some cases, people may choose to pursue gender-affirming hormone therapy before they have transitioned socially.[1] And some nonbinary people may express the need for contrasting masculine and feminine characteristics (e.g., facial hair and breasts) to align with their experienced gender.[6] Following an assessment, gender-diverse people should be supported in their desire for gender-affirming hormone therapy and informed about their options, including expected changes and potential side effects. Clinicians should work with people to find hormone therapy options that are financially accessible to them.

When provided under medical supervision, gender-affirming hormone therapy is safe[44] and in many cases can be maintained long term.[41,45] However, there are some potential long-term risks, and careful monitoring and screening are required to reduce the risk of adverse events.[41,45]

What This Quality Statement Means

For Gender-Diverse People

Following a primary care health assessment (see statement 2), you should have access to gender-affirming hormone therapy from a primary care clinician (also called a primary care physician, family doctor, or nurse practitioner). Your primary care clinician should work with you to decide which option is best for you. If you are interested in gender-affirming hormone therapy, your primary care clinician should discuss the following with you:

- The process of starting gender-affirming hormone therapy
- The different types of hormone therapy available to you and how to take them; typical options are injections, gels, pills, and patches
- The potential benefits, risks, limitations, and side effects of the types of hormone therapy available to you
- When you can expect to start seeing effects
- What physical changes to expect
- Potential mood changes you might experience
- Any support you may need
- Any out-of-pocket costs for you
- What follow-up to expect (for example, clinic visits to monitor physical changes and side effects, blood work to monitor hormone levels, and clinic visits to make any needed changes to your dosage)

For Primary Care Clinicians

Following a health assessment, provide gender-affirming hormone therapy that meets people's needs and preferences and is in line with current clinical practice guideline recommendations[1] and Rainbow Health Ontario's *Guidelines for Gender-Affirming Primary Care With Trans and Non-binary Patients*.[4] Use a collaborative, trauma-informed, and patient-centred approach that focuses on psychosocial preparation and informed consent. Provide people with the information they need to engage in informed, shared decision-making, including the potential risks of hormone therapy[1]:

- People receiving testosterone may experience an increase in blood pressure; therefore, blood pressure and lipid profile should be assessed before starting testosterone and then monitored regularly after a person has begun taking testosterone

- Testosterone can increase the severity of certain conditions, including hypertension, polycythemia, and sleep apnea
- People receiving estrogen are at increased risk of thromboembolism; smoking, obesity, and a sedentary lifestyle can increase this risk

Take an active role in helping people access hormone therapy and meet their transition-related goals. Teach people how to take their gender-affirming hormone therapy safely and effectively. Refer people to an endocrinologist for gender-affirming hormone therapy in cases that are medically complex (e.g., if the person has diabetes or a heart condition).

If you feel you need to build your competency in providing gender-affirming hormone therapy, please refer to current clinical practice guideline recommendations[1] and Rainbow Health Ontario's *Guidelines for Gender-Affirming Primary Care With Trans and Non-binary Patients*.[4]

For Organizations and Health Services Planners

Ensure that the training and resources are available so that primary care clinicians can gain the knowledge and skills to provide gender-affirming hormone therapy.

Quality Indicators: How to Measure Improvement for This Statement

- Percentage of primary care clinicians who feel that prescribing gender-affirming hormone therapy to gender-diverse adults is within their scope of practice
- Percentage of gender-diverse adults whose hormone therapy prescriptions are managed by a primary care clinician

Measurement details for these indicators, as well as overarching indicators to measure improvement for the goals of the entire quality standard, are available in the technical specifications.

Quality Statement 4: Gender-Affirming Mental Health Care

> Gender-diverse people are offered trauma-informed, person-centred, gender-affirming care for mental health and substance use concerns as needed. These concerns are considered concurrently with gender incongruence and gender diversity as needed. Care for all aspects of health and well-being are delivered as part of a comprehensive care plan.
>
> Source: World Professional Association for Transgender Health, 2022[1]

Definitions

Gender-diverse people: People whose gender identity or expression differs from the gender typically attributed to the sex assigned to them at birth. The term is inclusive of all Two-Spirit, trans, and nonbinary people.

Trauma-informed, person-centred, gender-affirming care for mental health and substance use concerns: Care for the mental health and substance use concerns of gender-diverse people, including psychotherapy, is trauma informed (see Appendix 3, Guiding Principles, *Trauma-Informed Care*), person centred, and gender affirming. Approaches address harm reduction (see Appendix 3, Guiding Principles, *Harm Reduction*) and acknowledge people's experiences of minority stress, homophobia, and transphobia. Further, clinicians do not engage in trans broken arm syndrome (see quality statement 2); that is, they do not assume that a gender-diverse person's mental health or substance use concern is related to their gender identity or transition status, and they do not ask invasive, unnecessary questions about a person's gender identity or transition status.

Comprehensive care plan: A comprehensive care plan is a written document describing a person's health needs and goals of care and the care that will be provided to meet those needs and goals, including appropriate referrals to specialized care. A copy of the care plan is provided to the person receiving care and to other relevant clinicians as appropriate. The plan is developed in collaboration with the person receiving care and is reviewed and updated as needed. A comprehensive care plan addresses all aspects of a person's health and includes the following:

- The individual needs, preferences, and goals of care of the person receiving care, including transition-related goals
- An assessment plan for continuing and further gender-affirming care
- Details about a person's gender-affirming hormone therapy, including initiation date and dosage, as appropriate
- Mental health and substance use assessments, as appropriate[1-2]
- Any psychosocial or practical supports needed (e.g., when preparing for a gender-affirming surgical procedure)[3]
- Referrals to specialized care as appropriate (e.g., for gender-affirming surgical assessments)

Rationale

Many gender-diverse people do not require mental health supports as part of their gender-affirming care, and, for some, gender-affirming care alone (i.e., without additional mental health supports) can alleviate mental health and substance use concerns.[1] However, gender-diverse people do experience a higher rate of mental health problems than the cisgender population,[17] and interventions to address mental health and substance use concerns can facilitate successful outcomes from transition-related care and improve quality of life.[1,5]

A key factor contributing to the higher rate of mental health problems among gender-diverse people is minority stress; that is, a burden of stress specific to people's gender-diverse status that is experienced in addition to the typical stress experienced by cisgender people.[17] Minority stress among gender-diverse people includes gender-based discrimination, oppression, rejection, victimization, and anticipation of discrimination or victimization, as well as nonaffirmation of gender identity, internalized transphobia, concealment of sexual and gender identify, structural societal stigma, and internalization of stigma.[17-20] Experiences of verbal harassment have been found to double the risk of attempted suicide among gender-diverse people, with 1 study reporting that 59% of gender-diverse people who experienced physical or sexual assault seriously considered suicide and that 29% attempted suicide.[21] Minority stress is unique, chronic, and socially based.

Minority stress and trauma are sometimes associated with the adoption of behaviours such as smoking and excessive substance and alcohol use.[4] Further, a person's experience of their gender identity differing from the one assigned at birth may affect their relationship with their body and contribute to the risk for these behaviours.[4] Clinicians should work with people to decrease modifiable risks, such as smoking and substance use, when possible.[6]

A comprehensive care plan identifies people's health needs, including mental health and substance use care needs, documents goals of care, and establishes a plan for care. As a person's needs and goals can change over time, the plan should be updated regularly. A comprehensive care plan can include mental health or substance use assessments and related supports at different points in a person's gender-affirming care journey.[1-2] Assessments are often the first step in recognizing what additional support a person may need, and their use enhances the ability of the clinician and the

person receiving care to work collaboratively to successfully navigate the person's care.[4] Clinicians, regardless of specialty, have a responsibility to support gender-diverse people in accessing medically necessary care, including gender-affirming care and mental health and substance use care.

Mental health supports may be an appropriate component of gender-affirming care and should be offered and available to those who want them. However, mental health supports are not appropriate or needed for all people seeking or receiving gender-affirming care and are not mandatory as a component of or a requirement to receive gender-affirming care.[1] Importantly, a mental health or substance use concern or diagnosis does not preclude a person from receiving gender-affirming care, and care for a mental health or substance use concern and gender-affirming care can usually be provided concurrently.[1,5]

What This Quality Statement Means

For Gender-Diverse People

If you have a mental health or substance use concern, your clinician should provide you with the care you need in a respectful, compassionate way. If they are unable to provide you with this care, they should connect you with another clinician who can.

Receiving care for a mental health or substance use concern should not prevent you from starting or continuing to receive gender-affirming care. Your clinician should involve you in all decisions about your care.

Your clinician should not assume that a mental health or substance use concern is related to your gender identity or transition status, and they should not ask you invasive, unnecessary questions about your gender.

For Clinicians

Discuss mental health and substance use supports with people who may need it. If you are unable to provide the care they need, refer them to an appropriate clinician or services. Ensure that care for mental health and substance use concerns is trauma informed, person centred, and gender affirming (see definition, above) and that it meets people's needs and preferences.

Work with people receiving care to develop a comprehensive care plan that addresses all aspects of their health and well-being, and update the plan as needed. Include care for mental health and substance use concerns in comprehensive care plans as needed. A mental health or substance use concern or diagnosis should not prevent a person from receiving gender-affirming care unless there are concerns with their capacity to provide informed consent. Unless otherwise indicated, gender-affirming care and care for a mental health or substance use concern can be provided concurrently.

For Organizations and Health Services Planners

Ensure that training, systems, processes, and resources are in place so that people receiving gender-affirming care are able to access trauma-informed, person-centred, gender-affirming mental health

and substance use services that meet their needs and preferences. This may require interprofessional collaboration.

Quality Indicators: How to Measure Improvement for This Statement

- Percentage of gender-diverse adults who feel their mental health is good
- Percentage of gender-diverse adults who have a comprehensive care plan that affirms their gender identity and expression
- Percentage of gender-diverse adults who have been assessed for mental health and substance use concerns
- Percentage of gender-diverse adults who report having appropriate access to culturally competent mental health supports

Measurement details for these indicators, as well as overarching indicators to measure improvement for the goals of the entire quality standard, are available in the technical specifications.

Quality Statement 5: Gender-Affirming Health Care Environments

Gender-diverse people receive care in a safe, trauma-informed, gender-affirming, and culturally responsive environment. Wraparound care is provided throughout people's care journeys.

Sources: Registered Nurses' Association of Ontario, 2021[5] | World Professional Association for Transgender Health, 2022[1]

Definitions

Gender-diverse people: People whose gender identity or expression differs from the gender typically attributed to the sex assigned to them at birth. The term is inclusive of all Two-Spirit, trans, and nonbinary people.

Wraparound care: A set of actionable organizational practices and policies that help create a safe, trauma-informed, gender-affirming, and culturally responsive environment for all people receiving gender-affirming care.

Components of wraparound care should include the following[1,5]:

- Explicit policies describing expectations for the provision of a safe, trauma-informed, gender-affirming, and culturally responsive environment
- The inclusion of an explicit antidiscrimination statement and policy in an organization's values and principles, with the policy highlighting the organization's commitment to providing equitable and inclusive care for all people and using an antiracist, anti-oppressive framework for providing care
- The consistent use of people's names and pronouns, both verbally and in all written and electronic documentation

Health care teams might also want to implement the following, where possible:

- Posters or signage in waiting rooms and clinicians' offices conveying a message that the setting is welcoming and inclusive of the gender-diverse community
- Clinicians including pronouns on their name tags

- An environment and use of communication that enable an accessible, positive experience for neurodiverse people
- Gender-affirming education and training for staff (see quality statement 1)
- Work with electronic medical record (EMR) vendors to create inclusive forms that allow for documentation of gender identity, sex assigned at birth, sexual history, relationships, and reproduction and provide open-text fields rather than a set list of options to choose from
- Gender-inclusive or universal washrooms
    - Gender-inclusive washrooms are gendered but inclusive (e.g., a women's washroom with a sign indicating that everyone who identifies as a woman and/or nonbinary may use the washroom)
    - Universal washrooms, also known as gender-neutral or all-gender washrooms, are inclusive of all gender identities; anyone may use them

Rationale

Gender-affirming care can be improved by establishing a welcoming, safe, respectful environment in which affirming, inclusive language is used[16] and by reducing disparities in care for gender-diverse people.[3] In addition, it is important that health care team members ask for and use people's correct names, pronouns, and other gender-related terms, both during first interactions and regularly thereafter, as they may vary over time and by circumstance.[1] Health care team members should avoid making assumptions about a person's gender identity or expression or their need for care. If a person's health concern is unrelated to gender, clinicians should not respond as if there is a connection with gender (i.e., they should not engage in trans broken arm syndrome; see quality statement 1). In such cases, establishing the person's correct name and pronouns should be sufficient.[46] Further information about gender should be solicited only if a health concern may be affected by a person's current organs or their current or past gender-affirming hormonal or surgical status.

What This Quality Statement Means

For Gender-Diverse People

You should receive care in an environment that feels safe and welcoming. This includes things like posters or signs that let people know a doctor's office is welcoming to gender-diverse people, allowing you to use the washroom of your choice, and forms that allow you to describe your gender how you want to. All clinicians and administrative staff should treat you with respect and dignity, and they should always listen to you. They should also ask for and use your correct name and pronouns.

For Clinicians

Ensure you have the skills, knowledge, and training to provide safe and appropriate gender-affirming care to gender-diverse people. Create an environment that will feel safe and accepting to gender-diverse people, and ensure that all health care team members treat gender-diverse people with respect and compassion. Ask for and use gender-diverse people's correct names and pronouns, and work collaboratively with them to establish an appropriate plan for their care.

For Organizations and Health Services Planners

Ensure that all health care team members receive ongoing education and training and have the resources needed to provide high-quality, safe, and appropriate gender-affirming care to gender-diverse people. Create a safe, trauma-informed, gender-affirming, and culturally responsive environment in all spaces where gender-diverse people receive care (e.g., clinicians' offices, pharmacies, waiting rooms) or ensure that health care teams have the resources needed to do so. Examples include inclusive signage and documentation, explicit antidiscrimination polices, gender-inclusive or universal washrooms, and the use of inclusive and culturally appropriate language at all times.

Quality Indicators: How to Measure Improvement for This Statement

- Percentage of gender-diverse adults who feel their primary care clinician's office is a welcoming and safe environment
- Percentage of gender-diverse adults whose primary care records have up-to-date information for their name, pronouns, and gender identity (all as indicated by the person receiving care)
- Percentage of primary care practices whose patient forms (whether paper or electronic) use gender-inclusive language (e.g., by providing options beyond "male" and "female" to indicate gender)

Measurement details for these indicators, as well as overarching indicators to measure improvement for the goals of the entire quality standard, are available in the technical specifications.

Appendix 1: About This Quality Standard

How to Use This Quality Standard

Quality standards inform patients, clinicians, and organizations about what high-quality care looks like for health conditions or processes deemed a priority for quality improvement in Ontario. They are based on the best evidence.

Guidance on how to use quality standards and their associated resources is included below.

For Gender-Diverse People

This quality standard consists of quality statements. These describe what high-quality care looks like for gender-diverse people.

Within each quality statement, we have included information on what these statements mean for you, as a patient.

In addition, you may want to download this accompanying patient guide on gender-affirming care to help you and your family have informed conversations with your clinicians. Inside, you will find information and questions you may want to ask as you work together to make a plan for your care.

For Clinicians and Organizations

The quality statements within this quality standard describe what high-quality care looks like for gender-diverse people. They are based on the best evidence and designed to help you know what to do to reduce gaps and variations in care.

Many clinicians and organizations are already providing high-quality evidence-based care. However, there may be elements of your care that can be improved. This quality standard can serve as a resource to help you prioritize and measure improvement efforts.

Tools and resources to support you in your quality improvement efforts accompany each quality standard. These resources include indicators and their definitions, available in the technical specifications. Measurement is key to quality improvement. Collecting and using data when implementing a quality standard can help you assess the quality of care you are delivering and identify gaps in care and areas for improvement.

There are also a number of resources online to help you, including:

- Our patient guide on gender-affirming care, which you can share with patients and families to help them have conversations with you and their other clinicians. Please make the patient guide available where you provide care

- Our measurement resources, including the technical specifications for the indicators in this quality standard, the "case for improvement" slide deck to help you to share why this standard was created and the data behind it, and our measurement guide containing supplementary information to support the data collection and measurement processes
- Our placemat, which summarizes the quality standard and includes links to helpful resources and tools
- Our *Getting Started Guide*, which includes links to templates and tools to help you put quality standards into practice. This guide shows you how to plan for, implement, and sustain changes in your practice
- Quorum, an online community dedicated to improving the quality of care across Ontario. This is a place where health care providers can share information and support each other, and it includes tools and resources to help you implement the quality statements within each standard

How the Health Care System Can Support Implementation

As you work to implement this quality standard, there may be times when you find it challenging to provide the care outlined due to system-level barriers or gaps. These challenges have been identified and documented as part of the development of the quality standard, which included extensive consultation with clinicians and lived experience advisors and a careful review of available evidence and existing programs. Many of the levers for system change fall within the purview of Ontario Health, and as such we will continue to work to address these barriers to support the implementation of quality standards. We will also engage and support other provincial partners, including the Ministry of Health or other relevant ministries, on policy-level initiatives to help bridge system-level gaps.

In the meantime, there are many actions you can take on your own, so please read the standard and act where you can.

Appendix 2: Glossary

Term	Definition
Adults	People aged 18 years and older.
Care partner	An unpaid person who provides care and support in a nonprofessional capacity, such as a parent, other family member, friend, or anyone else identified by the person receiving care. Other terms commonly used to describe this role include "caregiver," "informal caregiver," "family caregiver," "carer," and "primary caregiver."
Children and young people	People under 18 years of age.
Cisgender	Describes people whose gender identity or expression aligns with the gender typically attributed to the sex assigned to them at birth.
Clinicians	Regulated professionals who provide care to patients or clients. Examples are nurses, nurse practitioners, occupational therapists, pharmacists, physicians, physiotherapists, psychologists, social workers, and speech-language pathologists.
Culturally appropriate care	Care that incorporates cultural or faith traditions, values, and beliefs; is delivered in the person's preferred language; adapts culture-specific advice; and incorporates the person's wishes to involve family or community members.[47]
Gender-affirming care	Health care that recognizes and affirms the gender identity of gender-diverse people, whether socially, medically, legally, behaviourally, or some combination of these.[2]
Gender-diverse	Describes all people whose gender identity or expression differs from the gender typically attributed to the sex assigned to them at birth. The term is inclusive of all Two-Spirit, trans, and nonbinary people.
Gender-inclusive washrooms	Gendered but inclusive washrooms (e.g., a women's washroom with a sign indicating that everyone who identifies as a woman and/or nonbinary may use the washroom).
Health care team	Health care professionals, as well as people in unregulated professions, such as administrative staff, behavioural support workers, patient transport staff, personal support workers, recreational staff, spiritual care staff, and volunteers.

Term	Definition
Intersex	People born with sex or reproductive characteristics that do not fit binary definitions of *female* or *male*. This is sometimes referred to as *differences of sex development*. People who are intersex may be cisgender or transgender depending on how their gender identity relates to the one assigned to them at birth.[1,4]
Minority stress	For gender-diverse people, a burden of stress specific to a person's gender-diverse status that is experienced in addition to the typical stress experienced by cisgender people. Minority stress among gender-diverse people includes gender-based discrimination, oppression, rejection, victimization, and anticipation of discrimination or victimization, as well as nonaffirmation of gender identity, internalized transphobia, concealment of sexual and gender identify, structural societal stigma, and internalization of stigma.[17-20]
Nonbinary	An umbrella term used to describe people who experience their gender as outside the gender binary (i.e., male and female). The term includes people whose gender comprises more than 1 gender identity simultaneously or at different times (i.e., bigender), people who do not have a gender identity (e.g., agender), people with a neutral gender identity (i.e., neutrois), people whose gender identity encompasses or blends elements of several genders, and people whose gender changes over time (e.g., genderfluid).[7-10]
Primary care	A setting where people receive general health care (e.g., screening, diagnosis, and management) from a clinician whom the person can access directly without a referral. This is usually the primary care physician, family physician, nurse practitioner, or other clinician with the ability to make referrals, request biological testing, and prescribe medications.
Primary care clinician	A family physician (also called a primary care physician) or nurse practitioner.
Racism	The systemic discrimination that harms racialized populations and groups living with health-related social needs. It creates barriers to and disparities in accessing and receiving appropriate health care and community and social services for Black, Indigenous, South Asian, and other racialized populations.[48-50] Racism often involves labelling, devaluation, judgment, the social disqualification of a person based on their health condition, or a combination of these, leading to negative health outcomes.[51]

Term	Definition
Trans broken arm syndrome	Gender-related medical misattribution and invasive, unnecessary questioning about a person's gender identity or transition status; a form of medical discrimination experienced by gender-diverse people when a clinician incorrectly assumes that a medical condition results from a person's gender identity or medical transition[38]; for example, responding to an asthma exacerbation as though the condition is associated with a person's use of gender-affirming hormone therapy without having performed any assessments or testing.
Transgender or trans	A transgender, or trans, person is someone whose gender identity differs from the gender typically associated with the sex assigned to them at birth.[4]
Two-Spirit	*Two-Spirit* means different things to different people and different communities. One of the most commonly cited understandings of the term refers to a person who identifies as having both a masculine and a feminine spirit and is used by some Indigenous people to describe their sexual, gender, and/or spiritual identity.[5] This gender identity is based not on sexual activities or practices but rather the sacredness that comes from being different. Many definitions and understandings of Two-Spirit are nation specific, and each Two-Spirit person has their own way of expressing their Two-Spiritedness.
Universal washrooms	Also known as gender-neutral or all-gender washrooms, these washrooms are inclusive of all gender identities; anyone may use them.

Appendix 3: Values and Guiding Principles

Values That Are the Foundation of This Quality Standard

This quality standard was created, and should be implemented, according to the Patient, Family and Caregiver Declaration of Values for Ontario. This declaration "is a vision that articulates a path toward patient partnership across the health care system in Ontario. It describes a set of foundational principles that are considered from the perspective of Ontario patients, and serves as a guidance document for those involved in our health care system."

These values are:

- Respect and dignity
- Empathy and compassion
- Accountability
- Transparency
- Equity and engagement

A quality health system is one that provides good access, experience, and outcomes for all people in Ontario, no matter where they live, what they have, or who they are.

Guiding Principles

In addition to the above values, this quality standard is guided by the principles outlined below.

Acknowledging the Impact of Colonization and Racism

Clinicians should acknowledge and work toward addressing the historical and present-day impacts of colonization and racism in the context of the lives of Indigenous Peoples, Black people, Francophones, and South Asian people throughout Canada.[37] This work involves being sensitive to the impacts of intergenerational and present-day traumas and the physical, mental, emotional, and social harms experienced by Indigenous Peoples, Black people, Francophones, South Asian people, racialized people, families, and communities, as well as recognizing their strength and resilience. This quality standard uses existing clinical practice guideline sources that may not include culturally appropriate care or acknowledge traditional beliefs, practices, and models of care relevant to Indigenous Peoples, Black people, Francophones, South Asian people, and other racialized people.

French Language Services

In Ontario, the *French Language Services Act* guarantees an individual's right to receive services in French from Government of Ontario ministries and agencies in 26 designated areas and at government head offices.[52]

Social Determinants of Health

Homelessness and poverty are 2 examples of economic and social conditions that influence people's health, known as the social determinants of health. Other social determinants of health include employment status and working conditions, race and ethnicity, food security and nutrition, gender, housing, immigration status, social exclusion, and residing in a rural or urban area. The social determinants of health can have strong effects on individual and population health; they play an important role in understanding the root causes of poorer health. Gender-diverse people often live under stressful social and economic conditions that worsen their mental health,[53] including social stigma, discrimination, and a lack of access to education, employment, income, and housing.[27,54]

Harm Reduction

Harm reduction is an approach to care for substance use that focuses on positive change. Gender-diverse people with a substance use concern should be offered care free of judgment, coercion, and discrimination. A harm reduction approach supports the person where they are in their journey to change their relationship with a substance, recognizing that not all people are willing or able to reduce or stop substance use even if this is recommended by their clinician. Harm reduction strategies include working with the person to reduce their substance use, avoid driving while using a substance, and optimize their engagement in their care; offering resources and care for physical and mental health impacts of substance use, regardless of the person's ability or willingness to reduce their substance use; and connecting people with resources to address inequities in the social determinants of health (e.g., housing, legal services, social supports, employment services).[55]

Intersectionality

Intersectionality refers to the differences in experiences with discrimination and injustice that people have based on social categorizations such as race and ethnicity, class, age, and gender and the interaction of these experiences with compounding power structures (e.g., media, education system). These interconnected categorizations create overlapping and interdependent systems of discrimination or disadvantage.[56-58] For example, the minority stress experienced by gender-diverse people can vary depending on demographic characteristics such as race and ethnicity and age, as well as other characteristics such as language barriers or perceived socioeconomic status. Understanding how the various aspects of people's identities intersect can provide insights into the complexities of the processes that cause health inequities and how different people experience stigma and discrimination.

Trauma-Informed Care

Trauma-informed care is health care that reflects an understanding of trauma, the impact that traumatic experiences can have on human beings, and the potential to traumatize or retraumatize patients when providing them with care.[59,60] A trauma-informed approach does not necessarily

involve addressing the trauma directly. Rather, it involves acknowledging that a person may have experienced a previous traumatic event that may contribute to their current health concerns and taking steps to reduce opportunities for traumatization (e.g., using active strategies around consent, attending to individual patient needs, recognizing the inherent power imbalance in clinician–patient relationships, and facilitating greater patient agency and choice in all interactions).[61,62] A trauma-informed approach emphasizes the creation of an environment in which a person can feel comfortable disclosing trauma, and it involves understanding, respecting, and responding to the effects of trauma.[60-62]

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Equity, Inclusion, Diversity, and Anti-Racism

Ontario Health is committed to advancing equity, inclusion and diversity and addressing racism in the health care system. As part of this work, Ontario Health has developed an Equity, Inclusion, Diversity and Anti-Racism Framework, which builds on existing legislated commitments and relationships and recognizes the need for an intersectional approach.

Unlike the notion of equality, equity is not about sameness of treatment. It denotes fairness and justice in process and in results. Equitable outcomes often require differential treatment and resource redistribution to achieve a level playing field among all individuals and communities. This requires recognizing and addressing barriers to opportunities for all to thrive in our society.

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