The Trans-Affirmative Healthcare Pilot Clinic

Enabling equitable access to gender-affirming hormone therapy

Executive summary

The Trans-Affirmative Healthcare Pilot Clinic at Mauri Ora Student Health is an innovative, community-based approach to providing gender-affirming hormone therapy to gender-diverse students at Victoria University. An evaluation of service users’ and clinical advisers’ experiences suggests that this model is an effective way of providing care that benefits both service users and providers.

Background

An estimated 1.2% of all young New Zealanders identify as transgender or gender-diverse; their gender differs from their sex assigned at birth. A further 2.5% report questioning their gender identity. Many gender-diverse people experience gender dysphoria, the distress associated with dissonance between a person’s gender and their body. Gender-affirming hormone therapy (GAHT) is effective in reducing dysphoria and improving mental health and wellbeing. It has traditionally been provided in secondary care settings but this has created barriers to access and lengthy wait times for care, exacerbating distress and resulting in high health costs.

The Pilot Clinic

The clinic is run in coordination with community and health partners to provide GAHT in a primary care setting. Using a multidisciplinary approach, the clinic aims to provide equitable and holistic care to those often marginalised within the dominant model of healthcare delivery. The average length of the clinic process up to the point of receiving GAHT is 4 months.

Evaluation findings

A small qualitative evaluation of service users’ and clinical advisers’ experiences suggests that the clinic model:

- ensures holistic, affirmative, timely and ongoing support for service users
- has potential to facilitate early intervention and reduce mental health risks
- upskills primary care providers, leading to enhanced care for gender-diverse people
- is cost-effective and can be readily adapted into other primary care settings.

Key recommendations

- The clinic is sustainably resourced to enable it to continue at Mauri Ora.
- This model of care is implemented in other suitable primary care settings throughout Aotearoa, with assured funding.
- Professional development and training on gender diversity is offered to all primary care providers to ensure care is delivered safely.
- Gender-diverse communities and NGOs are acknowledged as important means of support for service users.

This model aligns with the Ministry of Health’s and CCDHB’s outcomes for equitable health services in Aotearoa. Our evaluation found that this model of service provision successfully promotes health and wellbeing for all, and is:

- accessible
- effective
- safe
- timely
- adaptable
- collaborative

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The Problem: Health Inequities Experienced by Gender-Diverse People

Gender-diverse people have higher rates of mental health difficulties compared to their cisgender peers. Many experience ongoing minority stress, stigma and discrimination and in Aotearoa:
- are 5 times more likely to report attempting suicide in the last 12 months than cisgender young people
- experience depressive symptoms at almost 6 times the rate of their cisgender peers.

Providing timely and equitable access to transition-related healthcare is essential. Despite increasing awareness of gender diversity and demand for transition-related services, the specific health needs of gender-diverse people in Aotearoa have been consistently overlooked.

Access to Gender-Affirming Hormone Therapy in Aotearoa

There is currently no consistent or transparent national pathway for accessing GAHT. Five of the 20 DHBs currently do not publicly fund this service. Where GAHT is available, the pathway to access it usually involves:
- a visit to a GP, sexual health service, or youth one-stop-shop to discuss accessing GAHT
- a readiness-for-treatment assessment (conducted by a mental health professional in many districts)
- an appointment with a specialist (e.g. endocrinologist, sexual health specialist, or pediatrician).

Many of these services can only be accessed through the private system and therefore come at a considerable cost to the service user. A recent study highlighted that:
- the shortage of qualified mental health professionals to conduct readiness-for-treatment assessments, combined with the length of time some require to complete assessments, means some people wait up to 3 years to access hormone therapy
- waiting for hormone therapy has profound negative effects on people’s mental health and wellbeing
- readiness-for-treatment assessments should focus on ensuring that patients are properly informed, capable of making their own health choices, and supported in those choices.

The Trans-Affirmative Healthcare Pilot Clinic: A primary care based approach

The Mauri Ora Student Health and Counselling Service has piloted a new primary care-based model for prescribing GAHT in coordination with community and health partners. The clinic is based on international best practice and provides students with an alternative way of accessing GAHT. Students enrolled in the pilot attended a number of sessions with a counsellor (average 5.6 x 1 hour sessions) to assess their readiness for treatment. They also attended a smaller number of sessions with a GP to ensure no medical issues required addressing prior to accessing GAHT. Both the counsellor and the GP received education, oversight and support from local specialists in the field. Following assessment, GAHT was prescribed at a multidisciplinary appointment attended by the GP, the endocrinologist, and either a clinic nurse, counsellor or support people.

The Pilot Clinic: Responsibilities and Reporting within the Partnership Approach

Evaluation of the Pilot Clinic

After completing the pilot, all 6 service users completed a questionnaire and reported that they were ‘satisfied’ or ‘very satisfied’ with staff’s affirmation of their gender identity and the support and information they received. Individual interviews were subsequently conducted with 4 service users and 4 clinical advisors about their experiences and views. Interviews were between 39 and 80 minutes. They were transcribed and analysed thematically.

Key findings are shown opposite.
# Clinic Pilot Evaluation Findings

## Key Themes and Quotes from Service Users and Clinical Advisors

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<tr>
<th>Clinical Advisors</th>
<th>Service Users</th>
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<tr>
<td><strong>Adaptability</strong></td>
<td>I absolutely think this is a model that can work elsewhere, and that's really why we tried very hard to make it really simple... reproducible elsewhere, and scalable.</td>
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<td>Extending the model to other clinical settings</td>
<td>I mean, the hospital process just does seem unnecessarily medicalised and lengthy, and I think if [the service] could be devolved to health centres, that would just work a lot better for everyone.</td>
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<td><strong>Accessibility</strong></td>
<td>There's the access, there's a sense of, you know, the people that are going to be caring for you, there's a sense of 'I'm respected' - a sense of trust that is quite unique.</td>
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<td>Ease of access in familiar settings</td>
<td>That was useful, you know, having a place I was familiar with and someone I was familiar with there. And also just being able to come up to campus and do it, it was much easier... than wandering through the hospital and going to the scary room and speaking to this doctor.</td>
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<td><strong>Timeliness</strong></td>
<td>The long waiting times does have an impact on a person mentally... when a gender-diverse person is really anxious, socially anxious, because their presentation is incongruent then, yeah, anxiety's prolonged, depression or mood is lowered.</td>
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<td>Reduced waiting times</td>
<td>Knowing that if you want to go on hormones and you can be on hormones within the next four months... can take a psychological weight off people's shoulders.</td>
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<td><strong>Safety</strong></td>
<td>&quot;It is about ensuring that [care is provided] safely and at the right time for you with the supports in place, the right information, the right people around you.&quot;</td>
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<td>Holistic and ongoing support</td>
<td>Having that safety net, that support was good. And if I had any questions about the hormones or anything, I could just email [the GP], I just felt that was an option.</td>
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<td><strong>Collaboration</strong></td>
<td>It's a whole team approach, including my supervisor and peer support. It's not only me. But having this team approach I think is really important.</td>
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<td>Between service users, providers, and wider community experts</td>
<td>It seemed like it would be an easier and friendlier process, just because it would be in a place I knew with people who I knew, and knew I liked and could work with well.</td>
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<td><strong>Cost-effectiveness</strong></td>
<td>&quot;The clinic is not expensive and it absolutely seems the right way to go about doing something really well, and providing it in the right way for... [a] cheaper cost in the long run.&quot;</td>
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<td>Funding supports early intervention</td>
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Findings from this small but in-depth study suggest that Mauri Ora’s pilot clinic provides safe, affirming, and collaborative healthcare in a setting that is ‘close to home’. Service users and clinical advisors emphasised that a primary care-based model ensures the provision of timely and easily accessible support, and allows for ongoing relationships between clinic staff and service users. This is likely to contribute to the improved wellbeing of gender-diverse people and promotes equity in healthcare provision.

Innovative, affordable and effective models of care are urgently needed to meet the growing demand for GAHT in Aotearoa. Providing GAHT through primary care will reduce wait times in the long-term, and ensure that ongoing care is tailored to individuals’ needs.

**We recommend that:**

- Mauri Ora’s clinic receives sustainable funding to enable equitable and accessible care for eligible students
- The trans-affirmative model is implemented in other primary care settings throughout Aotearoa
- Professional development, training on gender diversity, and clinical supervision is provided to all primary care providers
- Gender-diverse communities and NGOs are acknowledged as important means of support for service users prior and subsequent to the provision of GAHT
- Future trans-affirmative healthcare services are developed in collaboration with community providers, NGOs and support groups to ensure the equitable representation of, and resourcing for, gender-diverse communities.

**References**