

Ottawa/Champlain Region



# A Toolkit on Trans and Gender Diverse Patient-Advocacy





# Table of Contents

|              |  |
|--------------|--|
| <b>4-5</b>   | Introduction, Background and Purpose                           |
| <b>6-11</b>  | What to Expect From Different Types of Providers               |
| <b>12-15</b> | Choosing the Provider for You                                  |
| <b>16-18</b> | Intake Appointment Expectations                                |
| <b>19-21</b> | Appointment Preparation  |
| <b>22-24</b> | Navigating First Conversations With Your Primary Care Provider |
| <b>25-26</b> | Questions to Ask Your Provider                                 |
| <b>27-28</b> | Navigating Providers' Trans "Curiosity"                        |
| <b>29-32</b> | Know Your Rights   |
| <b>33-35</b> | Putting Your Rights Into Practice                              |
| <b>36-43</b> | Understanding Health Care Coverage                             |





# Table of Contents

|              |  |
|--------------|--|
| <b>44-45</b> | Navigating Gender Affirming Health Services as a Non-Binary Person |
| <b>46-50</b> | Managing Dual Diagnosis / Comorbidities as a Trans Person          |
| <b>51-53</b> | What to Expect at the Pharmacy and How to Advocate for Yourself    |
| <b>54-58</b> | Accessing Sexual Health Services                                   |
| <b>59-60</b> | Navigating Supports for Managing Substance Use                     |
| <b>61-62</b> | Where to Find Affirming and Inclusive Resources                    |
| <b>63-68</b> | Medical Information About Transition-Related Health Care           |
| <b>69-73</b> | Debunking Misinformation About Hormone Replacement Therapy         |
| <b>74-75</b> | Understanding the History of Transition-Related Health Care        |
| <b>76-77</b> | What Informed Consent Actually Looks Like                          |
| <b>78-85</b> | Resource List  |

# Introduction



## Background and Purpose



This toolkit was developed by community members from the to the Champlain region and Wisdom2Action. In the current trans health landscape, community members are often in the position of needing to self-advocate to gain access to the care they need and deserve. We know that this is an undue burden, and can be incredibly challenging work. This toolkit aims to support community members in advocating for ourselves across health, community, and social services.

You deserve to receive respectful, trans-affirming care that honours your dignity and self-determination. At the end of the day, it is up to providers to unlearn transphobic beliefs and practices and build their capacity for offering trans-inclusive services. We hope that in the meantime, this toolkit will support you in seeking out and advocating for yourself to receive the level of care you deserve.

# Authors

This toolkit was created by community members, Charlie-Rae Robin, Hannah Hodson, O.G Thorne, R.L, O.R. and E.M. alongside, Alex Tesolin, Wisdom2Action Project Officer.

# Thanks and Acknowledgements

To begin, we acknowledge that we work primarily on the unceded and unsundered territory of the Algonquin Nation. This is to remind us that many of us are guests here and to act, as much as possible, in accordance with local protocols. We seek to decolonize our way of working, and are on a journey of discovery about the ways of achieving this.

We extend a warm thanks to each community member who contributed to this toolkit and the trans and gender diverse leaders in our communities who continue to advocate for and work towards change.

# Intended Use

This toolkit is intended for use by trans and gender diverse community members and the people who support them. The toolkit includes a range of tools to support you in navigating, accessing, and advocating for yourself in health, community, and social services; some basic medical information about transition-related health care to serve as a jumping off point for any future research, as well as some historical information to help contextualize your own experiences and shape your advocacy strategies.

# Disclaimer

Please note that the content provided in this toolkit is for informational purposes only and is not intended to serve as medical advice. While we aim to provide you with an in-depth understanding of various care options and considerations for individuals exploring or undergoing gender-affirming care, it's important to consult with a qualified healthcare provider for personalized medical advice.





# What to Expect From Different Types of Providers



When navigating through transition-related health and social services, sometimes it's not so clear who you should go to for what types of services or support.

This tool aims to help you understand what you can expect from different types of providers when it comes to transition-related medical and social services.





# What General Practitioners Can Do (Hint: It's A Lot)

The majority of trans health services belong in primary care. This means that a family doctor or nurse practitioner (aka general practitioners) should be able to provide you with hormone initiation and maintenance and/or gender-affirming surgery assessment, referral, and after care.

In reality, we know that providers don't always fulfill this role. In these cases, a primary care provider might refer you to a different provider or clinic with more expertise or need some extra support in order to provide you with the best care.

Community members, trans health champions in health care, and 2SLGBTQIA+ organizations are working towards changing this ongoing inequity in trans health and building capacity across Primary Care Providers to provide medically necessary trans health services.

From this work, there are resources that you can share with your doctor or nurse practitioner to support them in supporting you, including training, local mentorship opportunities, professional standards and reference sheets. For a summary of these resources, check out the ["Support for Primary Care Providers"](#) page of the [transhealthottawa.org](http://transhealthottawa.org) website.

Even with these resources, there's a chance that your provider may still not feel comfortable providing you with transition-related healthcare. In this case, you can ask to be referred to an endocrinologist (if you're looking to start hormones/puberty blockers) or one of the region's two specialty gender clinics for either/all puberty blockers, hormones, or surgery referrals.

In recognition that the specialty gender clinics have increasingly long waitlists, you might also need to shop around for a new family doctor. For more on how to find a provider that works for you, check out the tool "How to Choose the Provider for You" on page 13 of this toolkit.



## What Endocrinologists Do

Endocrinologists have traditionally been seen as the key to access and provision of hormones for trans, non-binary, and gender diverse people. But as we said previously, primary care providers are qualified to prescribe hormones. Therefore in most cases an endocrinologist is not needed. That said, endocrinologists can manage the care of trans people with more complex needs, contraindications, and endocrine issues.

When is an endocrinologist necessary?

- When Baseline Hormone Profile is atypical or hormone profile is atypical once hormones are started
- Complex physical health co-morbidities
- Complications arise when initiating hormones
- For assistance with lactation induction
- You want to see an endocrinologist

Some endocrinologists who frequently provide gender affirming care to trans patients also provide surgery referrals in addition to hormone care. If you're seeing an endocrinologist for hormone replacement therapy (HRT) you can ask them if they can support you with accessing gender affirming surgery.

## What Gynecologists Do

Your gynecologist can provide cancer screening, surgeries, sexual health checkups and safer sex advice.

For more information on navigating sexual health services, sexually transmitted and blood borne infection (STBBI) prevention and testing, and cancer screenings, check out the "Accessing Sexual Health Services" tool on page 55 of this toolkit.



# Who Can Submit Surgery Approval Forms

In order to get any trans health related surgery funded, you need 1-2 qualified providers to submit a **Prior Approval for OHIP Funding form to the Ministry of Health and Long Term Care (MOHLTC)** on your behalf.

MOHLTC criteria for a qualified provider includes physicians, nurse practitioners, registered nurses, psychologists, and registered social workers (with a master's degree). There is no specific training course needed in order for these providers to be considered competent in providing gender-affirming care. However, it is recommended that they receive **Rainbow Health Ontario training** and/or consult with a provider who is knowledgeable and experienced in trans health related surgery referrals. In other words, to be considered qualified, providers must be able to demonstrate evidence of their competency in trans health and knowledge of gender affirming surgery.

As of 2020, for top surgery, either a qualified physician OR nurse practitioner can submit this form. For bottom surgery, you will need one form submitted by a qualified physician or nurse practitioner, as well as an additional form completed by any qualified physician, nurse practitioner, psychologist, or registered social worker. Keep in mind that these requirements may change so it is important to double check the requirements on the **Government of Ontario's website**.



# Who can fill out Change of Name / Gender Marker Forms

Form 8 of Ontario's Application to Change an Adult's Name needs to be completed by a guarantor. A guarantor is someone that can confirm that you have lived in Ontario for at least 12 consecutive months. The preferred professions for guarantors include: doctors, lawyers, judges, municipal clerks, school principals, and bank managers. If you see a doctor for trans health services, they are probably familiar with this form and may be able to help you out. If you cannot find someone from this list, you can ask any person who is not related to you and has known you for at least five years to act as your guarantor.

Similarly, doctors licensed by the College of Physicians and Surgeons of Ontario and psychologists or psychological associates licensed by the College of Psychologists of Ontario are qualified to submit a letter in support of an application for change of sex designation on an Ontario driver's licence. This letter must be on the doctor's letterhead, state that the doctor has examined or treated you and the change to the sex designation on your licence is appropriate, and be signed by the doctor.

As a note: If you'd like to change the sex designation on your driver's licence or photo ID card to an X, visit ServiceOntario. You **do not need** any supporting documents to make that change. That said, it can be helpful to bring documents that back up your claim in case you experience any push back.





# Who Can Provide Notary Services

On both name and sex designation change applications there is a space you will need to sign in front of a commissioner of oaths/notary. Four ServiceOntario locations offer Commissioner of Oaths' services in Ottawa. These locations include the City Hall, Merivale Road, Bank Street, and Ogilvie Road locations. For Service Ontario, booking an appointment ahead of time is recommended to make sure a commissioner is available when you go in. In 2022, the fee for service at Service Ontario was \$15.40 per document.

You can also make an appointment for Commissioner of Oaths' services at the City of Ottawa's Client Service Centres. The fee for service at the Service Centres is also \$15.40 per document (as of 2022).

You can also have name and gender change documents notarized free of charge by accessing [Downtown Notary's online services](#). Downtown Notary also offers house calls in Ottawa for a fee of between \$40-60. Of course, there are a number of other private notary services in and around Ottawa that you can choose from.

Finally, Trans ID clinics usually act as notaries too. The lawyers that supervise Kind Space's Trans ID Clinic can provide notary services for those seeking name and/or gender marker change on legal identification documents. [Visit Kind Space's website for up to date details](#).



# Choosing the Provider for You



Choosing a primary care provider to support you in your medical transition can be a difficult task. Unfortunately, not all primary care providers have the knowledge, confidence, and/or experience to offer trans health services in a competent, affirming, and respectful manner.

Here are a few tips on how to decide if a provider could be a good fit for you and your goals.



# Choosing the Provider for You

## 01

### Connect with your community



When looking for a provider who is gender affirming as well as knowledgeable and experienced in trans health service provision, our own community is a great place to start. Our community holds so much experience and wisdom. Seeking the opinion of others in the trans and gender diverse communities can give you valuable insight as to what providers and health organizations you should reach out to, as well as those you might be better off avoiding. Community members may also have insight into wait times, or know of affirming providers who are currently accepting new patients. You might meet community members by attending local support groups, community events, and/or accessing queer and/or trans online spaces.

For a list of organizations that offer community spaces and/or support groups for folks in the Champlain region, check out the **[counselling and community services page](#)** of the Regional Planning Table's website.

# Choosing the Provider for You



## 02

### Take a look at language

Visit the provider or health organization's website and ask yourself some questions about what language they are using.

For example, does the provider use gender neutral terms, is there anything to indicate that the provider is 2SLGBTQ+ inclusive, what impression are you getting overall.

## 03

### Go through the reviews

Take a look at the reviews for the health organization or specific provider online.

- Is the provider generally described as respectful?
- Has anyone described them as gender affirming or helpful in terms of trans health?

You can also take to Reddit or other community platforms to see if anyone from the trans communities has reviewed a provider that you are interested in getting connected with.



# Choosing the Provider for You



## 04

### Ask Questions

Finally, it is within your rights to contact providers and health organizations to ask questions (email is a good option)!

You can ask if they have ever initiated and/or maintained hormones or provided transition-related surgery referrals.

- If yes, you can ask how many times and if it's something they are comfortable doing again.
- If not, you can ask if they have undergone training in trans inclusion and trans health and if they would be confident in supporting you.

You can also ask questions about the space itself, their administrative staff's capacity for trans inclusion, and anything else that will help you decide if the provider is a good fit for you. If you've sent over your questions and haven't heard back, feel free to follow up with them each week!

# Intake Appointment Expectations



Intake appointments focus on exploring and getting to know what you want. Before a provider can start you on hormones or set up a surgery referral, they need to know your goals in transition.

After your intake appointment, your provider will likely send you to go get your bloodwork done. Once your results are back, you will go back in for another appointment to take any next steps. This means that you should expect a wait between your initial intake appointment and starting hormone replacement therapy (HRT) or getting a surgical consult set up.

If you'd like to see a virtual tour of CCHC's trans health clinic, learn about their services, and meet members of their team, you can watch [this video](#).



# Green Flags and Red Flags

During your first visit with a new provider, and all of the appointments that follow, you deserve to be treated with respect.

For your intake appointment – here is a list of green flags and red flags to watch out for. For a full review of your rights in the health care setting see the tool titled “Know Your Rights” on page 29 of this toolkit.

## Green Flags

**1**

### **Flexibility of time**

If your provider is running late and they ask if it's still a good time for you to meet, this is a green flag. It shows the provider respects you and your time.



**2**

### **Names & Pronouns**

If your provider introduces themselves with pronouns and asks for your name and pronouns at the beginning of the appointment, this is a green flag. If your provider checks in on privacy and makes a plan to either share your name and pronouns with admin or keep this information private, this is also a green flag.

**3**

### **Attentive**

If your provider takes the time to listen to you and doesn't make you feel rushed, this is a green flag! You are the primary decision-maker when it comes to your health, which means your thoughts, concerns and questions should be the priority.

**4**

### **Welcoming Environment**

If your provider has rainbow flags, trans pride flags, gender neutral bathrooms, makes use of inclusive intake forms, includes pronouns on name tags, or displays trans specific or trans inclusive resources, these are all green flags.

# Red Flags

1

## Disrespecting Pronouns & Identity

If your provider refuses to use your pronouns, name, gender identity or expression, this is a very red, red flag. It's also a violation of your right to have your gender identity and expression respected in healthcare.

2

## Assuming Your Goals

There is a common misunderstanding that medical transition is a predetermined, linear pathway from one end of the gender-binary to another that includes hormones, top surgery, and bottom surgery for all trans people. If your provider is assuming your path of gender-affirming care instead of asking what you want, this is a red flag. You have every right to advocate for yourself and your goals in this situation and remind your provider that medical transition looks different for everyone, should be based on your own goals, and getting/not getting certain services does not make you any more or less trans. A good provider will listen to you and self-correct.

3

## Sexual Abuse

Unfortunately, while most doctors have evolved their practices, some trans patients still experience inappropriate questioning regarding their sexual history, habits, sexual orientation, or masturbation practices when seeking gender-affirming care. Such invasive inquiries, unless medically relevant and handled with sensitivity, represent a clear breach of ethical care.

4

## Sharing Misinformation

If your provider starts raising concerns about hormone replacement therapy causing cancer, personality changes, or that your gender/desire to transition is a phase or a symptom of mental illness, or any other common myths around trans health services and their effects, this is a red flag. These misconceptions are typically rooted in a lack of education or experience in trans health and/or anti-trans bias. You can disagree with your provider and encourage them to unlearn and relearn what they know about trans health. You can also ask to get referred to a provider who knows more about trans health or who is more willing to learn what they need to know to support you in your transition.

For a list of myths and misinformation to look out for, check out the tool titled "Debunking Misinformation About Trans Health" on page 54 of this toolkit.

5

## Wanting to Check Your Genitals

There is generally no reason for a primary health care provider to need to look at or touch your genitals or chest during an intake appointment or any appointment with respect to trans health services. There may be exceptions for certain kinds of care (for example, if someone wants to track chest growth with their provider when on estrogen). No matter what, you have every right to decline a physical exam, find an accommodation that you're comfortable with, and/or leave the appointment if you want/need to.

For example, it is commonplace to have a PAP smear before a hysterectomy, however, you can deny this request.





# Appointment Preparation



Before you head to an appointment, you might be feeling some nerves. This tool offers some tips on what you can do to prepare for your appointment to make sure it goes as smoothly as possible while taking care of yourself in the process.



# Appointment Preparation

## 1. Reflect on your priorities for the meeting

Before an appointment begins, reflect on your key priorities for the conversation. Are there specific next steps you would like to explore? Are there specific issues, or concerns, you'd like to discuss? Write them out ahead of time, in order of priority. This list can act as a script to guide you in your conversation with a provider.

## 2. Do your research

Health providers don't always have all the answers, or know what all the required steps are, particularly when it comes to trans health. If you are looking for transition-related healthcare it can be helpful to do your own research ahead of time to better understand the required processes to access specific health interventions, like starting hormones or accessing gender affirming surgeries.

## 3. Invite a buddy

Having someone in the meeting with you can make a big difference. You can bring a friend, partner, or loved one along to support you, and talk through what you think you'll need from them during the appointment ahead of time. You can also reach out to local 2SLGBTQ+ organizations, such as [Kind Space](#) or [MAX Ottawa](#), and they may be able to help connect you with a volunteer to accompany you to an appointment.

## 4. Reach out in advance

If you're worried about your experience accessing care, and if this is your first appointment with a new provider, you have every right to contact them ahead of time and ask questions that matter to you (email is a good option). This could include asking if the provider has experience working with trans people and providing any trans health services you are interested in. You may also want to ask about the accessibility of the space, if there are gender neutral washrooms available, or anything else that will help you prepare for your appointment.

## 5. Arrange transportation if necessary

Depending on where you live in the Champlain region, you might need to travel a good distance to get to your appointment. Whether you plan to get there by public transportation, walking or cycling, driving, or ride sharing, it might be helpful to plan your trip ahead of time. This is one less thing to worry about the day of!

# Appointment Preparation

## 6. Prepare to do paperwork

If you're seeing a new doctor, you can expect to talk about your medical history and your family's medical history. You can either bring your medical files to the appointment, or have them transferred from your previous provider (note: there's typically a fee of \$30 for them to transfer your files). It will also be helpful to bring a list of medications that highlights any new medications, any medications you've recently stopped taking, and any medications that were problematic for you in the past. Your pharmacist may be able to provide a medication history, either to you or directly to your new provider.

## 7. Make a self-care plan

Talking about our health and transition goals with a provider can be particularly draining, or triggering, for many of us. A key aspect of patient-advocacy is advocating for our own right to take the time we need to be healthy. If your appointment is in the morning, plan to give yourself time off in the evening if you can to decompress. Remember that self-care doesn't have to mean doing something alone. After your appointment you may want to call up a friend and/or loved one, connect with your community, and take time to check-in, debrief, and unwind with the people who support you.



TO DO LIST:  
1. SELF CARE  
2. SELF CARE  
3. SELF CARE



# Navigating First Conversations with Your Primary Care Provider



Starting a conversation with your primary care provider about hormones, surgery, or transitioning in general can feel challenging, especially if you're not already out to your provider.

This tool aims to offer a few pointers on how to navigate these initial conversations as well as provide you with some sample openers and conversation starters. We hope this tool will support you to go into these conversations with confidence.





# Conversation Preparation

## 1. Reflecting on Conversation Priorities

Before starting a conversation with your provider about your identity and/or trans health, it can be helpful to reflect on what you are hoping to get out of the conversation.

For example:

- are you just letting your provider know about your gender identity?
- are you flagging that you might want to explore trans health services at a later date?
- are you asking them to use a different name or pronouns?
- are you asking to start hormones or to talk about transition-related surgery?

Remember that transition is a shopping list, not a checklist. If your provider is assuming your transition path, know that you can always update them on what you want and need.

## 2. Preparing & Rehearsing a Script

Once you have reflected upon what you want to discuss with your provider, you might want to consider writing a script for yourself. Taking the time before your appointment to write out what you want to say and how you want to say it can help you communicate with confidence. You can practice what you want to say in the mirror, with a friend, or even with a pet or stuffed animal – repetition can help with nerves. You can also bring your script with you to the appointment to help you make sure everything you want to talk about is addressed.

## 3. Gathering Resources

Your provider might be new to trans health or have minimal knowledge and experience. If you know or suspect that your provider does not have the knowledge or experience they need to support you, you can bring information and resources for them to look at. You can let them know about the resources for primary care providers and direct them towards the following website:

[www.transhealthottawa.org](http://www.transhealthottawa.org). An easy print-out or pdf you can share with your provider is the Champlain **Regional Planning Table's Support for Primary Care Providers** tool which summarizes the key trans health resources, training, and mentorship opportunities available to them.

## 4. Inviting a Support Person

If you're nervous about heading to, or being in the appointment alone, you may want to consider inviting a supportive friend or loved one to come along with you. A supportive friend can support you before and after the appointment, or join you in the appointment – talk with them about what you expect you'll need from them ahead of time. Having a support person come with you to an appointment may also result in improved patient-provider dynamics and mutual respect.

# Conversation Preparation

## 5. Breathing & Grounding Exercises

If you're experiencing a lot of nerves and anxiety around this upcoming conversation, there are a variety of breathing, muscle relaxation and other grounding techniques that you can use either in the lead up to the appointment, or during the appointment itself.

For example, you might try belly breathing where you breathe in for four seconds, hold the air in for four seconds, feel the movement of the air in your belly, breathe out slowly for four seconds, and repeat. Wisdom2Action has a number of mental health resources on its website that have been created in partnership with School Mental Health Ontario that you can [explore here](#).

## 6. Making a Self-Care Plan

Taking care of yourself is often overlooked in patient-advocacy, but taking the time to care for yourself before and after potentially stressful conversations with providers is key for your health and well-being.

Plan to give yourself time before and after the appointment to prepare and decompress. This will look different for everyone, you know yourself best! After your appointment you may want to check-in with a friend and/or loved one to vent or unwind, get some food, connect with your community, or spend time on an activity that helps you to relax.

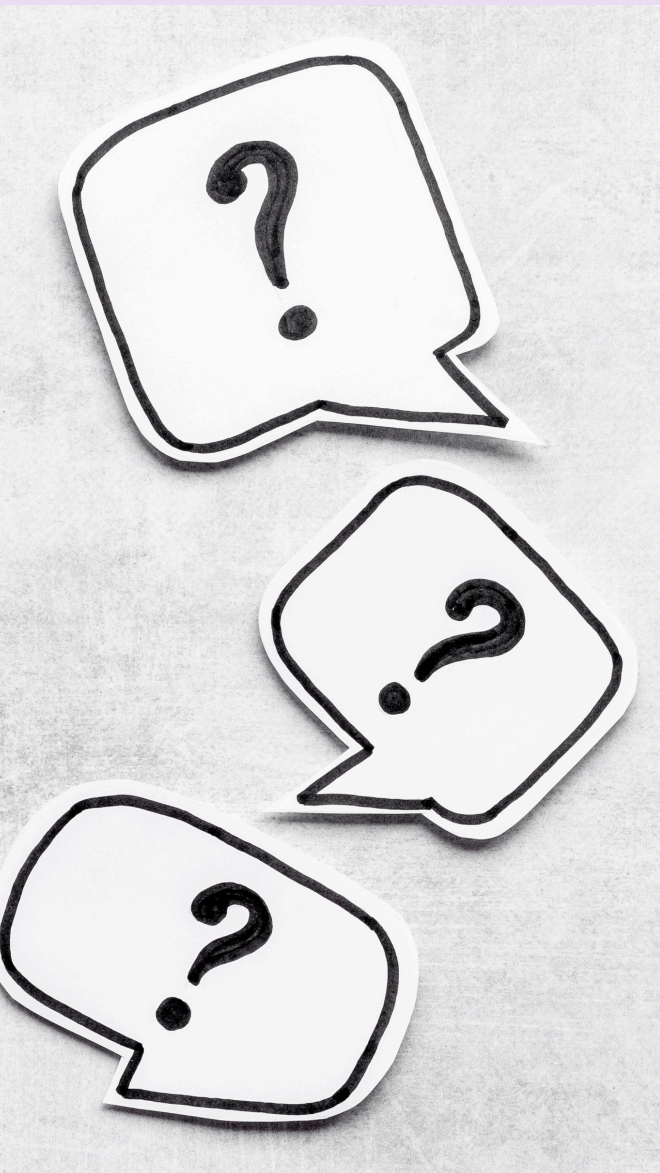
## Conversation starters

Getting the first words out of your mouth can be challenging, here are some conversation starters that you can use to kick-off a discussion about gender identity or trans health services with your provider:

1. "Have you worked with trans people at all? I've been thinking about \_\_\_\_\_."
2. "I identify as \_\_\_\_\_. My name is \_\_\_\_\_ and my pronouns are \_\_\_\_\_."
3. "I identify as \_\_\_\_\_ and am intending to transition medically and need your support with \_\_\_\_\_."
4. "Would you be willing to help me with \_\_\_\_\_? If you're new to this would you be willing to learn?"



# Questions to Ask Your Provider



Sometimes, it can be challenging to assess whether your provider is prepared to provide you with competent, affirming, and respectful trans health services. When beginning the journey of working with a primary care provider to access transition-related health services, here are some good questions to ask.



# Good Questions to Ask Your Service Provider

## Experience Questions

- Have you had other trans patients?
- How long have you been providing care to trans patients?
- What transition-related or gender-affirming care have you provided and how did it go?

## Knowledge Questions

- Have you ever completed training on trans inclusion in health care?
- Have you ever completed training on trans health services? If so, which services were covered in your training?
- What do you know about non-binary identities and how they differ from binary trans identities?

## Services Question

- Will you prescribe hormones or will I need to be referred to an endocrinologist or specialty clinic?
- Will you maintain my hormones if I get them initiated by a specialist?
- Will you fill out the ministry surgery form or will I need to be referred to a specialist?



# Navigating Providers' Trans "Curiosity"



While many health providers will be respectful of you, your gender identity, and expression; unfortunately, some providers have what you might call a morbid curiosity about trans people.

Providers will ask questions to get to know you and your goals and needs; however this process should affirm, not challenge, your gender identity, expression, and transition needs. It should also always be relevant to your care. Providers should highlight that there are no right or wrong answers and ask open ended questions.





# Navigating Providers' Trans "Curiosity"

**Some common open and affirming questions include:**

- What are your transition goals?
- Do you have any health or other concerns you would like me to know about?
- How would you describe your gender?
- How do you see transition affecting your relationships? School/work? Housing?

You may notice that your provider is asking you to answer questions to satisfy their own curiosity rather than out of medical necessity. We encourage you to set boundaries and not answer questions from your provider that feel irrelevant, leading, or invasive. Similarly if you feel like a physical exam is being proposed based on your provider's curiosity rather than medical necessity, you can refuse the exam.

Here are some examples of questions to watch for. Note that not all providers will act like this, but if your provider does, you have every right to set boundaries, and either refuse to answer questions or give consent to a physical exam. You can also leave immediately if needed, file a complaint, or request a change of service providers.

## **Inappropriate Questions/Question Topics for a Primary Care Provider to ask about (TW // suicide, sexual violence):**

- Sexual orientation, who you are attracted to/dating (though they may ask if you have "male partners" to assess if there is any possibility of pregnancy)
- Masturbation
- Anything related to sexual activity that is not preceded or followed up by discussion about safer sex
- Childhood behavior – fishing for a certain trans experience/narrative
- Whether you would kill yourself if you had to live as (gender) forever
- Whether you pee sitting or standing
- The gender of your friends/If you have trans friends
- Whether you 'cross-dress'
- Whether you wear "male" or "female" underwear
- Experiences of childhood trauma and/or sexual assault
- What you think made you trans or if you feel it is linked to mental illness

# Know Your Rights



The Canadian Human Rights Act prohibits discrimination based on gender identity and expression; however, it's an unfortunate reality that discrimination and violence still occurs in health care settings. This tool is intended to support you in knowing your rights and assisting you in accessing health care that is respectful, inclusive, and equitable.





# Know Your Rights

## **1. You have the right not to be discriminated against because of your gender identity and/or expression.**

When accessing health services, you have every right not to be discriminated against because of your gender identity and/or expression. This means that you cannot be denied healthcare on the basis of your trans and/or gender diverse identity and have the right to receive respectful care.

Examples of care that is not respectful and is discriminatory include:

- Ignoring, mocking, or questioning you or your pronouns
- Consistent misgendering
- Being rude or physically rough
- Making assumptions about your care needs because of your identity or how they perceive your identity (e.g., refusing to provide certain types of care\*).

\*Note: Physicians in Ontario can limit the health services they provide for legitimate reasons. For example, if they don't feel competent in providing a service or if providing a service would be contrary to their conscience or religious beliefs. In either case, your provider is obligated by the College of Physicians and Surgeons of Ontario's Professional Obligations and Human Rights Policy to provide you with an effective and timely referral to another appropriate health-care provider.

## **2. You have the right to have your gender identity and expression respected.**

When accessing health services you deserve to feel safe sharing and expressing your gender identity. You should be called by your chosen name and pronouns and you also have the right to use the restroom facilities of your choice.



# Know Your Rights

## **3. You have the right to the privacy of your healthcare records and your identity**

Healthcare providers are legally and ethically obligated to maintain confidentiality and take measures to safeguard your health information, including paper or electronic medical records and information shared verbally.

Your personal and medical information can only be shared if it is necessary to provide you with care, or if you give permission to share it. If you don't want all members of your healthcare team to have access to certain information (for example, your gender identity or gender history), you should tell your doctor or other primary health care provider. You may also be asked to complete a specific request form to block the sharing of this information (this depends on the facility).

If your privacy is ever violated by a healthcare provider or facility, or if you think it's been violated, the province has a complaint process you can follow. For more information about this, see the tool titled "Putting Your Rights Into Practice" on page 34 of the toolkit.

## **4. You have the right to protest if you are discharged due to discrimination**

If a provider discharges or transfers you from their practice because of your gender identity or expression, you have the right to file a complaint. Discriminatory discharge or transfer is illegal in Canada. While this form of discrimination can be difficult to prove, especially if the facility has a reason for the discharge or transfer, you can file a complaint with the healthcare organization's administration office stating that you are being discharged improperly. For more information about making a complaint, check out the "Putting Your Rights into Practice" tool on page 42.





# Know Your Rights

## 5. You have the right to refuse any treatments that are discriminatory or harmful to trans and gender diverse people

If you have concerns that a treatment you are being offered or provided is discriminatory or harmful, you have the right to ask for proof that it is an accepted healthcare practice. For example, you may ask if it aligns with the World Professional Association for Transgender Health (WPATH) Standards of Care v8.

Any counseling, intervention, or treatment aimed at changing a person's gender identity and/or gender expression is not acceptable. Conversion therapy, for example, has been denounced as ineffective, discriminatory and traumatic and it is proven that it can result in depression, anxiety, and thoughts of suicide among trans and gender diverse people. While conversion therapy has been banned in Canada, that doesn't mean it never happens. If a provider ever tries to influence your gender identity or expression, you have every right to refuse that treatment, switch providers, and/or make a formal complaint.

## 6. Rights specific to Two Spirit and Indigenous trans and/or gender diverse people

Two Spirit and Indigenous trans and gender diverse people have specific rights through various legislative acts and treaties with Canada.

The Canadian Human Rights Act prohibits discrimination in the provision of services within federal jurisdiction and specifically protects the rights of Two Spirit and Indigenous LGBTQ+ peoples.

Canada has also endorsed the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) and, in consultation with Two Spirit and Indigenous trans and gender diverse people, is in the process of implementing these rights in Canadian law.

Two Spirit and Indigenous trans and/or gender diverse individuals who are "Registered Indians" and members of Bands, or are Inuit recognized by an Inuit land claim organization, have access to Non-Insured Health Benefits (NIHB). The NIHB program provides registered First Nations and recognized Inuit with coverage for a range of medically necessary health benefits. Some gender affirming services and tools are also available through the NIHB program.

# Putting Your Rights Into Practice



When you know your rights in health care, you can put those rights into practice and take action against discrimination in your care. This tool provides an overview of the actions you can take to address discrimination in your care, including filing a complaint with various entities.



# Putting Your Rights Into Practice

## Where you can file a complaint:

### 1. Facility where discrimination and/or harm occurred

Contact the health organization's administration office or check their website, if one is available, to determine the process. The process will vary depending on the organization. You can also visit the [Patient Ombudsman](#).

### 2. Professional College

- If the complaint is about a physician, you can file a discrimination complaint through the [College of Physicians and Surgeons of Ontario \(CPSO\)](#).
- If the complaint is about a nurse, you can file a discrimination complaint through the [College of Nurses of Ontario \(CNO\)](#).
- If the complaint is about a pharmacist, you can file a complaint with the [Ontario College of Pharmacists \(OCP\)](#).

### 3. Local Indigenous governing body

- If applicable to you, your local Indigenous governing body can be a support and help you navigate colonial health systems.

### 4. Canadian Human Rights Commission and the Human Rights Tribunal of Ontario

You can file a complaint with the [Canadian Human Rights Commission \(CHRC\)](#) or the [Human Rights Tribunal of Ontario \(HRTO\)](#).

The Canadian Human Rights Commission handles discrimination and harassment complaints brought under the Canadian Human Rights Act. This includes complaints of discrimination or harassment based on gender identity and expression. If the discrimination or harassment you experienced is a federal matter this might be the route for you.

The HRTO resolves claims of discrimination and harassment brought under the Ontario Human Rights Code. The Code prohibits discrimination and harassment on a variety of grounds including gender identity and expression. Healthcare is a provincial responsibility in Canada, if you experience discrimination in a health setting, this tribunal is likely the route for you. The HRTO first offers parties the opportunity to settle the dispute through mediation. If the parties do not agree to mediation, or mediation does not resolve the dispute, the HRTO holds a hearing.

# Accessing Legal Advice

It may be helpful to seek legal advice when filing a complaint because each option has its own rules and time limits.

You can contact the **Human Rights Legal Support Centre** or a local community legal clinic like **Community Legal Services of Ottawa**. The Community Legal Services of Ottawa's legal clinic provides free legal services for those with low income, living in Ottawa and offers telephone interpreting services in over 200 languages.

You can also get connected with the **Law Society Referral Service** (LSRS) of the Law Society of Ontario. This is an online service that provides a referral to a lawyer or paralegal for an in-person or phone consultation of up to 30 minutes at no charge.

If you are under the age of 18 or are homeless and under the age of 25, and you need a lawyer or have questions about your legal rights, you can also contact **Justice for Children and Youth**.

In general, when seeking legal advice, paralegals will be more affordable than lawyers.





# Understanding Health Care Coverage



Health coverage can get complicated, here is a brief rundown of how health care coverage works in Ontario when it comes to getting your trans health services funded at the time this toolkit was developed (2022).



# Ontario Health Insurance Plan (OHIP)

The Ontario Health Insurance Plan (OHIP) covers a range of trans health services. Covered services include:

- Assessment for hormone therapy
- Counselling (only when provided by a psychiatrist or family physician and requires referral from a family physician)
- Chest augmentation (also known as breast augmentation or augmentation mammoplasty) \*conditional: unless hormones are contraindicated, you must have been on estrogen for 12 months straight with no breast enlargement in order to receive coverage
- Mastectomy (also known as top surgery) \*does not include contouring, unless accessed through GRS Montreal
- Private clinic stay and/or ministry-approved services outside Canada
- Orchiectomy
- Hysterectomy
- Removal of ovaries and fallopian tubes (this is called a bilateral salpingo-oophorectomy or BSO)
- Vaginoplasty
- Clitoroplasty
- Clitoral release
- Labiaplasty
- Vaginectomy
- Metoidioplasty
- Phalloplasty
- Testicular implants with scrotoplasty
- Penile implant



# Understanding Health Care Coverage

**Coverage for these transition-related surgeries through OHIP requires pre-approval by the Ministry of Health and Long Term Care (MOHLTC). To receive pre-approval there are a few requirements:**

**For top surgery, you will need:**

- One assessment by a physician or nurse practitioner (note that if you have a pre-existing medical condition or disorder, you might need to involve more people)

**For bottom surgery, you will need:**

- One assessment by a physician or nurse practitioner
- An additional assessment from any physician, nurse practitioner, psychologist, or registered social worker (with a master's degree)
- 12 months on HRT
- Outside of the requirements for the Ministry to approve funding for gender affirming surgery, each surgery and surgeon may have it's own specific requirements for approval. The healthcare provider who is supporting you in accessing surgery can ensure you meet the surgery/surgeon specific criteria.

**Other trans health services are partially covered by OHIP. These include:**

- Testosterone – Because testosterone (T) is a controlled substance, access is a bit trickier. If you are covered by the Ontario Drug Benefit (ODB) program, you can get injectable testosterone or topical gel testosterone sachets covered by having your provider submit an Exceptional Access Program (EAP) Form. You are typically covered by ODB if are covered under OHIP+ (you are 24 or younger and don't have coverage through a private insurance plan or are 65 or older), are on Ontario Works (OW) or the Ontario Disability Support Program (ODSP), are enrolled in the Trillium Drug Program or are living in Long Term Care or a home for special care.
- Anti-androgen (T blockers) and estradiol are covered by ODB without requiring EAP approval

# Understanding Health Care Coverage

**Coverage for these transition-related surgeries through OHIP requires pre-approval by the Ministry of Health and Long Term Care (MOHLTC). To receive pre-approval there are a few requirements:**

There are a number of trans health services that are not currently covered by OHIP. These include:

- Chest contouring/masculinization (this can be a part of top surgery/mastectomy, to create a more masculine appearing chest. Surgeons may provide OHIP-funded top surgery and charge an extra fee to you for the chest masculinization. Chest masculinization is not a necessary component of top surgery, it's an individual choice based on your transition goals and your surgery/surgeon.)
- Liposuction
- Electrolysis (some establishments provide discounts for folks who are accessing electrolysis to move forward with other transition-related procedures ex: vaginoplasty)
- Laser hair removal (again, some establishments provide discounts for folks who are accessing laser hair removal to move forward with other transition-related procedures)
- Hair transplants
- Tracheal shave
- Voice modification surgery
- Chin, nose, cheek or buttock implants
- Facial feminization/masculinization

\*OHIP also does not cover any travel costs involved in getting surgery. If you are in financial need and have to travel to access an OHIP approved procedure, Hope Air can provide free air travel and accommodation. [You can learn more about this option on their website.](#)



# Understanding Health Care Coverage

## **Private Insurance**

Increasingly, private health insurance providers are recognizing the need to cover trans health services, including those that aren't covered by OHIP (such as chest contouring, laser hair removal, electrolysis, or facial feminization/masculinization among others). Your best option is to check with your health insurance provider and/or your union to see what options are available to you.

## **Non-Insured Health Benefits (NIHB)**

The NIHB provides registered First Nations (those with status) and recognized Inuit with coverage for a range of medically necessary health benefits including prescription drugs that are not covered by provincial or territorial health insurance. If you are recognized as First Nations or Inuit and interested in hormone therapy, you can get your hormones covered through the NIHB. This is of particular importance for those looking to start T since it otherwise requires an EAP request through the Ontario Drug Benefit program.

The program will also cover medical transportation to access medically required health services not available on reserve or in the community you live in. Travel costs include bus, airline, and private vehicle costs as well as living expenses, such as meals and accommodations. In some cases, the transportation benefits may also be provided for an escort to travel with you (this depends on certain requirements being met). This might be an option for you if you're needing to travel to access transition-related surgery.

If you are struggling, you can also contact a NIHB Systems Navigator, or call 1 (807) 626-9339 (Northern Ontario) or 1-877-517-6527 (Southern Ontario).

# Understanding Health Care Coverage

## **Transferring Health Insurance from Province to Province**

Since health coverage is administered provincially, if you're moving permanently from one province or territory in Canada to another, it's important to plan to apply for health coverage in the province or territory you're moving to.

The exact process for transferring health insurance during a move will depend on where you're moving from and where you're moving to. This section provides information on what you can generally expect when moving between Ontario and another province or territory.

### **If you're moving from Ontario to a new province or territory**

When you move to a new province or territory it's important to apply for health coverage in your new home province. Some provinces and territories have a waiting period after you've established permanent residence before you can apply for health coverage (typically around 2-3 months). When you move permanently to a new province or territory in Canada, OHIP will continue to cover you for the same services as when you're going away temporarily up until the end of the second full month after you leave Ontario.

These services include basic, medically necessary services:

- Physician services (e.g. a visit to a walk-in clinic)
- Services provided by a public hospital (e.g. emergency, diagnostic, laboratory)

Services that OHIP will not cover during the waiting period include:

- Services not covered in Ontario (e.g. cosmetic surgery)
- Ambulance services (including transport and paramedic)
- Prescription drugs and other drugs given outside a hospital
- Home-care services
- Fees charged by private hospitals or facilities
- Diagnostic or laboratory services outside of a public hospital
- Long-term care or residential services
- Assistive devices (e.g. prosthetics)

# Understanding Health Care Coverage

## Transferring Health Insurance from Province to Province

If you're worried about coverage during the waiting period, most provinces recommend that you buy private health insurance to cover what OHIP won't.

As you're planning your move, if you have any questions about transferring your healthcare coverage, you can contact or visit your local ServiceOntario centre.

### If you're moving to Ontario from another province

As of 2020, when you move to Ontario from another province, there is no longer a waiting period before you can apply to be covered by OHIP. This means that when you arrive in Ontario, you can immediately visit a ServiceOntario centre to apply for coverage and, if you are eligible, will be immediately covered by OHIP.

To check if you're eligible for OHIP coverage, **visit the Ontario government's website**.

When you go to apply for OHIP at a ServiceOntario centre, you will need to bring the following documents with you:

- A completed **Registration for Ontario Health Insurance Coverage form**
- Three separate documents from the **List of qualifying identification documents** (photocopies not accepted)
  - One original document that proves your Canadian citizenship or OHIP-eligible immigration status
  - One document (original, printed, or digital/electronic as noted on the list) that proves your residency in Ontario
  - One original document that proves your identity
- Note that the lack of a waiting period to apply for OHIP is a response to COVID-19, it is expected that a 3-month waiting period will be reinstated in the future. We recommend that you double-check the Ontario government's web page titled "**Apply for OHIP and get a health card**" when you're planning your move.

# Understanding Health Care Coverage

## Expected Costs

Out-of-pocket costs vary significantly depending on procedure, medication, location. For example, a tracheal shave typically costs between \$3,000-\$4,000, depending on the provider. Electrolysis ranges from \$25-\$150 an hour and cost will vary depending on provider and the amount of hair being removed. Facial feminization surgeries can range from \$2,200 to \$11,000. The costs will depend on the number and type of procedures that you are interested in.

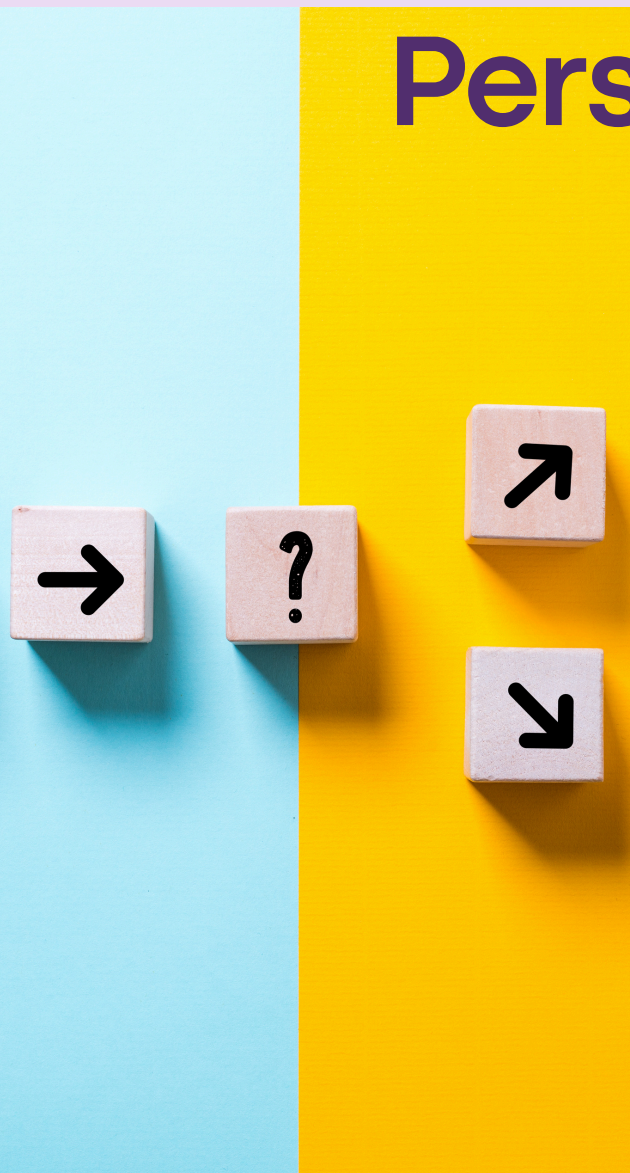
A bottle of T (for 3 months at an average dosage of 0.5ml weekly) is \$80 out of pocket. Finasteride (a medication that some people on testosterone-based HRT take to prevent or slow hair loss) is between \$40-\$120 for 3 months worth (taken daily).

The best way to understand your costs is to connect with your provider and chat with other trans people in your community to figure out costs in the area.





# Navigating Gender Affirming Health Services as a Non-Binary Person



Many non-binary people experience unique barriers when seeking access to transition-related health services. While many providers will be respectful of your gender identity, expression, and transition-related needs, some providers unfortunately don't have a strong understanding of what it means to be non-binary and make faulty assumptions about what transition-related health services you want or need.

There are provincial and federal regulations around trans health care that are enbyphobic and try to force us into binary boxes. Do not waver on your desires for your own body and be prepared to advocate for what you need. Your doctor should be able to inform you of the regulations surrounding the procedures you are interested in and assist you with much of the navigation.

This tool aims to provide you with some pointers to support you in navigating discussions of gender affirming care with providers. You deserve to have affirming interactions with healthcare providers and access to the trans health services you need.



# Navigating Gender Affirming Health Services as a Non-Binary Person

## **1. Expect to need to educate service providers**

Expect to need to educate service providers about what it means to be non-binary; many are unaware that we exist and thus, do not know how to treat us. Your provider might not understand your gender identity and expression and therefore might not understand your transition goals. It might be helpful to bring along a community representative or friend to help with this explanation if you don't want to educate. You may also choose to bring along resources, or links to resources, that your provider can read if talking about it feels too overwhelming.

## **2. Prepare to do your own research ahead of time**

It can be helpful to do some research ahead of time so that you know what you want medically out of your transition and can be explicit about it. Remember that your journey will be different from someone else's even if you both identify as non-binary. Even the most experienced doctors may not know or understand why you choose to do some things with your transition and do not choose others.

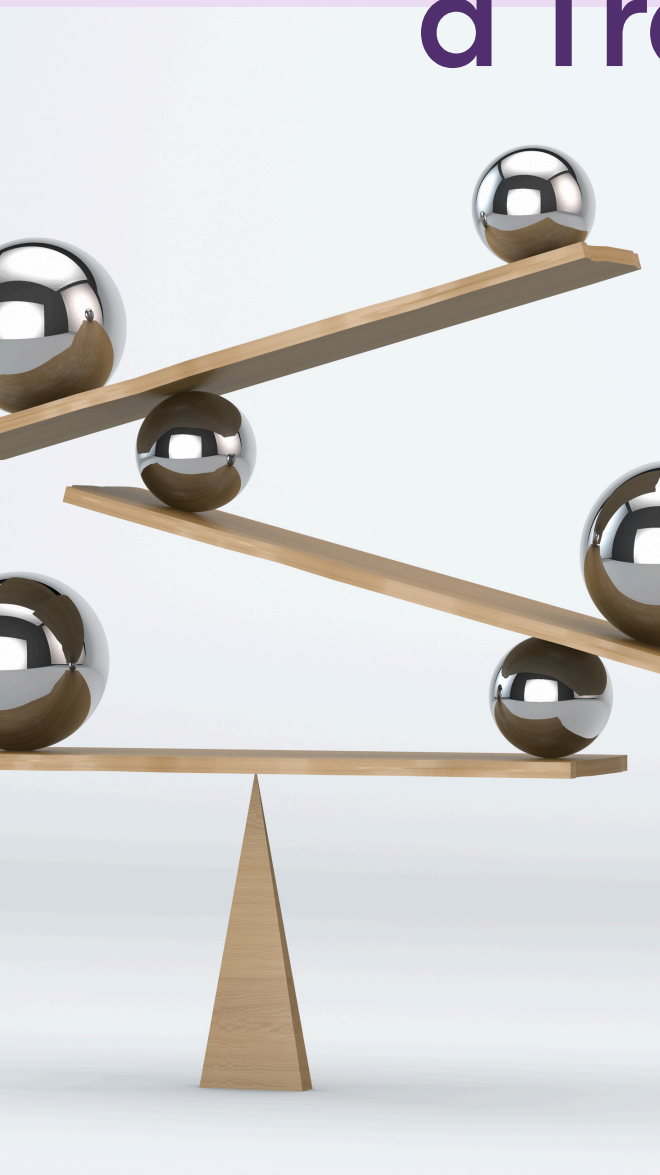
## **3. When you know you want something, stick to it**

We have found that health providers will take you more seriously if you come in with knowledge of and confidence in your identity and needs. You know yourself and your needs best, don't shy away from letting a provider know exactly what you're looking for them to support you with. If your provider is unable to meet those needs, or unwilling to work alongside you to learn how to provide you with the support you're looking for, you may need to change providers. For tips on how to find a new provider, go to the tool titled "How to Choose the Provider for You" on page 12 of this toolkit.

## **4. Don't waver on your safety**

Unfortunately, not every service provider will take us seriously and some won't respect us, and you may need to change providers if you feel uncomfortable or unsafe. If you need to report a provider, check out the "Putting Your Rights Into Practice" tool on page 33. For tips on how to find a new provider, go to the "How to Choose the Provider for You" tool on page 29. Do not waver on your safety – it is your number one priority.

# Managing Dual Diagnosis / Comorbidities as a Trans Person



Many of us live with multiple diagnoses or comorbidities that impact the trans health services we access. This includes physical disabilities and conditions as well as mental health issues and neurodivergence. Here are some things to keep in mind if you are managing dual diagnoses or co-occurring issues as a trans and/or gender diverse person.





# Managing Dual Diagnosis/Comorbidities as a Trans Person

## 1. Advocating for yourself

Be prepared to tell a doctor that ending hormone replacement therapy (HRT) is not an option for you (if that is the case). If you are experiencing co-occurring symptoms, they may jump to HRT being the cause. If you know that stopping HRT will worsen any mental health issues you are experiencing, be sure to communicate that to your provider. If you are still running into issues with your provider, you might want to ask to be referred to an endocrinologist to manage your hormones. Remember that your provider is there to give you all the information you need to make decisions about your health and well-being, not to make definitive decisions on your behalf based on what they think is best for you.

## 2. Understanding how medication and HRT affect you

It is important that you let your provider know about any other medications you are taking to ensure that any potential interactions with HRT are managed safely. If your provider is uncertain, you can encourage them to consult with an endocrinologist through [OTNHub's eConsult tool](#), or make a referral to an endocrinologist to initiate and/or maintain your HRT.

## 3. Finding community

Connecting with other trans and gender diverse folks with dual diagnoses can be helpful. Having friends that have experienced similar struggles with accessing trans health services that you can debrief with can be helpful. You might also be able to offer what has worked and not worked for you in the past, as well as hear and learn from others. Overall, it is nice to know that you are not alone and there are people in your community going through similar experiences. You can find community by attending local support groups, community events, or visiting online forums like Reddit.



# Managing Dual Diagnosis/Comorbidities as a Trans Person

## 4. Knowing and using your rights

In the past, people have had necessary surgeries cancelled at the last minute because of a lack of accommodation by the surgeon. Being informed about your rights can support you in taking a proactive approach and ensure that the care you need is provided and aligns with your rights. You also have the right to make a complaint following any breaches that occur in your care. You can learn more about your rights in healthcare by checking out the tool “Know Your Rights” on page 29.

## 5. Getting financial support

If you are eligible for the Ontario Disability Support Program (ODSP) you can get money to help you and your eligible family members with living expenses, health benefits (including prescription drugs and vision care), and employment support to help you find and keep a job or advance in your career. Depending on your circumstances you may receive additional health benefits, like money for transportation to medical appointments. **To learn more about ODSP eligibility click here.** If you are covered by the Ontario Drug Benefit (ODB) program, you can submit an Exceptional Access Form (EAP) to get oral estrogen or intramuscular testosterone covered. **You can find sample requests here.**



## What to do if...

### **Your provider invalidates your gender identity because you're neurodivergent:**

Unfortunately, some providers will invalidate or dismiss your gender identity as a symptom of neurodivergence. For example, a provider might claim that an autistic patient's gender identity is a "special interest" phase and choose to gatekeep their access to transition-related health services. In other situations, a provider might invalidate someone's need or want for trans health services based on their diagnosis with a personality disorder.

It is not okay for your provider to invalidate you or your experiences. You have the right to determine your gender identity and expression, have your gender identity and expression be respected by healthcare providers, and make informed decisions about accessing transition-related health services.

If you're comfortable and think that your provider would be willing to work with you to better understand your gender identity, expression, and support you in accessing the trans health services you want and/or need, you might consider sharing resources with them. For example, you could encourage them to read the [Autistic Self Advocacy Network](#), [National Center for Transgender Equality](#), and [National LGBTQ Task Force Joint Statement on the Rights of Transgender and Gender Non-Conforming Autistic People](#).

If your provider is unwilling to learn or continues to invalidate your gender identity and trans health needs, you may need to change providers. For tips on finding an affirming provider, take a look at the "How to Choose the Provider for You" tool on page 12. If you need to file a complaint against your provider, you can check out the tool titled, "Putting Your Rights Into Practice" on page 29 for more information.



## What to do if...

### **Your provider assumes your mental health concerns are related to your gender identity:**

A provider might assume that your mental health concerns are related to your gender identity and gatekeep your access to trans health services until they see that your mental health concerns are addressed.

This is despite research that shows what many of us already know through our own lived experiences – accessing gender affirming trans health services often leads to significant improvements in mental health.

While there can be cases where someone's gender and mental health concerns are correlated, a provider should not assume that any mental health concern is the root cause of your gender identity.

### **Your provider requests an additional assessment because you're neurodivergent:**

A provider might request you to get an additional assessment before proceeding with the provision of gender-affirming services because you're neurodivergent. However, this goes against the recommendations made in the **WPATH Standards of Care v8**.

Version 8 of the WPATH Standards of Care recommends that trans and gender diverse adults who fulfill the criteria for gender-affirming services require only a single opinion from a qualified professional. Research has shown that getting a second assessment is largely unnecessary and the Standards of Care identify that the previous requirement for two independent assessors reflected paternalism in health care and raised a potential breach of trans and gender diverse patients' autonomy.

If your provider requests you get an additional assessment, you may choose to share the WPATH Standards of Care v8 with them and ask that they take them into consideration. Should they continue to request that you seek out an additional assessment, you may choose to go ahead with getting that second assessment, ask to switch providers, and/or ask to be referred to a provider or clinic that follows an informed consent model (like CCHC's Trans Health Clinic).

# What to Expect at the Pharmacy and How to Advocate for Yourself



Visiting a pharmacy to fill or refill a prescription for hormones is like any other pharmacy visit. Here are some things to keep in mind:

- Make sure you call ahead of time, either before you leave the house or up to a couple days before you plan to go, to confirm that they have your prescription ready.
- Show up to the pharmacy when they say your prescription is ready.
- Plan for them to need a little bit of time to get everything ready for you, block off a bit of time so you don't feel rushed.
- Make sure you bring your health card or health card number with you (or private insurance information, if applicable) and a copy of your prescription if you have it.
- If you're picking up a new prescription, the pharmacist is responsible for speaking with you about your prescription, any side effects, and drug interactions. It's completely routine if they ask to speak with you and it's not an indication that you've done something wrong!



## What to do if...

Most of the time, a visit to the pharmacy will run smoothly, you'll get in, get what you need, and get out. Sometimes however, due to a shortage of supplies/hormones, or issues with a pharmacist, you may face some difficulties getting what you need. Here are some things to consider:

### 1. If they say they are out of stock

Sometimes a pharmacy will not have your prescription in stock. If this is the case, you can ask if they know of any pharmacies that do. They can help you arrange to pick up your prescription where your prescription is in stock. This is also true if they tell you your medication is on backorder. Different pharmacies use different medication suppliers so a nearby pharmacy might have it available. You can also ask them to fax your provider.

Testosterone is a controlled substance, which means there are restrictions applied to the prescription that don't apply to medications that are not controlled substances. Your pharmacy cannot transfer a refill for testosterone to a pharmacy that has some in stock, or substitute one type of testosterone for another type that they do have in stock. To do either of these things, your provider needs to issue a new prescription, either for the form of injectable testosterone that the pharmacy has in stock, or directly to the new pharmacy that has some in stock.

# What to do if...

## **2. If they don't have the needle you need**

Just like a pharmacy can be out of a certain medication, sometimes a pharmacy will be out of stock of the needle you need to inject hormones. You can ask if they know of any pharmacies that can provide you with the needle. Alternatively, you could pick up needles from a harm reduction site in the area. For example, [MAX Ottawa's Harm Reduction program](#) and [Centretown Community Health Centre](#) both dispense safer injection supplies.

For information on the injection supplies typically required for HRT, you can access Trans Care BC's brochures on [subcutaneous](#) and [intramuscular](#) injections.

## **3. If there's an issue with the prescription**

If ever there are issues with your prescription, call your doctor or have the pharmacist speak with your doctor. They should work together to make sure you get the medication you need.

## **4. If the pharmacist raises issues around your gender expression**

There have been times where people's pharmacists have given them trouble because the pharmacist's perception of who should be taking testosterone or estrogen didn't align with their gender expression. If you experience any harassment or discrimination from a pharmacist, you can file a complaint with the Ontario College of Pharmacists and switch pharmacies.

## **5. If the pharmacist is playing doctor**

Pharmacists are responsible for advising on medications, but due to common misinformation about hormone replacement therapy, they may ask questions like, "what about your fertility?" Remember, you are in charge of your healthcare decisions and have likely already discussed such matters with your primary care provider if relevant. You can inform the pharmacist of this and, if necessary, arrange for them to speak directly with your provider.

# Accessing Sexual Health Services



Sexual health education doesn't always address trans bodies and identities, so it can be difficult for us to find accurate and inclusive information about sexual health and sex. It can also be nerve wracking to seek sexual and reproductive health care due to fears of discrimination or disrespect based on our gender identities and expression.

That said, taking care of your sexual health is a big part of taking care of your health overall. If you're looking for trans specific sexual health information, **Brazen: Trans Women's Safer Sex Guide** and **Primed: The Back Pocket Guide for Trans Men and the Men Who Dig Them**, might be a good place to start.

This tool provides some tips to support you in navigating sexual health services, as well as a breakdown of when someone might want to consider accessing sexual health services. We hope it supports you in feeling more confident seeking out sexual healthcare.



# Tips For Navigating Sexual Health Services

## 1. Call ahead

Calling ahead allows you to advocate for your needs ahead of time. Some sexual health clinics' treatment rooms are gendered and they might not have all of the equipment needed to do necessary tests in a "men's" or "women's" room. If you're concerned, you can call the clinic ahead of time to discuss their facilities and your needs. When you call ahead, you can also ask to see a clinician of a particular gender. If you'd like, you can also ask if they will allow you to take any swabs yourself, rather than the health provider.

## 2. Prepare a script

Discussing any bottom surgeries, sexual activity, and unusual symptoms like discharge, itchiness, or odors with your provider is important for accurate care and sample collection. While these conversations can be uncomfortable, preparing by writing down your sexual history and concerns or practicing beforehand can make it easier. Bringing a script to your appointment can help you communicate clearly and correct any assumptions your provider may have about your sexual activity and risk levels.

## 3. Take ownership over your own health

Some sexual health providers may lack understanding of trans bodies and needs, though this is improving. It can help to educate yourself on your sexual health and be ready to request necessary care (like a prostate check or PAP test). You have the right to ask for tests you need and decline those you don't. If a provider makes incorrect assumptions about your body, correct them to ensure the care they provide fits your needs.

## 4. Language

Some trans and gender diverse people are comfortable using medical terms for our body parts, others are not. For example, some people will say chest instead of breast, front hole instead of vagina, or genitals instead of vagina or penis. When you go into an appointment with a sexual health provider, you can ask them to use the terms that feel most comfortable and affirming for you. The provider should mirror your language.



# When to Access Sexual Health Services

## 1. STBBI Testing

If you are having any kind of sex, it is recommended that you get tested for HIV (human immunodeficiency virus) and other STBBIs (sexually transmitted and blood-borne infections) at least once a year, even if you're in a long-term monogamous relationship. Some people prefer to get tested more frequently, based on their sexual activity and comfort levels. If you are living with HIV and are sexually active, it's recommended that you still keep getting tested regularly for other STBBIs.

Outside of regular testing, if you experience any unusual discharge, itchiness or odours coming from your genitals, throat, or anus or any other sudden, unexplained signs or symptoms, it's recommended that you talk to your primary care provider or make a visit to a sexual health clinic. To find a sexual health clinic near you, you can visit [Sexual Health Ontario's website](#).

Remember that wherever and whenever you're getting tested you have the right to ask for the tests you need and refuse the tests you don't want.

## 2. Cervical Screening (PAP Test)

PAP tests screen for cervical cancer and cells that might become cancerous (precancers). The cervix is a common place to get cancer and very often this is related to HPV (human papillomavirus aka genital warts) but can occur even if you haven't had HPV.

The cervix is the bottom part of the uterus, at the top of the vagina, and it is typically (but not always) removed in a hysterectomy. If you have a cervix, Cancer Care Ontario recommends that you have a regular cervical screen (aka a PAP test or smear) every three years between the ages of 21 and 50 and every five years if you are older.

It's still not completely clear whether someone who has undergone vaginoplasty will need PAP smears. Some doctors say yes, and some say no. That said, some kinds of HPV can lead to vaginal, vulval, anal and other cancers that a person with a neovagina may be at risk of. If you'd like, you can ask your doctor about getting a PAP test done and advocate for your access to the test if you want it.

A PAP test is usually done by your primary care provider, but may also be available at a sexual health clinic. If you're not comfortable going to your primary care provider for a PAP test, that might be a good option!

# When to Access Sexual Health Services

## 3. Breast Cancer Screening (Mammogram)

Anyone can get breast cancer, regardless of gender. The general screening guidelines focus on cis women's bodies and experiences. We'll share those screening guidelines, as well as more information about risks and trans-specific recommendations to support you in knowing when to talk to your provider about getting a mammogram.

**Cancer Care Ontario's general guidelines for breast cancer screening are as follows (reminder, these were created with cis women in mind):**

- If you are 40-49 years old, talk to your primary care provider about your risk for breast cancer, along with the benefits and limitations of having a mammogram.
- If you are 50-74 years old, have a mammogram every 2 years.
- If you are 75 or older, talk to your doctor about whether having a mammogram is right for you.

**The risk factors you might want to keep in mind:**

- Even if you've had top surgery, you might still have some breast tissue left over, which means you can still be at risk.
- If you've had a breast reduction, not a bilateral mastectomy, you're still at risk for breast cancer.
- If you're on testosterone, your body can convert excess testosterone into estrogen, which increases your risk of breast cancer.
- If you're taking estrogen or birth control pills, you are also at an increased risk of breast cancer.

**Trans-specific guidance:**

- The Canadian Cancer Society recommends that transmasculine and transfeminine folks aged of 40-74 who have been taking HRT for over 5 years have a mammogram every 2 years.
- If you have not had a bilateral mastectomy, or have had a breast reduction but still have breast tissue, you can follow the standard screening recommendations for cis women listed above.
- If you have had top surgery, there are no reliable guidelines for screening. That said, you can always talk to your care provider about your risks, needs, and the possibility of screening.

If you're unsure about whether you should be screened for breast cancer and when, don't hesitate to reach out to your primary care provider or a sexual health provider to discuss your individual needs and risk factors.

# When to Access Sexual Health Services

## 4. Prostate Exam

If you have a prostate, you're at risk of developing prostate cancer. If you're taking estrogen, T blockers, or have had your testicles removed, your risk might be lower, but there is currently not enough research to be sure.

As a note, if you have gotten or are planning to get a vaginoplasty, your prostate is not removed during this procedure. The **Sherbourne guidelines for gender-affirming care** recommend that if you've had a vaginoplasty and need a prostate exam, that the exam be done through your neovagina.

It is not currently recommended that doctors regularly screen for prostate cancer. Instead, doctors are encouraged to assess the need for a screening based on the following:

- Family history of prostate cancer
- Symptoms of prostate cancer (burning during urination, trouble urinating, and pelvic discomfort)

If you have these symptoms, or a strong family history of the disease, your health service provider might recommend a prostate exam. If you think you need a prostate exam or are unsure and your provider hasn't mentioned it, don't hesitate to bring up the conversation!

## 5. PEP (Post-Exposure Prophylaxis)

If you have been exposed to HIV, you can access Post Exposure Prophylaxis (PEP), which can stop you from becoming HIV positive.

In order for PEP to be effective, you need to access it within 72 hours of the exposure, and preferably as soon as possible. You can get PEP from a sexual health clinic and from hospital emergency departments. If you are taking any hormones, it is important to tell the health provider as it may affect the PEP treatment you are given.

## 6. PrEP (Pre-Exposure Prophylaxis)

PrEP is a medication that HIV-negative people can use to lower their chance of getting HIV. In general, PrEP involves taking antiretroviral (anti-HIV) drugs on an ongoing basis and having regular medical appointments for monitoring and support. If you are at high risk for HIV infection, you may want to talk to your health provider about getting on PrEP. There is no evidence to show that the drugs in PrEP either raise or lower levels of gender affirming hormones.

# Navigating Supports for Managing Substance Use



If you want support to manage your substance use, you deserve access to services that respect and affirm your gender identity and expression. When you're looking for a service provider or support group for substance use that's a good fit, you can take a similar approach to finding any other type of service provider. Connecting with your community, taking a look at the language used by different providers, looking at reviews and testimonies, and asking providers questions are all a good place to start. For a more fulsome discussion of these steps, check out the tool titled "How to Choose The Provider For You" on page 12 of this toolkit.

That said, there are a few considerations when it comes to accessing substance use support that we'd like to share to support you in finding what works best for you.





# Navigating Supports for Managing Substance Use

## 1. Finding the form of support that works best for you

Many substance use programs are delivered in a group setting. If you're not comfortable engaging in a group, whether due to heightened gender dysphoria, worries about transphobic views or actions from group members, or any other reason, you always have the option to seek out 1:1 counseling.

## 2. Traditional substance use programs


Many traditional substance use programs are highly gendered in their structure and/or connected to faith groups. Look at the language used by different programs and reach out to ask questions about the inclusivity of their spaces to trans and gender diverse folks; these can be important steps in making sure the support you access is safe and relevant to you.

## 3. Accessing harm reduction supplies

If you're not interested in accessing substance use interventions, there are still a number of harm reduction resources available to you in the Ottawa region. If you identify as transmasculine, you can access **MAX Ottawa's Harm Reduction Programs**. Harm reduction supplies are also available at **Centretown Community Health Centre's Site office**. You can also access harm reduction supplies at the **AIDS Committee of Ottawa**. You can call their general phone line (613-238-5014) and request an appointment at the Tool Shed. You do not need to be living with HIV/AIDS to access this service.



# Where to Find Affirming and Inclusive Resources

A close-up photograph of a finger hovering just above a light-colored wooden block. The block has a black silhouette of a person's head and shoulders. In the background, another similar block is visible but out of focus. The background is a solid yellow color.

A person's health and well-being is not purely physical. Our mental and social well-being as well as our relationship to our communities are key aspects of our overall health. Just like physical health, sometimes we want or need to access services that support our mental and social well-being. However, finding community, social, and mental health supports that are gender affirming and trans inclusive can feel like a daunting task. This is even more true for those of us living in rural communities of the Champlain region, where targeted services for trans and gender diverse folks are few and far between, if not non-existent.





# The following list offers a few resources and tips to get you started:

## 1. Tap into community

Connecting with other trans and gender-diverse people can help you learn about available services and get recommendations based on their experiences. Building relationships, engaging in peer support, and joining support groups, community events, or online queer and trans spaces can also be a valuable form of self-care and wellness.

## 2. Visit the RPT's website

In the spring of 2022, the Regional Planning Table for Trans and Gender-Diverse Health launched a regional trans health website called [transhealthottawa.org](https://transhealthottawa.org). This site exists to support trans and gender diverse community members navigate transition-related and general health services in Ottawa and the surrounding areas. It also features an overview of the trans and 2SLGBTQ+ community, social, and mental health services offered in the region under the [Looking for Services](#) tab.

## 3. Use a regional guide

The RPT has written three regional guides to the trans services available in Ottawa and the surrounding areas. All three guides are available on the [transhealthottawa.org](https://transhealthottawa.org) resource library.

- [The Champlain Region Gender Diverse Health Resource Guide](#) lists physical health, mental health, and community-based services for trans and gender diverse people in Ottawa and throughout the Champlain region.
- [The Champlain Region Gender Diverse Health Youth Resource Guide](#) lists physical health, mental health, and community based services that are available specifically for trans and gender diverse youth.
- [The Champlain Region Gender Diverse Health Resource Guide for Families and Caregivers of Gender Diverse Youth](#) lists youth-specific services as well as some additional resources specifically for parents and caregivers of trans and gender diverse youth.

## 4. Connect with service navigation supports:

Some organizations in Ottawa offer service navigation support. When you access [2SLGBTQI+ counselling](#) through Family Services Ottawa's Around the Rainbow program, they can support you in accessing gender affirming health care, support groups, and other resources in Ottawa. If you identify as transmasculine you can also connect with [MAX Ottawa's Mental Health Support program](#) to create a navigation plan and connect you to the right mental health resources.

# Medical Information About Transition-Related Health Care



This tool provides an overview of what you can typically expect from hormones and gender affirming surgeries. This is not a fully comprehensive tool and we encourage you to look further into the medications and/or surgeries you're interested in or talk with your healthcare provider to learn more and discuss the options you want or need. Our hope is that this tool will serve as a jumping off point for understanding the effects of gender affirming hormones and surgeries.

In this tool, we are going to use anatomical language to refer to body parts, but we celebrate any words you use to self-identify. The language we use for our bodies matters and when discussing surgeries with your provider, you can ask them to mirror the language you use. Their respect for your body and the language you use to describe it is within your rights as a patient.





# Effects of Hormone Replacement Therapy (HRT)

Everyone's experience on HRT looks a little bit different, and people see more or less significant effects even when they're on the same dosage and route (topical gel versus injection for example). This variability boils down to differences in age, genetics, physique, and lifestyle.

You can work with your provider to find the dosage that gets you closest to the results you are looking for. Remember that hormone therapy doesn't need to be an all-or-nothing process and it does not need to conform to a binary understanding of gender. There is no universally "right" dosage of hormones or results. For example, some trans, non-binary, and/or gender diverse folks choose to take a lower dosage to achieve more subtle and gradual physical changes, for some the use of a T-blocker alone will achieve the desired effect. Your journey with hormone therapy totally depends on what your goals are.

Below is a review of the effects of HRT. Take note of the physical changes that are more or less irreversible, those that are reversible, as well as those that are variable across people. You should be able to discuss all of this with your provider, but it can be helpful and empowering to go into an appointment with a general understanding of hormone therapy and its effects. While the following sections include medical terminology that might not align with how you talk about your body, know that you can let your provider know the terms that you feel comfortable using and they should mirror your language.



H O R M O N E S

# Effects of Testosterone

Testosterone is used to provide what is typically referred to as “masculinizing effects” such as increased facial and body hair, deepening of the voice, and changes in fat and muscle distribution.

The following chart of physical effects has been adapted from Rainbow Health Ontario’s Quick Reference Guide for Primary Care Providers focusing on hormone replacement therapy. If you’re interested in reviewing the entire guide, or sharing it with your service provider, you can access it [here](#).

| Physical Effects   | Reversibility       | Onset       | Expected Maximal Effect |
|--|---------------------|-------------|-------------------------|
| Skin oiliness/acne   | Reversible          | 1-6 months  | 1-2 years               |
| Increased sweat and changes in body odour                      | Reversible          | 1-3 months  | Variable                |
| Body fat redistribution  | Reversible/Variable | 1-6 months  | 2-5 years               |
| Increased muscle mass/strength                                 | Reversible          | 6-12 months | 2-5 years               |
| Facial/body hair growth  | Irreversible        | 3-6 months  | 4-5 years               |
| Scalp hair loss  | Irreversible        | 6-12 months | Variable                |
| Cessation of menses (monthly bleeding)                         | Reversible          | 1-6 months  | n/a                     |
| Clitoral enlargement (bottom growth)                           | Irreversible        | 3-6 months  | 1-2 years               |
| Vaginal atrophy (thinning, drying, and inflammation of tissue) | Reversible          | 1-6 months  | 1-2 years               |
| Deepened voice   | Irreversible        | 6-12 months | 1-2 years               |
| Infertility  | Variable            | Variable    | x                       |

# Effects of Estrogen

Estrogen, aka estradiol, is provided to stimulate what is commonly referred to as “feminization”. If the term “feminization” doesn’t resonate with you, that’s ok! The effects often include breast growth, body fat redistribution, body and facial hair suppression, and a slowing and stopping of hair loss on the scalp. If these changes would bring you closer to your transition goals, that is what matters most. Below is a chart summarizing the effects and expected time course of estrogen. It has been adapted from Rainbow Health Ontario’s Quick Reference Guide for Primary Care Providers focusing on hormone replacement therapy. If you’re interested in reviewing the entire guide or sharing it with your provider, you can access it [here](#).

| Physical Effects                          | Reversibility       | Onset       | Expected Maximal Effect |
|---|---------------------|-------------|-------------------------|
| Softening of skin/decreased oiliness      | Reversible          | 3-6 months  | Unknown                 |
| Body fat redistribution                   | Reversible/Variable | 3-6 months  | 2-3 years               |
| Decreased muscle mass/strength            | Reversible          | 3-6 months  | 1-2 years               |
| Thinned/slowed growth of body/facial hair | Reversible          | 6-12 months | >3 years                |
| Scalp hair loss (loss stops, no regrowth) | Reversible          | 1-3 months  | Variable                |
| Breast growth                             | Irreversible        | 3-6 months  | 1-2 years               |
| Decreased testicular volume               | Variable            | 3-6 months  | 2-3 years               |
| Decreased libido                          | Variable            | 1-3 months  | 3-6 months              |
| Decreased spontaneous erections           | Variable            | 1-3 months  | 3-6 months              |
| Decreased sperm production                | Variable            | Variable    | Variable                |
| Reduced erectile function                 | Variable            | Variable    | Variable                |

Feminizing HRT often involves an additional prescription for an androgen blocker (sometimes referred to as T-blockers, or just blockers). These lower T levels, which can help maximise estrogen’s impact on your body. You can work with your doctor to find the right combination and dosage of estrogen and blockers to fit your goals.

# A Note on Managing Peaks and Troughs

Some people experience peaks and troughs while taking hormones due to the frequency of their doses. The peak occurs on the day hormones are administered. This is when the highest concentration of hormones is in your system and you may feel energized and happier. The trough is when your hormone concentration is at its lowest level in your dosing cycle. During this dip in levels you might feel lethargic or irritable. Like everything else, people's experiences of peaks and troughs vary, as it all depends on how your body responds to hormone therapy. If you are experiencing dramatic peaks and troughs, you may want to speak to your doctor to see if a weekly dosage cycle (vs. biweekly) and/or a lower dose could alleviate these symptoms. Some methods and/or medications are daily, like T-gel or estrogen in pill form, and you're less likely to experience peaks and troughs on a daily schedule.

## Understanding Top Surgery

Top surgery is one of the most common gender affirming surgeries for transmasculine people, trans men, and non-binary people. It is a procedure that involves removing the breasts and may include chest contouring, nipple grafts, or nipple and areola resizing and repositioning to achieve a flatter, or what some might call a more "masculine" looking, chest.

As a reminder, not all trans people choose to get surgery and whether or not you want top surgery does not indicate the validity of your gender identity. While top surgery is essential for some, it does not align with everyone's needs or goals. Your journey is your own to decide: medical transition is a shopping cart, not a checklist, and you are "trans enough" no matter what aspects of your body you do or don't change.

There are a few different types of top surgery to choose from depending on your chest size, desired physical outcomes, health history, and the technique(s) used by the surgeons you are able to access. These include:

- Double incision (DI) with or without nipple grafts (aka subcutaneous bilateral mastectomy)
- Inverted-T/T-Anchor
- Buttonhole
- Keyhole
- Peri Areolar (aka Peri, donut, or circumareolar technique)
- Fishmouth or 'Batwing' Incision

For more information about each of these procedures and their outcomes, you can check out "[Top Surgery 101: Procedures, Cost, and Safety](#)" on FOLX Health, [Dr. Scott Mosser's videos](#) on YouTube, and/or discuss options with your healthcare provider.



# Breast Augmentation

Breast augmentation top surgery, also known as augmentation mammoplasty, typically involves placing breast implants under the breast tissues. For some, fat can be taken from other parts of their body and injected into the breasts. In some techniques, both implants and fat can be used.

Everyone's transition goals are different and while this procedure is typically sought out by trans women and transfeminine people, not all will be interested in breast augmentation. The choice is entirely up to you and what you want and/or need.

# Understanding Bottom Surgery

Bottom surgery, or lower surgery, typically refers to gender affirming surgeries that change someone's genitals to align more closely with their gender identity. This includes phalloplasty, vaginoplasty, and a whole range of other surgeries.

Since there is such a variety of lower surgeries available, it is beyond the scope of this toolkit to provide a comprehensive overview. The prep, surgery experience and post-operative care associated with bottom surgeries vary depending on the type of procedure and recommendations of the surgeon. We recommend connecting with local gender affirming surgeons or clinics to better understand specific requirements and considerations based on your goals.

Additionally, we recommend exploring both online forums and the websites of the providers themselves to get a better understanding of what bottom surgery may entail and what you can expect after your surgery. Below, we have included additional information, including from a lived-experience perspective, to help understand what the bottom surgery experience might be like for different members of our communities.

## Videos on "Masculinizing" Bottom Surgery:

- [Trans Guy: Things They Don't Tell You About Bottom Surgery](#) (Jammi Dodger)
- [How Metoidioplasty works](#) (Ocean Grove)
- [How Phalloplasty Works](#) (Ocean Grove)

## Videos on "Feminizing" Bottom Surgery:

- [8 Things I Wish I Knew Before SRS | Transgender Bottom Surgery MtF](#) (Victoria Rose)

# Debunking Misinformation About Hormone Replacement Therapy



There are many myths out there about the effects of hormone replacement therapy (HRT). Some of these myths are rooted in transphobia, while others boil down to the spread of misinformation and the lack of investment into research on trans health.

This tool debunks some commonly heard myths about testosterone and estrogen. Hopefully, it will help improve your understanding of HRT and its effects, empower you to counter these myths if you hear them coming from friends, family, or your provider, and stand up for your needs when accessing HRT.



# Debunking Myths About Testosterone

The following overview of myths has been adapted from a FOLX Health article. To read the article, or explore more of FOLX Health's resources [click here](#).

## **1. Testosterone will make you angry or violent**

Many people believe that testosterone is linked to aggression and violence. However, it has been proven that the biological link between higher levels of testosterone and aggression is insignificant, if not nonexistent. So why do people continue to believe it? In many ways, it's easier to reduce toxic masculinity down to biology rather than unpacking why some men and masculine people act out of anger or aggression and support people in identifying alternative ways to manage conflict and emotions.

Hormones do impact mood, so you may sometimes feel irritable when your levels change. You may also find that new emotions come up as you experience changes. But being on testosterone will not change who you are, or mean that you suddenly develop new and aggressive personality traits.

## **2. You will lose your ability to cry**

The impacts of testosterone on your ability to cry will be different for everyone. Some people find it more difficult to cry after starting testosterone, but others find it easier or notice no change at all.

## **3. Testosterone makes you infertile or unable to get pregnant**

The long-term results of testosterone on fertility are unknown, but many people have been able to pause HRT and get pregnant. Even if you aren't bleeding, it is still possible to ovulate while on testosterone, which means you could still get pregnant – unless you have had a hysterectomy and/or a bilateral salpingo-oophorectomy (BSO). If you are on testosterone, have not had a hysterectomy/BSO, and are having the types of sex that might result in pregnancy, you might want to explore birth control options.

## **4. Gel doesn't work as well as shots**

Testosterone gel is just as effective as injectable testosterone, they're just different routes of taking testosterone. That said, there are differences between the two that might make one a better fit for your goals. Testosterone gel tends to have more gradual effects. If you want to experience quicker changes, gel might not be the option for you but that doesn't mean it isn't effective, and it might be the perfect option for someone else depending on their goals and preferences.

# Debunking Myths About Testosterone

The following overview of myths has been adapted from a FOLX Health article. To read the article, or explore more of FOLX Health's resources [click here](#).

## **5. Your sexuality and sexual preferences will change**

It's not uncommon to hear that taking testosterone makes you gay. Some people find that being seen as more masculine and/or as a man because of the effects of testosterone can shift who they are attracted to. That said, many people experience little to no changes in their sexual preferences after starting testosterone. There are many reasons why someone's sexual preferences might shift throughout their lives.

## **6. Testosterone increases risk of cancer**

Due to the lack of research and investment in trans healthcare, there is limited data available on the incidence of age-related effects of testosterone, including cancer. That said, just being on testosterone will not give you cancer. Like anyone else, it is a good idea to keep up with routine cancer screening protocols. You can always talk to your doctor about your family history and any personal risk factors.



# Debunking Myths About Estrogen

The following overview of common myths about estrogen has been adapted from a FOLX Health article. To read the article, or explore more of FOLX Health's resources, [click here](#).

## **1. Your emotions will feel out of control or hysterical when taking estrogen**

The idea that people get hysterical due to estrogen is a sexist trope. Hormonal fluctuations can result in mood changes in some people but research has proven that gender affirming hormones actually enhance mood and mental health for trans and gender diverse folks.

## **2. You will get blood clots or a stroke if you are on estrogen for a long time**

The concerns regarding blood clots on estrogen were more prevalent with older formulations. With current formulations of estrogen, the risk of developing a blood clot or having a stroke due to the estrogen is relatively low. The increased rate of blood clots for those taking estradiol is lower than the rate in premenopausal cis women taking hormonal birth control. Some people may be at a higher risk including smokers or those with a history of heart disease or blood clotting disorders. If you're worried that you are at a higher risk for blood clots, you can talk with your provider about your risk factors.

## **3. You need to tell people when you start taking estrogen/you need to socially transition before or when you start taking estrogen**

You do not need to be out to family, friends, colleagues, etc., before starting estrogen. Starting estrogen will also not result in quick and drastic changes. If you aren't ready to come out yet, starting estrogen will not 'out you' to your friends, family, colleagues, and community. For a review of the expected onset of the physical effects of estrogen, check out the tool titled "What to Expect (Hormones and Surgery Outcomes)" on page 64.

# Debunking Myths About Estrogen

The following overview of common myths about estrogen has been adapted from a FOLX Health article. To read the article, or explore more of FOLX Health's resources, [click here](#).

## **4. You won't be able to get someone pregnant**

It is important to know that hormone therapy is not an effective form of birth control and you can still get someone pregnant, even while on estrogen. If you are having the type of sex that can result in pregnancy, you may want to consider birth control methods.

## **5. You will lose your ability to have biological kids**

While estrogen HRT can decrease your fertility, the medical community doesn't have any meaningful data on its long-term impact on people's ability to have biological children. If conceiving with your own genetic material is something that's important to you, you can talk to your provider about ways to preserve sperm prior to starting estrogen.

## **6. Estrogen will change your voice**

Estrogen will change many things, but vocal cords aren't one of them. The thickening of the vocal cords caused by testosterone during puberty is permanent. However, if altering your voice is important to you, voice therapy is always an option. For a more permanent change, there are also surgical options available.

## **7. Estrogen will make you shorter or your feet or hands smaller**

Unless you took hormone blockers to prevent puberty, your bone structure is more-or-less set in stone. As a result, taking estrogen won't affect your height or the size of your feet or hands. That said, some people notice that their bones shift slightly, creating subtle changes in their body. This is due to changes in the muscles, tendons, and ligaments rather than the bones themselves.

# Understanding the History of Transition-Related Health Care

Transition-related healthcare has a long and complex history. To the best of our understanding, the first gender reassignment surgeries took place in the early 20th century, with many procedures associated with Dr. Magnus Hirschfield at the Berlin Institute for Sexual Research. While gender affirming healthcare is often conceived of as a 'new' intervention, gender affirming surgery has been available (though in a limited nature) for over a century. Additionally, hormone-related medical interventions have an even longer history of use in both trans and cisgender populations.

While gender affirming healthcare has made significant progress over the past two decades, it is important to understand the origins of such interventions, and the ideological and theoretical approaches underpinning access to gender affirming healthcare. For much of modern history, access to gender affirming healthcare was understood by health providers and medical institutions as a 'last resort' - meaning that it was often only available after every other conceivable intervention to alleviate gender dysphoria or gendered discomfort was attempted and failed. While progress has been made, elements of this model - wherein the objective is to provide access to this care only as a last resort - remain ingrained within contemporary gender affirming care policies and procedures.

In the early days of gender affirming healthcare, and in many ways up until recently, access to gender affirming care required an individual to meet extensive and invasive social and medical criteria. For example, individuals were often required to 'live as' their felt-gender for a period of two or more years prior to such interventions in order to demonstrate the authenticity of their felt-gender.





# Understanding the History of Transition-Related Health Care

In the Ontario context, access to gender affirming healthcare in the late 20th century was precarious at best. Prior to 1998, gender affirming interventions were publicly funded though included significant barriers and hurdles to access - including the requirement to complete many aspects of legal and social transition prior to access. Individuals were only able to access care through the Gender Identity Clinic of the Clarke Institute of Psychiatry (later CAMH), wherein they were subjected to extensive evaluation that was often described as uncomfortable, invasive and inappropriate. In 1998 the government removed gender affirming surgery from the Ontario Health Insurance Program (OHIP), meaning that such interventions were no longer accessible free of charge. Coverage was reinstated in 2008 but retained the same pre-1998 policies and procedures, including requirement to access care through CAMH.

It was only in 2016 that provincial policy changed to allow broader access to gender affirming health interventions, by enabling family physicians and other qualified health providers to make referrals for publicly funded gender affirming healthcare.

Additional Resources to Understand Trans and Trans Health History include:

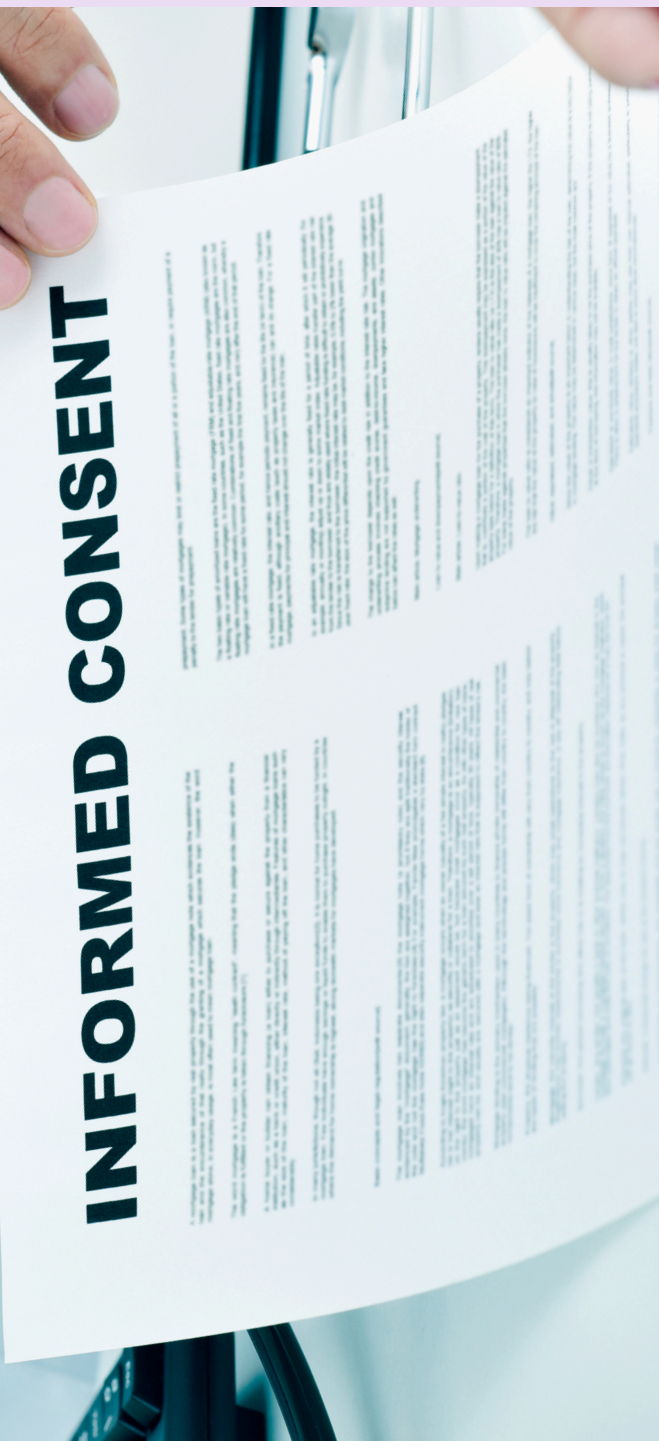
- [Transgender History](#) by Susan Stryker
- [Transgender History of the United States](#) by Genny Beemyn in *Trans Bodies, Trans Selves* by Laura Erickson-Schroth
- [History of GCS in Ontario](#) available on The Arquives
- [Histories of the Transgender Child](#) by Jules Gill-Peterson

Keep in mind that these resources might make reference to or use outdated and/or harmful terminology and deal with difficult subject matter. Take care when reading.

To learn more about trans history and the history of trans health you can also explore the books available at the Ottawa Trans Library. The Ottawa Trans Library is a library and community space for trans and gender non-conforming folks. It consists of a lending library of trans and gender books and a free library of non-trans books. They also host community events on a regular basis. [You can learn more about the library, search their catalogue, and take a look at their upcoming events here.](#)



# What Informed Consent Actually Looks Like



Informed consent is an innovative contemporary approach to the provision of gender affirming healthcare. The informed consent approach is an alternative to the harmful diagnostic model, in which providers have a large amount of power and ability to gatekeep trans health services based on whether a patient has been diagnosed with “gender dysphoria”.

In contrast, the informed consent model strives to create a more equitable and collaborative relationship between provider and patient that centers our self-determination and autonomy. The informed consent model recognizes trans and gender diverse folks as the experts of our own needs and experiences. In an informed consent model, obtaining informed consent is the threshold for initiating any medical intervention, including hormone therapy or gender affirming surgery.



## So what does informed consent look like?

In an informed consent model, you should be empowered to make informed decisions about your own body and health care. Your provider should offer you all of the information you need to make an informed decision about your transition-related health care (including refusing certain trans health services). They should provide you with the information you need to understand the short and long term risks and benefits of any medical decision and how it may affect any of your existing medical or mental health care needs.

The approach requires a provider to take a collaborative approach. Your provider should be tailoring the information they provide you to your personal wants and needs. Their focus should be on enabling you to make informed decisions, rather than simply treating a diagnosis.

To obtain your informed consent and initiate any trans health service, your doctor should make sure you understand:

- What gender affirming hormones are available;
- Potential effects and side-effects;
- Risks and benefits;
- Doses and application methods (patch, gel, tablet, injection etc.);
- Your doctor's experience in providing this kind of care;
- How to consent and what having the capacity to do so means.

## Informed Consent with Youth

Some providers are hesitant to use an informed consent model with youth, but research has shown that trans youth demonstrate “the understandings and abilities characteristic of the capacity to consent to hormone therapy” ([Clark & Virani, 2021](#)).

Ontario doesn't have a medical age of consent and because of this parental/guardian consent is not legally required for youth to start access to care. Many providers will prefer to have parents on board and consenting, meaning youth with unsupportive parents will face significantly more barriers in access. However, there is no law stating that someone needs to be 16 or 18 or any other age to provide consent. Once someone is old enough to make an informed decision and understand the consequences, etc. they can provide consent.

# Resource List

## Introduction, Background, & Purpose

- None

## What to Expect From Different Types of Providers

- Support & Resources For Primary Care Providers:  
<https://transhealthottawa.org/primarycare/>
- Request For Prior Approval for OHIP Funding of Gender-Affirming Surgery: <https://forms.mgcs.gov.on.ca/en/dataset/5041-77>
- Rainbow Health Ontario Provider Training:  
<https://www.rainbowhealthontario.ca/education-training/>
- Government of Ontario information page on Gender-Affirming Surgery & OHIP coverage: <https://www.ontario.ca/page/gender-confirming-surgery>
- Application to Change An Adult's Name:  
<https://forms.mgcs.gov.on.ca/en/dataset/007-11155>
- Downtown Notary Online Services for the Trans Community:  
<https://www.downtown-notary.ca/the-notable-blog/2019/3/31/name-and-sex-designation-change-services-for-the-trans-community>
- Kind Space's ID Clinic: <https://kindspace.ca/idclinic/>

## Choosing the Provider for You

- Champlain Regional Planning Table for Gender Diverse Health Counselling and Community Services:  
<https://transhealthottawa.org/counsellingcommunity/>

## Intake Appointment Expectations

- Virtual Tour of Centretown Community Health Centre Trans Program Clinic: <https://www.youtube.com/watch?v=ud9gwOSRqjE>

## Appointment Preparation

- Kind Space: <https://kindspace.ca/>
- MAX Ottawa: <https://maxottawa.ca/>

## Navigating First Conversations With Your Primary Care Provider

- Champlain Regional Planning Table for Gender Diverse Health: <http://www.transhealthottawa.org/>
- Champlain Regional Planning Table for Gender Diverse Health Support For Primary Care Providers Tool: <https://transhealthottawa.org/wp-content/uploads/2022/01/Support-for-Primary-Care-Providers.pdf>
- Wisdom2Action Youth Mental Health Resources: <https://www.wisdom2action.org/youth-mental-health-resources/>

## Questions to Ask Your Provider

- None

## Navigating Providers' Trans "Curiosity"

- None

## Know Your Rights

- College of Physicians and Surgeons of Ontario's Professional Obligations and Human Rights Policy:  
<https://www.cpsso.on.ca/Physicians/Policies-Guidance/Policies/Professional-Obligations-and-Human-Rights>
- World Professional Association for Transgender Health (WPATH) Standards of Care v8: <https://www.wpath.org/publications/soc>
- Canadian Human Rights Act: <https://laws-lois.justice.gc.ca/eng/acts/h-6/>
- United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP):  
[https://www.un.org/development/desa/indigenouspeoples/wp-content/uploads/sites/19/2018/11/UNDRIP\\_E\\_web.pdf](https://www.un.org/development/desa/indigenouspeoples/wp-content/uploads/sites/19/2018/11/UNDRIP_E_web.pdf)

## Putting Your Rights Into Practice

- Patient Ombudsman:  
<https://patientombudsman.ca/Complaints/Make-a-complaint/Submit-Complaint>
- College of Physicians and Surgeons of Ontario (CPSO) Complaint Process: <https://www.cpsso.on.ca/en/Public/Services/Complaints>
- College of Nurses of Ontario (CNO) Complaint Process:  
<https://www.cno.org/en/protect-public/making-a-complaint-public/%5C>
- Ontario College of Pharmacists (OCP) Complaint Process:  
<https://www.ocpinfo.com/protecting-the-public/complaints-reports/file-a-complaint/>
- Canadian Human Rights Commission (CHRC) Complaint Process:  
<https://www.chrc-ccdp.gc.ca/en/complaints/make-a-complaint>
- Human Rights Tribunal of Ontario (HRTO) Complaint Process:  
<https://tribunalsontario.ca/hrto/application-and-hearing-process/>
- Human Rights Legal Support Centre:  
<https://www.hrlsc.on.ca/en/welcome>
- Community Legal Services of Ottawa: <https://www.clsottawa.ca/>
- Law Society Referral Service: <https://lsrs.lso.ca/lsrs/welcome>
- Justice for Children and Youth: <https://jfcy.org/en/>



## Understanding Health Care Coverage

- GRS Montreal: <https://www.grsmontreal.com/en/home.html>
- Hope Air: <https://hopeair.ca/>
- Application for OHIP/Health Card: <https://www.ontario.ca/page/apply-ohip-and-get-health-card>
- Registration for Ontario Health Insurance Coverage form: <https://forms.mgcs.gov.on.ca/en/dataset/014-0265-82>
- List of Qualifying Identification Documents: <https://www.ontario.ca/page/documents-needed-get-health-card>

## Navigating Gender Affirming Health Services as a Non-Binary Person

- None

## Managing Dual Diagnosis / Comorbidities as a Trans Person

- OTNHub eConsult Tool: <https://otn.ca/patients/econsult/>
- Ontario Disability Support Program: <https://www.ontario.ca/page/ontario-disability-support-program>
- Sample Requests for Exceptional Access Program (EAP): <https://bmc1.utm.utoronto.ca/~kelly/transprimarycare/resources.html#advocacy>
- Autistic Self Advocacy Network, National Center for Transgender Equality, and National LGBTQ Task Force Joint Statement on the Rights of Transgender and Gender Non-Conforming Autistic People: <https://transequality.org/issues/resources/autistic-self-advocacy-network-national-center-for-transgender-equality-and>
- World Professional Association for Transgender Health (WPATH) Standards of Care v8: <https://www.wpath.org/publications/soc>

## What to Expect at the Pharmacy and How to Advocate for Yourself

- MAX Ottawa Tea2Go Program: <https://maxottawa.ca/harm-reduction/>
- Centretown Community Health Centre (CCHC) Needle Exchange and Safer Inhalation Program: <https://www.centretownchc.org/programs/harm-reduction%3A-needle-exchange-and-safer-inhalation-program>
- Trans Care BC Guide to Subcutaneous Injections: [https://www.transcarebc.ca/sites/default/files/2024-03/Subcutaneous\\_injections.pdf](https://www.transcarebc.ca/sites/default/files/2024-03/Subcutaneous_injections.pdf)
- Trans Care BC Guide to Intramuscular Injections: [https://www.transcarebc.ca/sites/default/files/2024-03/Intramuscular\\_injections\\_0.pdf](https://www.transcarebc.ca/sites/default/files/2024-03/Intramuscular_injections_0.pdf)

## Accessing Sexual Health Services

- Brazen: Trans Women's Safer Sex Guide: [https://www.the519.org/wp-content/uploads/2015/05/Brazen\\_ENG.pdf](https://www.the519.org/wp-content/uploads/2015/05/Brazen_ENG.pdf)
- Primed: The Back Pocket Guide for Trans Men and the Men Who Dig Them: <https://www.rainbowhealthontario.ca/resource-library/primed-the-back-pocket-guide-for-trans-men-and-the-men-who-dig-them/>
- Sexual Health Ontario Find A Clinic: <https://sexualhealthontario.ca/en/find-clinic>
- Cancer Care Ontario Breast Screening Recommendations Summary: <https://www.cancercareontario.ca/en/guidelines-advice/cancer-continuum/screening/breast-screening-recommendations-summary>
- Canadian Cancer Society Screening in 2SLGBTQI+ Communities: <https://cancer.ca/en/cancer-information/find-cancer-early/screening-in-2slgbtqi-communities>
- Canadian Cancer Society Transfeminine Screening Guidelines: <https://cancer.ca/en/cancer-information/find-cancer-early/screening-in-2slgbtqi-communities/trans-woman-or-nonbinary-person-assigned-male-at-birth-do-i-need-breast-cancer-screening>
- Canadian Cancer Society Transmasculine Screening Guidelines: <https://cancer.ca/en/cancer-information/find-cancer-early/screening-in-2slgbtqi-communities/trans-man-or-nonbinary-person-assigned-female-at-birth-do-i-need-breast-cancer-screening>
- Sherbourne's Guidelines for gender-affirming primary care with trans and non-binary patients, 4th edition: <https://www.rainbowhealthontario.ca/product/4th-edition-sherbournes-guidelines-for-gender-affirming-primary-care-with-trans-and-non-binary-patients/>

## Navigating Supports for Managing Substance Use

- MAX Ottawa Harm Reduction Programs: <https://maxottawa.ca/harm-reduction/>
- Centretown Community Health Centre (CCHC) Needle Exchange and Safer Inhalation Program: <https://www.centretownchc.org/programs/harm-reduction%3A-needle-exchange-and-safer-inhalation-program>
- AIDS Committee of Ottawa Drug Testing Kits: <https://aco-cso.ca/drug-testing/>

## Where to Find Affirming and Inclusive Resources

- Champlain Regional Planning Table for Gender Diverse Health: <http://www.transhealthottawa.org/>
- Champlain Regional Planning Table for Gender Diverse Health Looking For Services: <https://transhealthottawa.org/services/>
- The Champlain Region Gender Diverse Health Resource Guide: <https://brucehouse.ca/wp-content/uploads/2020/01/Champlain-Region-Gender-Diverse-Health-Resource-Guide.pdf>
- The Champlain Region Gender Diverse Health Youth Resource Guide: <https://transhealthottawa.org/wp-content/uploads/2022/01/Gender-Inclusive-Supports-Youth-Resources.pdf>
- The Champlain Region Gender Diverse Health Resource Guide for Families and Caregivers of Gender Diverse Youth: <https://transhealthottawa.org/wp-content/uploads/2022/01/Gender-Inclusive-Supports-Parent-Resources.pdf>
- Family Services Ottawa's Around the Rainbow program: <https://familyservicesottawa.org/services-and-programs/2slgbtqi-counselling/>
- MAX Ottawa's Mental Health Support: <https://maxottawa.ca/mh-support/>



## Medical Information About Transition-Related Health Care

- Rainbow Health Ontario Quick Reference Guide For Gender-Affirming Primary Care With Trans And Non-Binary Patients:  
[https://www.rainbowhealthontario.ca/TransHealthGuide/pdf/QRG\\_full\\_rev2021.pdf](https://www.rainbowhealthontario.ca/TransHealthGuide/pdf/QRG_full_rev2021.pdf)
- FOLX Health Top Surgery 101: Procedures, Cost, and Safety:  
<https://www.folxhealth.com/library/top-surgery-101-procedures-cost-and-safety>
- Dr. Scott Mosser FTM/N Top Surgery Videos:  
[https://www.youtube.com/playlist?list=PLHf3sdWJfFzaVxkT\\_BvsDTdDwlxtiTmLP](https://www.youtube.com/playlist?list=PLHf3sdWJfFzaVxkT_BvsDTdDwlxtiTmLP)
- Trans Guy: Things They Don't Tell You About Bottom Surgery:  
<https://www.youtube.com/watch?v=YLrIkstvwgQ>
- How Metoidioplasty works: <https://www.youtube.com/watch?v=ReqQA6xuhG0>
- How Phalloplasty Works: <https://www.youtube.com/watch?v=fe4R8B4dlO8>
- 8 Things I Wish I Knew Before SRS | Transgender Bottom Surgery MtF:  
<https://www.youtube.com/watch?v=BV7QDyXwbDg>



## Debunking Misinformation About Hormone Replacement Therapy

- FOLX Health 9 Myths You Might Have Believed About Testosterone HRT:  
<https://www.folxhealth.com/library/9-myths-you-might-have-believed-about-testosterone-hrt>
- FOLX Health 9 Myths You Might Have Believed About Estrogen HRT:  
<https://www.folxhealth.com/library/9-myths-you-might-have-believed-about-estrogen-hrt>

## Understanding the History of Transition-Related Health Care

- Transgender History by Susan Stryker, hosted by TransReads: [https://transreads.org/wp-content/uploads/2019/03/2019-03-17\\_5c8eb1ebaced4\\_susan-stryker-transgender-history2.pdf](https://transreads.org/wp-content/uploads/2019/03/2019-03-17_5c8eb1ebaced4_susan-stryker-transgender-history2.pdf)
- Transgender History of the United States by Genny Beemyn in Trans Bodies, Trans Selves by Laura Erickson-Schroth, Ottawa Public Library Listing: <https://ottawa.bibliocommons.com/v2/record/S26C1302308>
- History of GCS in Ontario, available on The Arquives: <https://digitalexhibitions.arquives.ca/exhibits/show/trans-surgery-activism-ontario/history-gender-surgery-ontario>
- Histories of the Transgender Child by Jules Gill-Peterson, Ottawa Public Library Listing: <https://ottawa.bibliocommons.com/v2/record/S26C1181385>
- Ottawa Trans Library: <https://ottawatranslibrary.ca/>

## What Informed Consent Actually Looks Like

- Clark BA, Virani A. This Wasn't a Split-Second Decision": An Empirical Ethical Analysis of Transgender Youth Capacity, Rights, and Authority to Consent to Hormone Therapy. J Bioeth Inq. 2021 Mar;18(1):151-164: <https://pubmed.ncbi.nlm.nih.gov/33502682/>





# A Toolkit on Trans and Gender Diverse Patient-Advocacy



Ottawa/Champlain Region