

Rapid Synthesis

Exploring Models to Support Trans
Individuals' Access to Care

31 March 2023



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**Rapid Synthesis:
Exploring Models to Support Trans Individuals' Access to Care
30-day response**

31 March 2023

McMaster Health Forum

The McMaster Health Forum's goal is to generate action on the pressing health and social issues of our time. We do this based on the best-available research evidence, as well as experiences and insights from citizens, professionals, organizational leaders, and government policymakers. We undertake some of our work under the Forum banner, and other work in our role as secretariat for Rapid-Improvement Support and Exchange (RISE), COVID-19 Evidence Network to support Decision-making (COVID-END), and Global Commission on Evidence to Address Societal Challenges.

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Timeline

Rapid syntheses can be requested in a three-, 10-, 30-, 60- or 90-business day timeframe. This synthesis was prepared over a 30-business day timeframe. An overview of what can be provided and what cannot be provided in each of the different timelines is provided on McMaster Health Forum's Rapid Response program webpage (<https://www.mcmasterforum.org/about-us/products>).

Funding

RISE prepares both its own resources (like this rapid synthesis) that can support rapid learning and improvement, as well as provides a structured 'way in' to resources prepared by other partners and by the ministry. RISE is supported by a grant from the Ontario Ministry of Health to the McMaster Health Forum. The opinions, results and conclusion are those of RISE and are independent of the ministry. No endorsement by the ministry is intended or should be inferred.

Conflict of interest

The authors declare that they have no professional or commercial interests relevant to the rapid synthesis. The funder played no role in the identification, selection, assessment, synthesis or presentation of the research evidence profiled in the rapid synthesis.

Merit review

The rapid synthesis was reviewed by a small number of policymakers, stakeholders and researchers in order to ensure its scientific rigour and system relevance.

Acknowledgements

The authors wish to thank Saif Alam and Adam El-Kadi for their assistance in data extraction and review for this synthesis.

Citation

Ali A, Waddell K, Massarella C, Woodward K, Lavis JN. Rapid synthesis: Exploring models to support trans individuals' access to care. Hamilton: McMaster Health Forum, 31 March 2023.

Product registration numbers

ISSN 2292-7999 (online)

KEY MESSAGES

Questions

- What are community-based and equity-oriented models of care that support trans individuals to access primary care and preventive services?

Why the issue is important

- Trans individuals face significant challenges in accessing primary care and preventive services.
- Strengthening community-based and equity-oriented models of care can help to improve access to primary and preventive care for trans individuals by creating safe places to seek care that are tailored to the individual's needs, gender affirming and non-discriminatory.
- These models of care are critical for achieving improved health outcomes for trans individuals by supporting the early identification and treatment of health risks, as well as by establishing referral pathways (and navigational supports) throughout the system that ensure access to a comprehensive set of health and social services.
- For the purpose of this synthesis, we use the term 'equity-oriented' to refer to services that are trauma- and violence-informed, culturally safe and incorporate a harm-reduction approach.

What we found

- We identified 34 evidence syntheses that focused on aspects of community-based and equity-oriented models of care for trans individuals, but no single model that addressed all relevant aspects of care.
- Primary-care services that should be widely available as part of community-based and equity-oriented models of care to support trans individuals include 1) hormone therapy; 2) mental health counselling; 3) counselling for desired and undesired pregnancy; 4) care planning for gender-affirming surgery; and 5) referrals to specialists who provide gender-affirming care.
- Preventive services mentioned in the literature that should be incorporated into community-based and equity-oriented models of care include 1) outreach programs; 2) cancer screening; 3) sexually transmitted and blood-borne infections (STBBI) screenings; and 4) immunizations.
- Using an existing framework on access, we identified enabling factors that can support trans individuals to access primary care and preventive services and possible interventions that foster these factors in a community-based and equity-oriented model of care.
- Enabling factors for community-based and equity-oriented models of care include:
 - Creating trans-inclusive spaces by designating gender-neutral bathrooms, using clinic names and signs that are welcoming to all, and displaying inclusive photography and artwork.
 - Using trans-inclusive communication and information collection by using proper terminology and modifying patient-intake forms and electronic health records to have inclusive fields.
 - Training in and active use of trans-affirming competencies among health providers and frontline staff through both formal and informal efforts, with annual refreshers (or as appropriate).
 - Providing comprehensive, compassionate, patient-centred primary and preventive care, which includes outreach services, navigation supports, screening for cancer and other conditions and risk factors, prescribing transition-related hormones, and ensuring appropriate referrals.
 - Addressing insurance coverage and affordability issues through policy changes to public insurance coverage and affordability to increase access to services such as mental-health supports and select prescription drugs.

QUESTION

What are community-based and equity-oriented models of care to support trans individuals to access primary care and preventive services?

WHY THE ISSUE IS IMPORTANT

Access to equitable and inclusive healthcare is essential for the well-being of all individuals, including trans individuals. Trans individuals experience significant healthcare disparities that negatively affect their ability to access primary and preventive services.

Taking explicit and concrete steps to address these disparities is critical to achieving equitable access to and outcomes from health services. Although trans individuals represent a small segment of the population, they face disproportionate barriers in accessing health services. Some of these barriers include:

- discrimination from providers
- mistrust due to previous negative experiences
- lack of culturally competent care
- limited privacy in clinics
- medical policies and paperwork that are not inclusive of trans identities
- limited access to and difficulty navigating gender-affirming care
- inadequate health services (e.g., lack of appropriate educational resources for trans patients and their families, lack of providers with expertise in delivering health services to trans individuals).(1)

Strengthening community-based and equity-oriented models of care can help to improve access to primary and preventive care for trans individuals by creating safe places to seek care that are tailored to the individual's needs, gender affirming and non-discriminatory. These models of care are critical for achieving improved health outcomes for trans individuals by supporting the early identification and treatment of health risks, as well as by establishing referral pathways (and navigational supports) throughout the system that ensure access to a comprehensive set of health and social services.

For this rapid synthesis, we use the term 'community-based' to refer to services provided in a range of community settings which could include people's home, clinics, physicians and other primary-care providers offices, public-health units, schools or workplaces, to name a few.(2; 3) These are distinguished from services provided in hospitals. As this work is focused specifically on primary and preventive care, we have also excluded community-based specialty clinics, such as those that could provide gender-affirming surgery.

We use the term 'equity-oriented' to refer to services that are:

- *trauma- and violence-informed*, which explicitly acknowledge and actively work to mitigate the impact of trauma and violence on individuals' well-being, health, and care experiences
- *culturally safe and anti-racist* to lessen the impact of systemic racism and discrimination

Box 1: Background to the rapid synthesis

This rapid synthesis mobilizes both global and local research evidence about a question submitted to the McMaster Health Forum's Rapid Response program. Whenever possible, the rapid synthesis summarizes research evidence drawn from systematic reviews of the research literature and occasionally from single research studies. A systematic review is a summary of studies addressing a clearly formulated question that uses systematic and explicit methods to identify, select and appraise research studies, and to synthesize data from the included studies. The rapid synthesis does not contain recommendations, which would have required the authors to make judgments based on their personal values and preferences.

Rapid syntheses can be requested in a three-, 10-, 30-, 60- or 90-business-day timeframe. An overview of what can be provided and what cannot be provided in each of these timelines is provided on the McMaster Health Forum's Rapid Response program webpage.

This rapid synthesis was prepared over a 30-business-day timeframe and involved four steps:

- 1) submission of a question from a policymaker or stakeholder (in this case, the Ontario Ministry of Health)
- 2) identifying, selecting, appraising and synthesizing relevant research evidence about the question
- 3) drafting the rapid synthesis in such a way as to present concisely and in accessible language the research evidence
- 4) finalizing the rapid synthesis based on the input of at least two merit reviewers.

- incorporate a *harm-reduction approach* from substance use and various forms of stigma.(4)

The objective of these models of care is to mitigate the impacts of discrimination, racism and structural inequities within the community and to leverage local-supportive structures that better align services with population-health needs. In particular, they seek to accomplish this by acknowledging the effects of structural inequities, including:

- how social determinants of health (e.g., social inclusion and non-discrimination, working life conditions, housing and basic amenities and access to affordable health services) are inequitably distributed
- how stigma, racism and various forms of discrimination intersect to limit access to services
- how dominant approaches to care often do not meet the needs of those most affected by health and social inequities.(4)

WHAT WE FOUND

We identified 34 evidence syntheses that provide insights into how aspects of community-based and equity-oriented models of care can support trans individuals to access primary-care and preventive services. However, we did not find any syntheses that identify specific models of care tailored to support trans individuals’ access to preventive and primary care. Instead, we have organized our findings to provide insights into the types of services that should be included in community-based and equity-oriented models of care, the different dimensions of access that should be considered, and enabling factors (and interventions) that can help to support trans individual’s access to care. Appendix 1 provides detailed insights from the most relevant research evidence from the identified documents, which are categorized by type of document.

Service types that should be included in a community-based and equity-oriented model of care

We identified services mentioned in the literature that are critical to incorporate into any community-based and equity-oriented model of care being devised or implemented to support trans individuals.

Table 1: Key services described in the literature for supporting trans individuals in community-based and equity-oriented models of care

Sector	Services
Preventive services that can be delivered within primary care to support trans individuals	<ul style="list-style-type: none"> • Outreach programs for trans individuals including precision marketing, community events or outreach workers who visit community spaces (10; 16) • Cancer screenings including cervical PAP test, HPV screening and mammography (5-8; 10) • STBBI screenings (5) • Immunizations, including for hepatitis A and B and HPV (5; 9)
Primary-care services that should be widely available	<ul style="list-style-type: none"> • Care planning, initiation and ongoing monitoring of hormone therapy (5; 8; 11)

Box 2: Identification, selection and synthesis of research evidence

We identified research evidence (systematic reviews and primary studies) by searching (in February 2023) Health Systems Evidence (www.healthsystemsevidence.org) and Social Systems Evidence, HealthEvidence and PubMed. For all databases, we searched for only evidence syntheses using the following combination of search terms: (“trans” OR “trans persons” OR “trans individuals” OR “trans communities” OR “gender non-conforming” OR “gender minority”).

The results from the searches were assessed by one reviewer for inclusion. A document was included if it fit within the scope of the questions posed for the rapid synthesis.

For each systematic review we included in the synthesis, we documented the focus of the review, key findings, last year the literature was searched (as an indicator of how recently it was conducted), methodological quality using the AMSTAR quality appraisal tool (see the Appendix for more detail), and the proportion of the included studies that were conducted in Canada. For primary research (if included), we documented the focus of the study, methods used, a description of the sample, the jurisdiction(s) studied, key features of the intervention, and key findings. We then used this extracted information to develop a synthesis of the key findings from the included reviews and primary studies.

to support trans individuals	<ul style="list-style-type: none">• Primary-care mental-health counselling to support trans individuals, including for issues related mental health conditions (e.g., depression or post-traumatic stress disorder), suicide ideation, intimate partner violence and substance use (6; 12-15)• Counselling for prevention of undesired pregnancies or proper planning of desired pregnancies (5)• Care planning for gender-affirming surgery and post-operative care (5)• Referrals to specialists who provide gender-affirming care (e.g., non-profit and community organizations that specialize in trans services, gender-affirming surgery, specialist mental health and addictions services, obstetrics and gynecology, urology) (17)
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Enabling factors that can support trans individuals’ access to care

Using the five dimensions of accessibility (i.e., approachability, acceptability, availability and accommodation, affordability, and appropriateness) we identified enabling factors and possible interventions within the available evidence that can support trans individuals to access primary care and preventive services.(18)

Table 2: Dimensions of access to healthcare supporting trans individuals in accessing primary care and preventive services

Dimensions of access	Enabling factors	Possible interventions
Approachability <ul style="list-style-type: none"> Relates to steps to ensure trans individuals can identify relevant services that exist, are reachable and can support their health needs 	<ul style="list-style-type: none"> Creating inclusive physical spaces 	<ul style="list-style-type: none"> Designating gender-neutral bathrooms (13; 19; 29) Avoiding clinic names and signs that seem welcoming to only one gender (13) Displaying inclusive photography, artwork and signs within the clinic (10)
	<ul style="list-style-type: none"> Using trans-inclusive communication and information collection 	<ul style="list-style-type: none"> Creating patient-intake forms that collect information on the patient’s name, pronoun, gender identity and other relevant information to avoid assumptions (13; 24; 25; 30; 32) Using electronic medical record systems that have inclusive fields for name, assigned sex at birth, gender identity and pronouns (12; 22) Using of competent 2SLGBTQ+ patient navigators to capture Sexual Orientation and Gender Identity data (21) Using proper terminology and non-presumptive questions to establish trust (10) Communicate confidentiality guidelines and reassure patients of their right to privacy (5)
	<ul style="list-style-type: none"> Providing comprehensive, compassionate, patient-centred primary and preventive care (including referrals to specialists) 	<ul style="list-style-type: none"> Conducting outreach to trans individuals through social media, community events and outreach programs to raise awareness of available health services and resources (10)
	<ul style="list-style-type: none"> Creating organizational partnerships 	<ul style="list-style-type: none"> Encouraging professional associations to create trans-affirming educational materials/resources (19) Pursuing partnerships between health providers and 2SLGBTQ+ organizations (17; 25; 37)
Acceptability <ul style="list-style-type: none"> Relates to the social and cultural factors that affect whether trans individuals feel comfortable seeking care and 	<ul style="list-style-type: none"> Training in and active use of trans-affirming competencies among health providers and front-line staff 	<ul style="list-style-type: none"> Increasing the allocated number of hours for teaching about trans health in medical school and using several different teaching methodologies while also expanding the number of topics covered (27; 38) <ul style="list-style-type: none"> Using lectures, videos of 2SLGBTQ+ individuals describing discrimination in healthcare settings, perspective-taking exercises,

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<p>whether they believe it is appropriate to do so</p>		<p>presentations, and patient panels including 2SLGBTQ+ individuals to promote more positive attitudes towards 2SLGBTQ+ individuals (28)</p> <ul style="list-style-type: none"> • Providing specific training in 2SLGBTQ+ health, with annual refreshers (20; 34) • Encouraging providers to practice self-reflection and give patients the opportunity to provide feedback (19)
	<ul style="list-style-type: none"> • Using trans-inclusive communication and information collection 	<ul style="list-style-type: none"> • Encouraging providers to ask about sexual practices and partners in an open, non-judgmental manner and use a standard set of questions to facilitate conversation, regardless of gender identity (13) • Incorporating inclusive practices such as asking for anatomical terminology (7)
	<ul style="list-style-type: none"> • Providing comprehensive, compassionate, patient-centred primary care (including referrals to specialists) 	<ul style="list-style-type: none"> • Recruiting primary-care health professionals with training and previous experience providing care for trans people (6; 12) • Identifying and addressing barriers to care in comprehensive health assessments (23)
<p>Availability and accommodation</p> <ul style="list-style-type: none"> • Relates to whether services, including the staff who work there, are accessible and can be reached easily and quickly 	<ul style="list-style-type: none"> • Providing comprehensive, compassionate, patient-centred primary care (including referrals to specialists) 	<ul style="list-style-type: none"> • Using telehealth to increase access to care and reduce anxiety for trans and non-binary individuals, especially those living far from health centres (26; 40) • Providing system navigation supports to trans and non-binary individuals (40) • Establishing specific opt-in procedures to support the inclusion of trans people in preventive services (e.g., cervical cancer screening programs to include trans men) (8) • Developing partnerships with specialized healthcare providers and services to enhance access to gender-affirming care including transitional supports (e.g., counselling, peer support, psychotherapy, speech language therapy, hair removal, image consultancy, occupational therapy, hormone therapy, surgical treatment options) (17; 25; 31; 41)
<p>Affordability</p> <ul style="list-style-type: none"> • Relates to whether trans individuals have the financial ability to spend money and time to use services that are appropriate for their needs 	<ul style="list-style-type: none"> • Addressing insurance coverage and affordability issues through policy change. 	<ul style="list-style-type: none"> • Increasing access to affordable health services or treatments (e.g., mental health and addictions services and prescription drugs) (6; 37) • Establishing partnerships with 2SLGBTQ+ charities and non-profits, which may provide select services at a reduced cost or may have funds set aside to support individuals (17; 25; 31)

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<p>Appropriateness</p> <ul style="list-style-type: none"> • Relates to whether services are provided in a timely manner, involve sufficient care in assessing health problems, and determine the appropriate treatment options for trans individuals 	<ul style="list-style-type: none"> • Training in and active use of trans-affirming competencies among health providers and frontline staff • Providing comprehensive, compassionate, patient-centred primary care (including referrals to specialists) 	<ul style="list-style-type: none"> • Ensuring sexual health and 2SLGBTQ+ health topics on trans health are included in the curriculum and updated as the field of 2SLGBTQ+ health evolves (33; 35; 36; 38; 39) • Using and staying up-to-date on guidelines for gender-affirming care and for specific conditions (e.g., cancer screening), including most notably guidelines by the World Professional Association for Transgender Health (11; 20) • Providing organ-based routine cancer screenings for all trans individuals (21; 29) • Providing preventive screening for risk factors and conditions including mental health and distress, intimate partner violence and individual social risk factors (13) • Adopting interprofessional and multidisciplinary approaches, including medical and mental health professionals, to increase patient satisfaction and enable individuals to achieve their care goals (32; 40) • Providing comprehensive care for trans individuals including prescribing transition-related hormones (12)
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APPENDICES

The following tables provide detailed information about the systematic reviews and primary studies identified in the rapid synthesis. The ensuing information was extracted from the following sources:

- systematic reviews – the focus of the review, key findings, last year the literature was searched, and the proportion of studies conducted in Canada
- primary studies (in this case, economic evaluations and costing studies) – the focus of the study, methods used, study sample, jurisdiction studied, key features of the intervention and the study findings (based on the outcomes reported in the study).

For the appendix table providing details about the systematic reviews, the fourth column presents a rating of the overall quality of each review. The quality of each review has been assessed using AMSTAR (A MeaSurement Tool to Assess Reviews), which rates overall quality on a scale of 0 to 11, where 11/11 represents a review of the highest quality. It is important to note that the AMSTAR tool was developed to assess reviews focused on clinical interventions, so not all criteria apply to systematic reviews pertaining to delivery, financial or governance arrangements within health systems. Where the denominator is not 11, an aspect of the tool was considered not relevant by the raters. In comparing ratings, it is therefore important to keep both parts of the score (i.e., the numerator and denominator) in mind. For example, a review that scores 8/8 is generally of comparable quality to a review scoring 11/11; both ratings are considered 'high scores.' A high score signals that readers of the review can have a high level of confidence in its findings. A low score, on the other hand, does not mean that the review should be discarded, merely that less confidence can be placed in its findings and that the review needs to be examined closely to identify its limitations. (Lewin S, Oxman AD, Lavis JN, Fretheim A. SUPPORT Tools for evidence-informed health Policymaking (STP): 8. Deciding how much confidence to place in a systematic review. *Health Research Policy and Systems* 2009; 7 (Suppl1):S8.)

All of the information provided in the appendix tables was taken into account by the authors in describing the findings in the rapid synthesis.

Appendix 1: Summary of findings from systematic reviews about models to support trans folks access to care

Type of review	Focus of systematic review	Key findings	Year of last search/ publication date	AMSTAR (quality) rating	Proportion of studies that were conducted in Canada
Systematic review	<u>Investigating the effects of educational curricula and training on 2SLGBTQ+-specific health issues for health professionals and students in training</u>	<p>The main objective of this systematic review was to assess the effect of educational training and curricula for healthcare students and professionals on 2SLGBTQ+ healthcare issues. This review also provides insights into the global discussion on the role of professional educational interventions in supporting inclusivity.</p> <p>The authors searched OVID (Medline), PubMed, Web of Science, ScienceDirect, Education Resources Information Center (ERIC), TRIP, Google Scholar, Zetoc, Ebsco, CINAHL and PsycINFO. The searches were conducted from the inception of the databases to December 2015. In addition, Cochrane library and University of York Centre for Reviews and Dissemination were also searched for ongoing systematic review protocols and published reviews on the matter. Out of 663 articles screened, 16 articles reporting 15 studies were included in the final list.</p> <p>A reoccurring recommendation from the articles identified was ensuring sexual health and 2SLGBTQ+ health be integrated into the main curriculum as compulsory block postings for medical, nursing and allied healthcare students. This would result in an increase in the allocated number of hours for teaching, which would allow faculty to use several different teaching methodologies while also expanding the number of topics covered. In addition, this would ensure all students be exposed to this material instead of the few that seek this knowledge as an elective. The review flagged the lack of topics on trans health due to the rapidly evolving field of 2SLGBTQ+ health as the underlying contributing factor preventing educators from teaching their students.</p> <p>Overall, findings from this review highlighted few and generally low-quality studies on the effectiveness of educational interventions for improving knowledge, attitude and practice of healthcare students and professionals with regards to sexual health and 2SLGBTQ+ health.</p>	2015	9/10 (AMSTAR rating from the McMaster Health Forum)	0/15
	<u>Investigating trainings to reduce 2SLGBTQ+ bias among students in the healthcare field</u>	<p>The primary focus of this systematic review was 2SLGBTQ+ related training programs delivered to medical, nursing, or dental students or providers that sought to reduce bias. In particular, programs that included either pre-post test designs or qualitative assessments.</p> <p>The authors searched MEDLINE/PubMed, PsycINFO, Web of Science, Scopus, Ingenta, Science Direct and Google Scholar databases for articles in English published between March 2005 and February 2017. Out of 639 articles screened, 60 articles that focused on medical education programs to reduce bias were included in the final list, of which 13 discussed programs to reduce bias towards 2SLGBTQ+ patients.</p> <p>The review found that programs focused on increasing student or provider knowledge employed group discussions, interviews or presentations by 2SLGBTQ+ individuals, lectures, readings and videos.</p> <p>The review also found that programs focused on promoting more positive attitudes toward 2SLGBTQ+ patients employed lectures, videos of 2SLGBTQ+ patients describing discrimination in healthcare settings, perspective-taking exercises, presentations and patient panels including 2SLGBTQ+ individuals.</p>	2017	4/10 (AMSTAR rating from the McMaster Health Forum)	Not reported

Exploring models to support trans individuals' access to care

Type of review	Focus of systematic review	Key findings	Year of last search/publication date	AMSTAR (quality) rating	Proportion of studies that were conducted in Canada
Other types of reviews (e.g., scoping, integrative, narrative)	Evaluating the care and management of trans patients	<p>The review aimed to examine the current evidence regarding evaluation, management, surgeries, societal issues and practice improvement of trans patients.</p> <p>The review found that trans individuals may experience barriers to accessing medical interventions due to family circumstances, work environment and insurance coverage.</p> <p>The authors highlighted the following elements of a successful care environment for trans patients:</p> <ul style="list-style-type: none"> • trans-specific staff training, with annual refreshers (e.g., staff should be comfortable with name, pronoun, and appearance changes) • trans-specific provider • trans-friendly environment (e.g., inclusive bathrooms) • this may involve navigating specific situations that maintain respect and avoid breaching confidentiality (e.g., trans adolescent whose parents are not aware of their gender identity) • Electronic Medical Record (EMR) updated to reflect any changes. <p>Regarding trans-specific surgeries, the authors encourage clinicians to have a basic understanding of options and their limitations and revisit surgical options with their patients periodically. The authors also suggest that surgical quality measures should be created to provide patients with surgeons who have had good outcomes in gender-affirming procedures. Providers should follow usual practice post-surgery (e.g., following cancer surveillance based on organs present and not gender identity). The authors suggest integrating trans medical care into relevant speciality training to avoid the need for independent training, such as course provided by World Professional Association for Transgender Health (WPATH) or society-specific meetings.</p>	2019	1/9 (AMSTAR rating from McMaster Health Forum)	Not reported
	Reviewing recommendations for trans-affirming nursing care at the systemic, organizational and individual levels	<p>The review aimed to review and provide recommendations for trans-affirming nursing care at the systemic, organizational and individual levels. Trans individuals have reported inadequate healthcare experiences and nurses have stated they have felt underprepared to provide affirming care to trans-patients.</p> <p>The authors identified the following key themes in their studies: being trans is not a pathology, the goals of care are what the patient says they are, language is reflective of patient's preferences, physical spaces are affirming, trans clinical competence, appropriate focus on gender identity, and affirming documentation.</p> <p>The authors also found three key attributes that made trans-affirming care unique: patient-led care, trans-affirming culture and trans-competent providers.</p> <p>The authors suggested the following regarding trans-affirming care and nursing:</p> <ul style="list-style-type: none"> • encourage nursing associations to create trans-affirming educational materials/resources • integrate trans content during education; nursing schools must be inclusive of trans individuals during recruitment of students and faculty • encourage nurses to practice self-reflection and give trans patients the opportunity to provide feedback • confront transphobic work cultures and internal biases; maintaining moral sensitivity to related issues. 	2021	5/9 (AMSTAR rating from McMaster Health Forum)	Not reported

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Type of review	Focus of systematic review	Key findings	Year of last search/ publication date	AMSTAR (quality) rating	Proportion of studies that were conducted in Canada
	<p><u>Elucidating health disparities that individuals identifying with the 2SLGBTQ+ community face and the impact of cultural humility in improving patient care</u></p>	<p>The study focused on elucidating the health disparities that 2SLGBTQ+ individuals face and how cultural humility in nursing can create safe spaces for optimal patient care.</p> <p>The review highlighted that there are many systematic barriers, including social and healthcare factors, that trans individuals face, and this may lead to adverse health outcomes. Trans individuals face: barriers to accessing quality healthcare, displays of discrimination, a lack of knowledge about trans patient needs, and apparent discomfort when discussing sexual health with trans patients. A history of discrimination and trauma can also negatively impact patient-provider relationships, making trans individuals more susceptible to suboptimal care.</p> <p>The review made the following suggestions to improve care for 2SLGBTQ+ individuals in the practice of nursing:</p> <ul style="list-style-type: none"> • cultural humility, which assumes that people are experts on themselves and no one else can know them as they do • inclusive and affirming care through means of self-reflection, seeking education on 2SLGBTQ+ issues, and creating safe spaces where 2SLGBTQ+ individuals feel welcome and included • organizational commitment in the field of nursing to educate and engage staff in continuous improvements (e.g., encouraging use of appropriate language, help overcoming biases). 	2018	2/9 (AMSTAR rating from McMaster Health Forum)	Not reported
	<p><u>Understanding the current state of cancer screening uptake in 2SLGBTQ+ individuals</u></p>	<p>The study focused on the current state of cancer screening and uptake for 2SLGBTQ+ individuals.</p> <p>Although 2SLGBTQ+ individuals have increased cancer risks, beyond general prevention and screening recommendations there are no specific detection or prevention guidelines for 2SLGBTQ+ individuals.</p> <p>Suggestions to improve cancer screening in 2SLGBTQ+ patients included:</p> <ul style="list-style-type: none"> • have clinicians and oncology nurses identify and remove barriers to accessing medical care • collect Sexual Orientation or Gender Identity (SOGI) status to make patients more comfortable and create more individualized care plans • train healthcare providers in cultural competency in the care of 2SLGBTQ+ patients • develop 2SLGBTQ+ tailored cancer screening guidelines • implement distress screening programs where 2SLGBTQ+ patients are educated on biopsychosocial issues with cancer, encouraged to share deeply personal concerns, and receive tailored resources. 	2018	1/9 (AMSTAR rating from McMaster Health Forum)	Not reported
	<p><u>Examining the challenges and barriers to cervical cancer screening in trans men</u></p>	<p>The review examined challenges and barriers to cervical screening in trans men, and proposed possible solutions to the increased risk of cervical cancer trans men face.</p> <p>Barriers that trans men face include:</p> <ul style="list-style-type: none"> • intrapersonal barriers (e.g., individual's knowledge) • discrimination by healthcare providers • lack of insurance coverage for gender-affirming surgical procedures. 	2021	1/9 (AMSTAR rating from McMaster Health Forum)	Not reported

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Type of review	Focus of systematic review	Key findings	Year of last search/publication date	AMSTAR (quality) rating	Proportion of studies that were conducted in Canada
		<p>Barriers specific to cervical cancer screening for trans men include:</p> <ul style="list-style-type: none"> • lack of targeted educational material and guidelines • past sexual/emotional trauma • distress with genital examination • distrust in the healthcare system. <p>The authors made the following recommendations for screening programmes and healthcare professionals:</p> <ul style="list-style-type: none"> • training of health professionals in trans access to healthcare, as well as cervical screening and HPV vaccinations • organized cervical screening programmes that are inclusive of trans men • establish a specific opt-in procedure for inclusion in the target population for cervical screening. 			
	<p><u>Addressing common myths and identifying best practices in 2SLGBTQ+ care</u></p>	<p>The review aimed to address common myths about 2SLGBTQ+ care, discuss disparities in healthcare access, and suggest a step-by-step approach for delivering comprehensive care to 2SLGBTQ+ individuals.</p> <p>The authors suggested the following to create a welcoming environment for 2SLGBTQ+ patients:</p> <ul style="list-style-type: none"> • establish gender-neutral bathrooms • avoid clinic names and signs that seem welcoming to only one gender (e.g., “Men’s Health Centre”) • create patient-intake forms that collect information on the patient’s name, pronoun, gender identity and other relevant information to avoid assumptions • ask about sexual practices and partners in an open, non-judgemental manner and use a standard set of questions to facilitate conversation, regardless of gender identity. 	2016	Not applicable	Not reported
	<p><u>Identifying breast cancer risks and screening options in trans patients</u></p>	<p>The review focused on barriers to equitable breast-cancer care, associated risk factors for breast-cancer development and the date available to support breast-cancer screening in trans patients.</p> <p>Trans individuals face certain barriers to care, including lack of physician compliance or understanding of gender identity, stigmatization, psychosocial trauma regarding gender-related procedures, increased cancer risk and lack of insurance coverage for gender-related procedures.</p> <p>The review recommended breast-cancer screening for trans females with no family history of breast cancer to begin at age 50 and with at least 5 years of feminizing hormone use (as well as individualized screening for those with family history).</p> <p>The review highlighted that more evidence is needed to refine breast-cancer screening for trans men.</p>	2022	1/11 (AMSTAR rating from the McMaster Health Forum)	Not reported
	<p><u>Examining current guidelines and practices for cancer screening in the trans population</u></p>	<p>The study aimed to examine current guidelines and practices for cancer screening in the trans population, as well as suggest a proposed care model for trans individuals. The review notes that the World Professional Association of Trans Health has no current guidelines for cancer screening.</p> <p>The authors provided the following recommendations and considerations for general trans patient screening:</p>	2020	2/11 (AMSTAR rating from McMaster Health Forum)	Not reported

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Type of review	Focus of systematic review	Key findings	Year of last search/ publication date	AMSTAR (quality) rating	Proportion of studies that were conducted in Canada
		<ul style="list-style-type: none"> • colon cancer – patients over 50 should be screening for colorectal cancer; no publications were found that demonstrated if rates of colorectal cancer were different for trans patients • anal cancer – while there is no consensus, one paper suggested screening transfeminine patients with multiple lifetime sexual partners since the age of 21; transmasculine patients that engage in anal intercourse should discuss screening and frequency of screening with their physicians. <p>The review provided the following sex-organ specific recommendations for transmasculine patients:</p> <ul style="list-style-type: none"> • breast cancer – “screen often and screen what you have”; transmasculine patients who have not undergone a mastectomy or who have only undergone breast reduction are recommended to follow screening guidelines for cis women • uterine cancer – patients that have a uterus should inform their physician of any abnormalities, such as vaginal bleeding • cervical cancer – annual PAP smear is recommended for transmasculine patients that are over the age of 21 (if the cervix is present) • ovarian cancer –trans men should follow the guidelines for cis women; routine screening is not recommended • vulva cancer – no recommendation for routine screening (only one case of vaginal cancer was found in the literature). <p>The review provided the following sex-organ-specific recommendations for transfeminine patients:</p> <ul style="list-style-type: none"> • testicular cancer – trans women should still have annual physical exams at any point of their transition • prostate cancer –transfeminine patients should follow the current prostate cancer screening guidelines for cis men at any point of their transition, but with 1 ng/mL being the upper threshold • penile cancer – patients that have a penis should report any lesions or irregularities to their physicians • breast cancer – transfeminine patients should undergo mammograms every two years in those over 50 or those who have undergone 5–10 years of gender-affirming hormone therapy treatments. 			
	<p>Reviewing the health needs and terminology for trans and non-binary individuals</p>	<p>The review focused on identifying unique health needs and essential terminology relevant to trans and non-binary healthcare.</p> <p>To create a welcoming environment for trans patients, the review suggested visible and explicit statements of inclusion, and suggested staff receive training on safe and welcoming care, including relevant terminology. The authors noted that it is important to include Sexual Orientation or Gender Identity (SOGI) data, use gender-neutral language on questionnaires, train staff on strict confidentiality guidelines and reassure patients of their privacy, house patients based on gender identity, and make inclusive policies clearly visible.</p> <p>The review states that it is important that gynecologists and their staff are able to provide accessible, inclusive and knowledgeable care for trans patients and become familiar with the unique healthcare needs of the 2SLGBTQ+ community.</p>	2018	1/11 (AMSTAR rating from McMaster Health Forum)	Not reported

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Type of review	Focus of systematic review	Key findings	Year of last search/ publication date	AMSTAR (quality) rating	Proportion of studies that were conducted in Canada
	<u>Examining primary care practices for supporting trans and gender-diverse youth</u>	<p>The review examined primary-care practices that support the health of trans and gender-diverse youth.</p> <p>The authors highlighted the following roles of Primary Care Providers in the health of trans patients:</p> <ul style="list-style-type: none"> • creating an affirming clinical environment – using affirmed name and pronouns, use of gender-inclusive language, including diverse and welcoming imagery, etc. • integrating gender identity discussions into clinical care – routine queries with patients in confidential settings, using open-ended questions, etc. • providing gender-affirming primary care – limit questions to only those that are clinically relevant, using non-gendered language, etc. • supporting youth and families during gender-identity exploration and disclosure – normalize and educate on gender development, helping youth understanding their identity through conversations and navigating aspects of their transitions • supporting the transition process – assist families in planning, educate families on strategies to modify appearances, etc. • understanding and mitigating health risks • advocating for youth in different contexts – supporting youth with bullying, advocating for patient with school staff, helping with required legal documentation, etc. 	2021	0/11 (AMSTAR rating from McMaster Health Forum)	Not reported
	<u>Examining the healthcare needs of trans individuals</u>	<p>The review examined the healthcare needs of trans individuals in primary care. The review noted the following considerations for primary-care offices:</p> <ul style="list-style-type: none"> • staff training – using appropriate language, identifying internalized discriminatory beliefs, becoming familiar with 2SLGBTQ+ health issues, and educating on mechanisms for referrals for 2SLGBTQ+-friendly providers • elements of competent care – including name and pronouns, privacy and accurate terminology • electronic health records – including name, gender identity, pronouns, medical transition history and anatomy, and remain up-to-date. <p>The authors mentioned the following regarding special considerations in the history and physical assessment of trans patients:</p> <ul style="list-style-type: none"> • consider past medical and surgical history (as well as health conditions or complications), family history, social history (including partner violence), substance abuse and mental health • provide anticipatory communication prior to beginning the physical examine • examine based on anatomy present, being aware of language used. 	2019	0/11 (AMSTAR rating from McMaster Health Forum)	Not reported
	<u>Examining the inclusion of sex and gender in electronic medical records to provide more inclusive care for trans patients</u>	<p>The primary objective of this review was to examine the current landscape of electronic medical records and laboratory information systems with respect to sex and gender information.</p> <p>The review revealed that the inclusion of sexual orientation and gender identity within electronic medical records and laboratory information systems can help to provide more inclusive care for trans patients in healthcare centres. However, it was found that its full integration may pose some challenges, given that many</p>	Published January 2021	1/11 (AMSTAR rating from McMaster Health Forum)	Not reported

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Type of review	Focus of systematic review	Key findings	Year of last search/ publication date	AMSTAR (quality) rating	Proportion of studies that were conducted in Canada
		<p>health systems utilize separate software packages and vendors, thus preventing the bidirectional transfer of information on electronic medical records and laboratory information systems.</p> <p>The literature highlighted the need for a co-design process when developing these systems, such that experts on trans patient needs and different representatives from information management divisions can be consulted.</p> <p>The authors recommended that further efforts be invested to develop technological infrastructures that can help to meet the needs of marginalized communities through collaborative initiatives.</p>			
	<p>Understanding breast cancer risk assessment and screening recommendations for trans patients</p>	<p>The primary objective of this review was to gather information regarding breast cancer risk assessment and screening recommendations for trans patients, with a particular emphasis on identifying evidence-based guidelines.</p> <p>The majority of the information was descriptive in nature, especially regarding the barriers to accessing healthcare, as opposed to evidence-based approaches for care delivery. It was found that, in general, trans individuals have challenges selecting a healthcare provider who they feel is knowledgeable about their healthcare needs.</p> <p>The authors recommended that patient navigation, which provides individualized assistance to patients, families and caregivers, be adopted to help facilitate the access of care for trans individuals.</p>	<p>Published June 2017</p>	<p>0/11 (AMSTAR rating from McMaster Health Forum)</p>	<p>Not reported</p>
	<p>Examining the provision of ethically and culturally competent care of trans patients</p>	<p>The main focus of this scoping review was to synthesize the literature surrounding the ethical and culturally competent care of trans patients.</p> <p>A number of themes emerged from the included studies:</p> <ul style="list-style-type: none"> • increased knowledge and competence regarding trans care among health professionals (e.g., trans-specific terminology, sensitivity training, current stigma and stereotypes surrounding trans folks, approaches to affirmative care and relationship building) • improved self-awareness of providers (e.g., recognizing unconscious personal biases through reflection practices) • prioritizing trans patients in clinical interactions (asking about names, pronouns and care approaches can make them feel heard) • closely maintaining confidentiality, autonomy and respect of the patient (i.e., cultivating ethical thinking) • adopting a collaborative approach to care (e.g., organizational leaders must develop policies to promote ethically competent care). <p>Despite the findings from this review, the authors would like to note that the lack of a clear definition regarding ethically and culturally competent care may serve as a limitation to the study.</p>	<p>Published September 2021</p>	<p>5/9 (AMSTAR rating from McMaster Health Forum)</p>	<p>3/30</p>
	<p>Examining the role of family physicians in</p>	<p>The primary aim of this clinical review was to examine the role of family physicians in addressing the needs of trans patients.</p>	<p>Published 2020</p>	<p>0/11 (AMSTAR rating from</p>	<p>Not reported</p>

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Type of review	Focus of systematic review	Key findings	Year of last search/ publication date	AMSTAR (quality) rating	Proportion of studies that were conducted in Canada
	addressing trans patients' needs	<p>Barriers to care experienced by trans patients include elevated mental health concerns, substance use disorders, violence and poverty, with increased risk of HIV acquisition among trans women and stigma/discrimination seen as large health disparities within the population.</p> <p>This can be remedied through active prevention efforts from health professionals (e.g., ordering pre- and post-exposure prophylaxis for these patients).</p> <p>The findings further revealed that the following modifications in care could help to create a safe and welcoming environment:</p> <ul style="list-style-type: none"> • use of correct terminology • following best practices for name and pronoun use • knowledge of gender-affirming interventions • inclusive office features, such as single occupancy or all-gender restrooms (or clear signage to allow patients to enter based on their gender identity). <p>Overall, it was found that meticulous attention and action must be taken with respect to culturally competent care and recognizing the lived experiences of trans patients in care delivery.</p>		McMaster Health Forum)	
	Investigating the best practices for holistic trans and non-binary care through telemedicine during COVID-19	<p>The main purpose of this review paper was to describe 1) gender-affirming primary and hormonal care through an evidence-based approach, 2) the use of telehealth for care delivery among trans and non-binary individuals and 3) best practices for the delivery of care among trans and non-binary individuals.</p> <p>Key findings that emerged from the literature included:</p> <ul style="list-style-type: none"> • addressing trans and non-binary patients by name and their associated pronouns can help to foster a welcoming environment • health professionals should be using evidence-based recommendations for primary and gender-affirming care • the observed benefits of telehealth include reduced anxiety and burden experienced by trans and non-binary patients (particularly those that live long distances from the city) • due to the barriers of care at all levels (e.g., personal, institutional and policy), health organizations should help patients to navigate the system • interprofessional and multidisciplinary approaches can increase patient satisfaction and enable patients to achieve their care goals (e.g., visits to specialists and pharmacists can help in the team-based approach). 	Published June 2021	1/11 (AMSTAR rating from McMaster Health Forum)	Not reported
	Examining care for trans and gender non-conforming patients in primary care	<p>The main focus of this review was to describe a protocol that was developed through the meticulous review of patient encounters and medical literature.</p> <p>The protocol describes a patient encounter with a generalist as the initial interaction that a trans or gender non-conforming patient commonly has, prior to any referral to a specialist. At this time, details including sex assigned at birth, gender identity and pronouns are captured. The protocol notes that a safe and welcoming environment can be critical to developing a trusting therapeutic relationship. Upon this, a medical and a</p>	Published July 2018	Not applicable	Not reported

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Type of review	Focus of systematic review	Key findings	Year of last search/ publication date	AMSTAR (quality) rating	Proportion of studies that were conducted in Canada
		<p>social history is taken, with a physical examination done as a follow-up. The physical examination should be thoroughly explained, given that it can cause much angst among trans or non-conforming patients.</p> <p>Beyond this, laboratory tests and any diagnoses can be conveyed to the patients, along with a discussion plan regarding hormonal therapy, surgical treatment options, maintaining good health and well-being, and follow-ups.</p> <p>The review emphasized that adolescent care poses a unique set of challenges, and thus warrants a multidisciplinary team that includes both medical and mental health professionals.</p>			
	<p><u>Examining the care delivery of trans patients within the primary healthcare sector</u></p>	<p>The primary purpose of this research article was to investigate the care delivery of trans patients in the primary care sector.</p> <p>Many mental-health challenges arise among trans patients upon transition, including increased mood, anxiety and personality disorders, rates of suicide ideation, suicide attempts, and suicides, when compared with the cisgender population. Despite the cross-sex hormone effects on cardiovascular disease posing a concern regarding the endocrine transition, there lacks sufficient evidence to suggest any plausible concerns in this regard. In addition, the evidence surrounding the administration of testosterone and estrogen on cardiovascular health remains uncertain and is not well studied.</p> <p>The authors noted a number of strategies that can help to enhance the care provided to trans individuals, including:</p> <ul style="list-style-type: none"> • improving non-clinical processes (e.g., administrative procedures and recording of gender marks, names, and pronouns) • providing further education to medical students and current health professionals • having primary care providers coordinate interventions • encouraging active self-reflection. <p>Overall, it has been found that gender dysphoria is strongly associated with health disparities, which can in part be attributed to the discrimination patients face; however, engaging primary care health professionals can be vital in improving the care for trans patients (e.g., reducing the rates of morbidity and mortality).</p>	<p>Published October 2017</p>	<p>1/11 (AMSTAR rating from McMaster Health Forum)</p>	<p>Not reported</p>
	<p><u>Identifying best practices to optimize preventive health for trans patients</u></p>	<p>The primary purpose of this article was to identify the best practices for preventive healthcare for trans individuals.</p> <p>The literature has shown that trans individuals (both trans men and trans women) experience unique preventive health concerns, particularly regarding metabolic and cancer screenings, immunizations and guidance for hormone therapy and surgical procedures.</p> <p>Despite the many limitations and challenges to preventive healthcare for this subset of the population, primarily due to a lack of gender identity records, efforts that can help to improve patient experience and health outcomes include a welcoming environment, which can be fostered by staff training (e.g., appropriate</p>	<p>Published September 2017</p>	<p>Not applicable</p>	<p>Not reported</p>

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Type of review	Focus of systematic review	Key findings	Year of last search/publication date	AMSTAR (quality) rating	Proportion of studies that were conducted in Canada
		use of terminology, and avoiding non-judgmental posture and assumptions), all-gender restrooms and inclusive electronic medical record systems (e.g., fields for name, assigned sex at birth, gender identity, and pronouns).			
	<u>Analyzing the Trans-specific Geriatric Health Assessment as a clinical guideline for trans health in primary care</u>	<p>The primary focus of this review article was to examine the Trans-specific Geriatric Heal Assessment (TGHA) as a clinical guideline for trans patient care in the primary care sector.</p> <p>The findings from this review revealed that within geriatric care trans health is often neglected. However, the TGHA has included clinical recommendations tailored specifically to this population, with a primary focus on assessing cognitive function, vision and hearing (recommended if previous medical history suggests a concern), gait and stability, nutrition, sleep (recommended for those with mental health conditions, such as depression or post-traumatic stress disorder), functional and social status, examinations/evaluations (e.g., physical, urogenital, and psychiatric), hormone replacement therapy, cancer screening, disease prevention and advanced care planning.</p>	Published February 2020	1/11 (AMSTAR rating from McMaster Health Forum)	Not reported
	<u>Understanding the barriers to cervical cancer screening in trans men</u>	<p>The primary focus of this scoping review was to better understand the knowledge and experiences of trans men with respect to cervical cancer screening.</p> <p>The review revealed that many barriers, at the patient, provider and organizational level, exist for trans men when it comes to cervical cancer screening.</p> <p>It has been shown that there is heterogeneity with respect to the knowledge and perceptions of cervical cancer risk and prevention depending on the assumptions made among individuals. There is also significant variation among health professionals regarding providing care for trans men, thus providing evidence to support discrimination towards this subset of the population by care providers.</p> <p>An emphasis was placed on developing a trusting patient-provider relationship, which can be achieved through shared decision-making, providing clear, accurate medical information, and inclusive practices (e.g., asking for anatomical terminology, utilizing gender-neutral terms and signages, asking for pronouns, modifying intake forms and adopting a patient-centred approach).</p>	Published June 2020	3/11 (AMSTAR rating from McMaster Health Forum)	1/15
	<u>Community-based and equity-oriented models of care to support trans individuals released from prison in accessing primary care and preventive services</u>	<p>The systematic review included 36 studies that focused on community-based and equity-oriented models of care to support formerly incarcerated women, trans and non-binary people in accessing primary care and preventive services.</p> <p>The studies varied in design and intervention, but shared a focus on increasing access to care, improving quality of care and promoting health equity. The review found that community-based and equity-oriented models of care can improve access to primary care and preventive services for trans individuals and increase their healthcare satisfaction.</p> <p>The review supported the use of community-based and equity-oriented models of care to support trans individuals in accessing primary care and preventive services. However, there continues to be gaps in the</p>	2022	5/11 (AMSTAR rating from McMaster Health Forum)	2/36

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Type of review	Focus of systematic review	Key findings	Year of last search/ publication date	AMSTAR (quality) rating	Proportion of studies that were conducted in Canada
		research pertaining to a lack of attention to clinical outcomes and patient experience, and a lack of consideration of sexual and reproductive health concerns.			
	<u>Evaluating clinical practice guidelines on trans and gender-diverse children and youth, and access to ethical and affirming primary care</u>	<p>The focus of the review was to evaluate clinical practice guidelines on trans and gender-diverse children and youth and access to ethical and affirming primary care at the international level.</p> <p>The review included nine guidelines related to trans and gender-diverse children and youth. Reviewers found that the scope, purpose and clarity of presentation of the guidelines were carried out well, but there were areas identified for improvement in all guidelines, including methodologic development, inclusion of community stakeholders and transparency of editorial independence.</p> <p>The Endocrine Society Clinical Practice Guideline scored highest overall, while other guidelines were identified as having strengths of practical utility within primary care and/or in the discussion of specific social, ethical and cultural considerations of trans care in differing contexts worldwide.</p> <p>The use of specific, high-quality guidelines can support primary care practitioners to provide gender-affirming care to children and youth.</p> <p>Overall, methodologic improvement in the development of these guidelines is needed to ensure the best possible quality of care is being outlined.</p>	2022	6/11 (AMSTAR rating from McMaster Health Forum)	Not reported
	<u>Examining medical students and residents training in trans health</u>	<p>The focus of the study was to analyze the literature on training medical students and residents in trans health.</p> <p>Of the 1,272 papers reviewed, 119 papers were deemed relevant to predefined criteria, medical education and trans health topics.</p> <p>There is a need for improved trans healthcare education for medical students and residents. Currently, many medical schools and residency programs do not provide adequate training in trans healthcare, which can lead to negative attitudes and biases towards trans individuals among medical students and residents.</p> <p>Inclusion of trans healthcare topics in medical school curricula and residency training programs can lead to improved knowledge and attitudes among trainees. An effective approach to teaching trans health is one that avoids presenting a medicalized or pathologized view of gender-minority individuals and instead promotes an examination of the underlying structural and cultural factors contributing to health disparities.</p> <p>Incorporating patient-centred care, cultural competency and an understanding of the social determinants of health into trans healthcare training is crucial. Medical schools and residency programs can use a variety of methods to improve trans healthcare education, such as didactic lectures, case-based learning, simulation exercises and collaboration among medical schools, residency programs and trans community organizations to ensure that trans individuals receive the best possible healthcare.</p>	2018	3/11 (AMSTAR rating from McMaster Health Forum)	Not reported

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Type of review	Focus of systematic review	Key findings	Year of last search/ publication date	AMSTAR (quality) rating	Proportion of studies that were conducted in Canada
	<u>Examining the barriers to accessing healthcare for trans, non-binary and gender-diverse individuals in rural regions</u>	<p>The scoping review focused on the barriers to accessing healthcare for trans, non-binary and gender-diverse individuals in rural regions. The literature on trans people living remotely reveals intersections of trans mental health with various factors including age, race, gender expression, geographic location, community size, socio-economic status, discrimination experiences and attitudes towards healthcare providers.</p> <p>Empowering trans groups and diversity-sensitive education of remote communities in private and institutional settings are needed for respectful inclusion of trans people. Facilitating access to trans-related healthcare, such as through video-based e-health programs with healthcare professionals, can improve both the health and socio-economic situation of trans people.</p>	2021	3/11 (AMSTAR rating from McMaster Health Forum)	2/33
	<u>Identifying the mental health needs of the 2SLGBTQ+ community and their experiences accessing mental healthcare</u>	<p>The focus of the review was to identify the mental health needs of 2SLGBTQ+ communities and their experiences accessing mental healthcare.</p> <p>The review looked at 14 qualitative studies aimed at identifying the mental health needs of 2SLGBTQ+ communities and their experiences of accessing mental healthcare.</p> <p>2SLGBTQ+ individuals experience greater health disparities in mental health needs, which are often related to experiencing stigma and lack of knowledge and understanding of their needs by mental health services. Mental healthcare that challenges heteronormative assumptions and promotes self-acceptance and equity is necessary to address the specific mental health needs of 2SLGBTQ+ communities.</p> <p>Mental health nursing education should incorporate models that promote equity, inclusion and respect for diversity regarding 2SLGBTQ+ communities. The review also identified the need for mental healthcare providers to receive training on the unique mental health needs of 2SLGBTQ+ communities, as well as how to provide culturally competent and sensitive care to this population.</p>	2021	3/11 (AMSTAR rating from McMaster Health Forum)	3/14
	<u>Understanding the mental healthcare experiences of trans and gender non-conforming (TGNC) individuals</u>	<p>The focus of the review was to better understand the mental healthcare experiences of trans and gender non-conforming individuals. The included studies showed that trans and gender non-conforming persons had mixed experiences when receiving mental healthcare, ranging from excellent to harmful/damaging.</p> <p>Mental healthcare providers and nurses would benefit from specific training to promote TGNC competent care. This includes in-service training or continuing education for the current workforce as well as incorporating trans and gender non-conforming content into pre-licensure educational curricula. On a health systems level, healthcare organizations should promote welcoming environments and provide resources for trans and gender non-conforming individuals seeking mental healthcare.</p>	2019	3/11 (AMSTAR rating from McMaster Health Forum)	Included in inclusion criteria but specific number not specified
	<u>Addressing trans and gender non-conforming people's experiences receiving physical healthcare</u>	<p>The focus of the scoping review was on addressing trans and gender non-conforming people's experiences receiving physical healthcare to inform research and practice. The review analyzed 35 qualitative studies on the experiences of trans and gender non-conforming (TGNC) individuals receiving physical healthcare.</p> <p>The focus of the review was to identify challenges, needs and strengths of trans and gender non-conforming people in accessing physical healthcare. Several key themes in the experiences of TGNC people accessing physical healthcare include:</p>	2021	6/11 (AMSTAR rating from McMaster Health Forum)	Not reported

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Type of review	Focus of systematic review	Key findings	Year of last search/publication date	AMSTAR (quality) rating	Proportion of studies that were conducted in Canada
		<ul style="list-style-type: none"> • lack of provider knowledge and sensitivity • financial and insurance barriers • discrimination from health providers. <p>The review identified the need for more healthcare services focused on trans and gender non-conforming people, access to hormone therapy and mental health support.</p>			
	<p><u>Contextualizing the experiences of trans adults</u></p>	<p>The focus of the review was to contextualize the experiences of trans adults interfacing with healthcare after the release of Healthy People 2020.</p> <p>There was no intervention discussed in the study but the study synthesized existing literature to identify obstacles, discrimination and barriers experienced by trans adults accessing healthcare.</p> <p>The review identified numerous obstacles accessing healthcare including:</p> <ul style="list-style-type: none"> • discrimination from healthcare professionals and clinicians • restricted health insurance benefits for medically necessary care • barriers to medically necessary care, such as cross-sex hormones, as well as primary and preventive healthcare. 	2019	2/11 (AMSTAR rating from McMaster Health Forum)	Not reported
	<p><u>Identifying the perceived barriers and facilitators to healthcare utilization for trans people in the United States</u></p>	<p>The focus of the review was to identify the perceived barriers and facilitators to healthcare utilization in the United States for trans people; overall, 21 studies were included.</p> <p>The review did not describe an intervention but instead identified various strategies and approaches that have been implemented to address the healthcare needs of trans individuals. These included:</p> <ul style="list-style-type: none"> • trans 101 trainings targeted towards healthcare professionals • increasing provider motivation to serve trans populations • providing accurate non-pathologizing information about the trans community • implementing structural interventions to provide healthcare practitioners with the training and skills to work with this population. <p>The review suggests that increasing organizational competence concerning trans issues is a strategy to address trans health disparities.</p>	2017	5/11 (AMSTAR rating from McMaster Health Forum)	0/21
	<p><u>Investigating the impact of gender-affirming medical interventions on future fertility, current fertility preservation options and reproductive health issues in trans and gender-diverse individuals</u></p>	<p>This narrative review focused on reproductive healthcare issues in trans and gender diverse individuals, including fertility issues, fertility preservation, contraception, pregnancy, lactation and perinatal health.</p> <p>The review identifies that trans and gender-diverse individuals may wish to have genetically related children in the future, making fertility preservation an important consideration. Cryopreservation of mature gametes is an effective option for post-pubertal adolescents and adults.</p> <p>However, there are also barriers to accessing contraception, abortion, pre-conception care and comprehensive perinatal care for trans and gender-diverse individuals.</p>	2022	3/11 (AMSTAR rating from McMaster Health Forum)	Not reported

Exploring models to support trans individuals' access to care

Type of review	Focus of systematic review	Key findings	Year of last search/ publication date	AMSTAR (quality) rating	Proportion of studies that were conducted in Canada
		Specialized reproductive healthcare for trans and gender-diverse individuals is still evolving, and there are knowledge gaps that need to be addressed. Informing and educating trans and gender-diverse patients can lead to optimization of reproductive care and counselling for this population. Further research should examine the effects of medical interventions on fertility, timing of fertility preservation, gamete preservation and the outcomes of fertility treatments.			