

# **ACON's Trans and Gender Diverse Community Health Strategy**

**Consultation Report**

**November 2018**



## Table of Contents

Overview of consultation process	3
Recommendations to ACON & the TGD Community Health Strategy Advisory Group	4
Online Community Survey	7
Community Consultation Meetings	14
Stakeholder Consultation Interviews	20
<i>Appendix I - Total online survey sample, compared with gender identity categories</i>	<b>23</b>
<i>Appendix II - Total sample, compared with location categories</i>	<b>24</b>
<i>Appendix III - Total sample, compared with aged categories</i>	<b>25</b>
<i>Appendix IV - Total sample, compared with relationship to TGD community categories</i>	<b>26</b>
<i>Appendix V - Total sample, compared with Aboriginal respondents</i>	<b>27</b>
<i>Appendix VI - Total sample, compared with overseas-born, and language other than English at home, respondents</i>	<b>28</b>

## Overview of Consultation Process

---

When ACON commenced the process for developing a trans and gender diverse community health strategy, it wanted a process that would:

- Effectively capture and reflect the diversity of expertise, lived experience and knowledge of the TGD community in NSW, and constructively manage differences of opinion and approach where they arise.
- Ensure that the TGD community feels connected to, and empowered by, the final recommendations and outcomes of the strategy; and,
- Draw on existing expertise, knowledge, skills and practice in TGD community health within ACON as well as other service providers in NSW and across Australia.

In the first phase of the strategy development process, Communities of Change Consultancy worked with ACON staff and the ACON Trans and Gender Diverse Community Health Strategy Advisory Group to establish the expected outcomes and parameters of the strategy development process. The second phase involved a literature review and rapid assessment of ACON's services and programs, which led to the development of a discussion paper that outlined a range of possible priority action areas for the strategy. The Advisory Group reviewed these priority action areas and following a survey of the group about their priorities, a list of 28 priority issue areas were developed to take to community consultation.

Based on the principles outlined above, a consultation process (phase three of the strategy development) was designed and implemented that enabled for the trans and gender diverse community in NSW, as well as parents, caregivers, family members, friends, allies and healthcare and service providers to provide input. The consultation involved three parts:

- An online survey from August 30-September 30, 2018 that received more than 450 responses from members of the trans and gender diverse community.
- Six face-to-face community consultation meetings across NSW from October 16-November 7, attended by more than 140 community members.
- Stakeholder interviews with 23 trans and gender diverse community leaders, GPs, endocrinologists, sexual health physicians, NSW Health officials, and LGBT human rights lawyers.

This report provides an analysis of the inputs collected from these three forms of consultation. As expected, there was a significant amount and diversity of ideas, feedback and suggestions. In order to provide advice to ACON and the Advisory Group on how to develop an effective, achievable and relevant strategy for improving the health and wellbeing of the trans and gender diverse community in NSW, Communities of Change Consultancy has summarised the major themes and recommendations that it observed from these consultation processes. Based on this, it has developed key recommendations for consideration by ACON and the Advisory Group as it moves towards the development and implementation of the ACON Trans and Gender Diverse Community Health Strategy.

Community of Change Consultancy wants to thank all who participated in the consultation process, particularly the many trans and gender diverse individuals across the state (some who travelled far distances) who shared their experience and expertise. These individual, collective and community insights are invaluable and greatly appreciated.

## Recommendations to ACON and the Trans and Gender Diverse Community Health Strategy Advisory Group

---

The recommendations listed below, developed based on the outcomes of the strategy consultation process, focus on the key activities that ACON can do to improve the health and wellbeing of the trans and gender diverse community in NSW. An overarching recommendation is that ACON identify the resources needed to implement these activities, which would include advocacy with state and federal government funders as well as other funding institutions.

1. Play an active, and where appropriate, leading role in **advocacy on key areas of legal and health sector reform**. This could include:
  - a. ACON playing a lead role in advocating for changes to NSW Birth Certificates based on the self-determination model, including providing secretariat support, developing specific policy papers and other advocacy tools and senior leadership undertaking political advocacy on the issue.
  - b. Working with the Human Rights Law Centre, National LGBTI Health Alliance and others, to advocate for changes in the process for amending passports, Medicare records and other Cth government documents based on the self-determination model.
  - c. Working with the National LGBTI Health Alliance and others to advocate for the reversal of the 2015 Pharmaceutical Benefits Advisory Committee (PBAC) restrictions on who can prescribe testosterone, and the inclusion of all gender-affirming care under Medicare and PBS. Work with the Alliance to continue advocacy on the removal of unnecessary gendered codes under Medicare and PBS.
  - d. Influencing medical bodies such as the Australian Medical Association (AMA) and the Royal Australian College of General Practitioners (RACGP) to become supportive advocates to government on trans and gender diverse health issues as well as educating their own membership.
  - e. Working with each of the NSW Primary Health Networks (PHNs) to include demographic data on LGBTI populations (disaggregated based on sexual orientation, gender identity and sex characteristics) in each PHN demographic profile.
  - f. Advocating with other health sector peak bodies to introduce TGD specific policies and guidelines.
2. Develop **peer-informed health promotion resources focusing on enabling trans and gender diverse people to manage their own health**. Key components of the project could include:
  - a. Producing a digital hub providing plain, accessible, up-to-date information on the health, social and legal aspects of gender-affirmation in the NSW context, as well as other health issues of concern for the community. The hub would include information that is specific to the needs and experience of the diverse parts of the trans and gender diverse community, including non-binary people, Sistergirls and Brotherboys, people from culturally and linguistically diverse backgrounds, adolescents and young adults, older people, and people with disabilities.
  - b. Producing a simplified physical booklet based on the information contained in the digital hub.

- c. Associated social marketing interventions and online engagement, ideally branded as a specific ACON trans and gender diverse health campaign.
  - d. Establishing peer-led workshops for the trans and gender diverse community.
3. Aim to **increase the cultural competency and knowledge about trans and gender diverse health issues across different sectors of the NSW health system**, through ACON's own training programs as well as advocacy with external stakeholders. This could include the following components:
- a. Ensuring that all ACON Pride Training packages going forward are inclusive and speak to the specific needs of trans and gender diverse people.
  - b. Developing specific Pride Training packages on trans and gender diverse health that provide medical practitioners with training on cultural competency and relevant medical knowledge on working with trans and gender diverse patients, including those seeking to affirm their gender care through medical interventions. This package would include information that is specific to the needs and experience of the diverse parts of the trans and gender diverse community, including non-binary people, Sistergirls and Brotherboys, people from culturally and linguistically diverse backgrounds, adolescents and young adults, older trans and gender diverse people, and people with disabilities. The trainings would use co-design principles in development and utilize trans and gender diverse facilitators.
  - c. Advocating to key stakeholders in the NSW Health system – NSW Health, Primary Healthcare Networks (PHNs), RACGP – about the need for specific training, resources and support (such as communities of practice) for health professionals (GP and other primary care practitioners and support staff, specialists and tertiary care providers and support staff).
  - d. Working with PHNs and NSW-based TGD health experts and clinicians to develop Trans Health Pathways and advocate for PHNs to actively promote the pathway to primary care physicians in their area.
  - e. Working with Equinox and NSW-based TGD health experts and clinicians to adapt their informed consent protocols for NSW and produce two versions – one for practitioners and one for consumers.
4. Support **community development initiatives** for trans and gender diverse communities across the state. This could include:
- a. Providing seed funding as part of ACON's community grants program as well as in-kind support, to facilitate the development of TGD-led advocacy organization(s) and processes in NSW. Advocate for other organisations running community grants program, such as The Channel and Mardi Gras to also prioritise funding to support the development of TGD-led organisations and processes.
  - b. Establishing paid internships for TGD people to work with ACON on the initiatives outlined above.
  - c. Creating space and resources through ACON's regional offices and regional outreach team for the development of TGD community groups and peer spaces.
5. **Review ACON's internal processes** to ensure that the organisation is genuinely inclusive and responsive to the needs of the trans and gender diverse community in NSW. This could include:

- a. An assessment of ACON staff's cultural competency and knowledge about TGD issues, and delivery of appropriate ongoing training and team and individual support based on this assessment.
- b. A review of ACON's employment practices to ensure that it is best practice.
- c. Ensuring that adequate and accurate information (written and visual) on TGD issues is included across ACON's website.
- d. Reviewing ACON's external community and client engagement processes to ensure that they are inclusive of the TGD community, including physical signage, gender neutral facilities, intake forms etc.
- e. Ensuring a consistency of data collection on sexual orientation, gender identity and sex characteristics across ACON, within the parameters of external funding and clinical partnership requirements.

## Online Community Survey

---

In order to understand the needs and priorities of the trans and gender diverse community in NSW, ACON conducted an online survey between August 30<sup>th</sup> and September 30<sup>th</sup>, 2018. The survey was conducted using the SurveyMonkey tool and was distributed through ACON's website and social media platforms, as well as the organisational and personal networks of the members of ACON's Trans and Gender Diverse Community Health Strategy Advisory Group. Respondents were asked several demographic questions, and then were asked to score a list of 28 options from 1 to 10 based on how much of a priority they thought each option was for improving the health and wellbeing of trans and gender diverse people in NSW.

These 28 options covered a range of categories (gender-affirming care, mental health, cancer, alcohol and other drugs, HIV & sexual health, health across the life span, Aboriginal and Torres Strait Islander health, culturally and linguistically diverse (CALD) people's health, people in custodial settings, laws and policies that impact health). They were identified in consultation with the Advisory Group, based on analysis from the discussion paper and rapid assessment of ACON's services and programs that Communities of Change Consultancy developed in the second phase of the strategy development process.

### Who took the survey?

#### *Gender identity*

Over the course of the month, 357 participants completed the survey<sup>1</sup>. Of those, 280 identified as trans or gender diverse, with 84 trans men (23.53% of all respondents), 78 trans women (21.85%), 60 non-binary people (16.81%) and 20 gender-fluid/genderqueer people (5.60%) participating<sup>2</sup>.

#### *Sexual orientation*

When asked about their sexual orientation, there was considerable diversity among respondents:

- 108 identified as queer (30.25% of all respondents);
- 68 identified as bisexual (19.04%);
- 54 identified as heterosexual (15.13%);
- 45 identified as a lesbian (12.60%);
- 32 identified as gay (8.96%);
- 20 identified as pansexual (5.60%); and,

---

<sup>1</sup> In total, there were 468 survey entries, however, 111 of these entries did not progress to answering the questions about priorities, and so were discounted from the survey analysis.

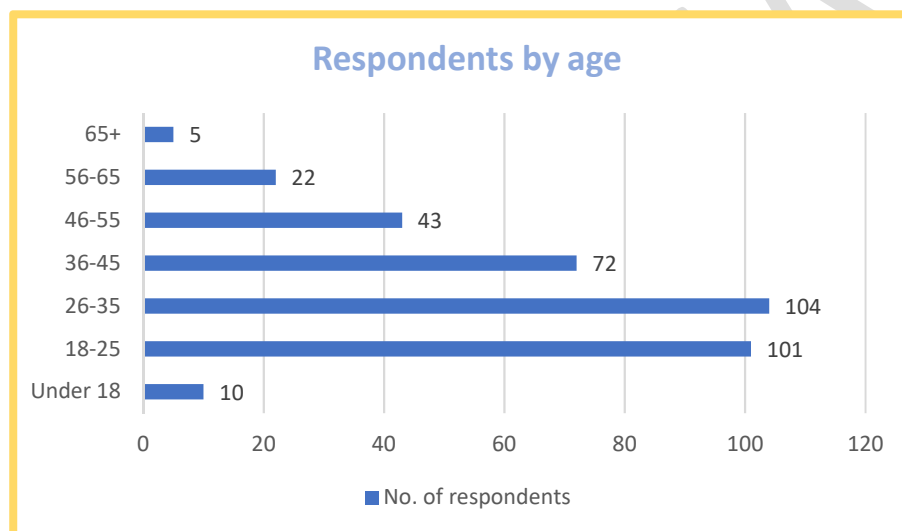
<sup>2</sup> Other gender identities of survey respondents included agender, androgynous, demi-girl, demi-female, gender non-existent, gendervoid, human, intersex, male adjacent/demi-male, queer, questioning, transmasculine, transfeminine, trans, trans\*gender diverse. Most of these identities had only one or two responses and none had more than four responses.

- 30 identified as something else (8.10%)<sup>3</sup>.

### *Intersex status*

Of the respondents, 5 (1.40% of all respondents) answered that they were born with a variation of sex characteristics, which is sometimes called intersex.

### *Age*



**Figure 1: Survey Respondents by Age**

### *Aboriginal and Torres Strait Islander status*

13 people who took the survey identified as Aboriginal (3.64% of all respondents), whilst no survey respondent identified as Torres Strait Islander. 344 respondents (96.39%) identified as neither Aboriginal or Torres Strait Islander.

### *Place of birth, language spoken at home and identification with special ethnic or cultural group*

Almost 84% (n=299) of all respondents indicated that they were born in Australia. Of the 58 respondents that were born overseas (16.27%), 21 were born in Great Britain, 9 in the United States, 4 in New Zealand, 4 in Ireland, 3 in Canada, 2 in Germany, 2 in South Africa, with the remainder dispersed among 13 other countries<sup>4</sup>. Only 18 respondents indicated that a language other than English was spoken at home (5% of respondents). This includes a number of respondents who indicated that they spoke both English and

<sup>3</sup> Other responses included asexual, androphilic, demi-sexual, polyamorous, polysexual, don't know and transbian.

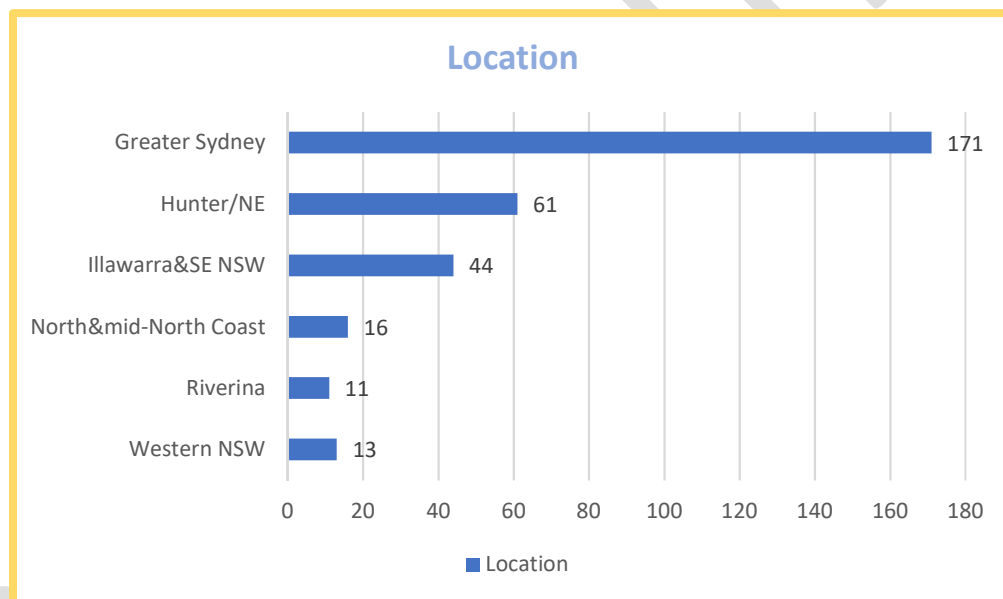
<sup>4</sup> Bangladesh, Chile, China, Denmark, Hong Kong, Israel, Sri Lanka, Latvia, Burma, Netherlands, Philippines, Tonga, Zimbabwe.



another language at home. Of the 357 respondents, only 58 said that they belonged to a specific ethnic or cultural group (16.25% of all respondents), with 9 identifying as Aboriginal, 7 as Chinese, 4 as Italian and 4 as Jewish. The remainder were split between 16 other ethnic or cultural groups<sup>5</sup>.

In comparison, according to 2016 Australian census, more than 20% of Australians spoke a language other than English at home and only two-thirds of the Australian population were born in Australia<sup>6</sup>. The difference between responses to the survey and the general population may be explained in part by the fact that, due to resource constraints, the survey was only available in English. However, this lower survey engagement by people born overseas and from diverse cultural and linguistic backgrounds should be considered by ACON in both interpreting the analysis of this survey and for future engagement with the trans and gender diverse community.

### *Geographical location*



**Figure 2: Survey Respondents by Location**

### *Relationship to the trans and gender diverse community*

In order to understand how survey respondents were related to the trans and gender diverse community in NSW, several questions asked them to answer “yes” or “no” about specific identities. Respondents were able to answer “yes” to more than one of these identities i.e. someone could be both trans or gender

<sup>5</sup> African, Anglo, Celtic, Greek, Goan, Han, Latvian, Maltese, Mapuche, Middle Eastern, Native American, Polish, Russian, Scottish, Sri Lankan, Vietnamese.

<sup>6</sup> Australian Bureau of Statistics. 2017. 2071.0 - Census of Population and Housing: Reflecting Australia - Stories from the Census, 2016.

diverse and also be a partner or parent of a trans or gender diverse person. Based on these answers, of the 357 respondents to the survey:

- 281 were trans or gender diverse (78.71% of all respondents);
- 20 were parents or caregiver of a trans or gender child (5.60%);
- 43 provided care and/or support to an adult trans or gender diverse person (12.04%);
- 65 were the partner of a trans or gender diverse person (18.21%);
- 42 were a close family member of a trans or gender diverse person (11.76%);
- 312 were a friend of a trans or gender diverse person (87.39%), with 49 of those respondents not themselves being trans or gender diverse (13.73%);
- 30 were a healthcare provider for a trans or gender diverse person (8.40%);
- 46 were from an organization that delivers services to a trans or gender diverse person (12.89%); and;
- 74 were from an organization that welcome a number of trans or gender diverse people (20.73%).

## Survey results

Looking at the average score for each of the 28 options provides an indication of the highest priorities for improving the health and wellbeing of the trans and gender diverse community in NSW. Perhaps unsurprisingly because of the historical marginalization and lack of focus on the needs of the community, all the options scored highly, with only one option scoring an average below 8 out of 10 amongst the total sample of respondents and more than half (n=16) averaging more than 9 out of 10.

**The top ten highest scoring priorities for the total sample of respondents and for the sample were:**

<b>1</b>	Being able to change the legal sex classification and name on NSW birth certificates or NSW recognised details certificates through a simple administrative procedure <b>(9.49) (1<sup>st</sup> among trans and gender diverse respondents)</b>
<b>2</b>	Hospitals (public and private) that are inclusive and knowledgeable about the specific health needs of trans and gender diverse people <b>(9.48) (2<sup>nd</sup> among TGD respondents)</b>
<b>3</b>	Being able to change the legal sex classification and name on passports and Medicare records through simple administrative procedures <b>(9.42) (3<sup>rd</sup> among TGD respondents)</b>
<b>4</b>	Having all gender-affirming health care covered under Medicare and the Pharmaceutical Benefits Scheme (PBS) <b>(9.40) (4<sup>th</sup> among TGD respondents)</b>
<b>5</b>	Existing mental health services (e.g public clinics, private psychologists and therapists, other NGOs that provide counseling and support) being inclusive and knowledgeable about the specific mental health needs of trans and gender diverse people <b>(9.33) (5<sup>th</sup> among TGD respondents)</b>
<b>6</b>	Accessible public health services that support the health and wellbeing of trans and gender diverse young people <b>(9.32) (7<sup>th</sup> among TGD respondents)</b>

7	Local GPs and other health care providers that are inclusive and knowledgeable about the specific health needs of Aboriginal and Torres Strait Islander people, including those who are trans and gender diverse <b>(9.31) (13<sup>th</sup> among TGD respondents)</b>
8	Aged care providers and other health care providers who are inclusive and knowledgeable about the specific health needs of older trans and gender diverse people <b>(9.28) (8<sup>th</sup> among TGD respondents)</b>
9	Having the NSW and Commonwealth governments develop specific trans and gender diverse health government strategies, policies and funding streams <b>(9.24) (6<sup>th</sup> among TGD respondents)</b>
10	Local GPs who are inclusive and knowledgeable about the specific health needs of trans and gender diverse people <b>(9.19) (12<sup>th</sup> among TGD respondents)</b>

These priorities generally rated highly across all demographics that took the survey. For more detail on how these top ten priorities ranked for specific demographics, see appendix I - VI.

Outside of the top ten priorities for the total sample, several other options scored highly for specific cohorts:

- **Trans and gender diverse people who are in custodial settings in NSW having access to health care that addresses their specific health needs** (11<sup>th</sup> among all respondents; 9<sup>th</sup> among TGD respondents; 9<sup>th</sup> among 18-25- and 36-45-year-old respondents; equal 3<sup>rd</sup> among Aboriginal respondents; 6<sup>th</sup> among caregivers and partners of adult TGD persons; 6<sup>th</sup> among healthcare providers).
- **Having gendered categories in health services or programs, such as Medicare billing codes, removed where there is no need for them** (12<sup>th</sup> among all respondents; 9<sup>th</sup> among TGD respondents; 7<sup>th</sup> among trans male respondents; 4<sup>th</sup> among non-binary respondents; 7<sup>th</sup> among gender fluid/genderqueer respondents; 8<sup>th</sup> among respondents under 18; 5<sup>th</sup> among 18-25 year old respondents; 3<sup>rd</sup> among 46-55 year old respondents; 5<sup>th</sup> among respondents from Illawarra and South-east NSW; 9<sup>th</sup> among respondents from Riverina; 5<sup>th</sup> among respondents from Western NSW; 3<sup>rd</sup> among parents or caregivers of TGD children; ;8<sup>th</sup> among caregivers and partners of adult TGD persons).
- **Aboriginal Community Controlled Health Services that are inclusive and knowledgeable about the specific health needs of trans and gender diverse people** (13<sup>th</sup> among all respondents; equal 3<sup>rd</sup> among Aboriginal respondents; 6<sup>th</sup> among non-binary respondents; 9<sup>th</sup> among 26-35 year old respondents; equal 6<sup>th</sup> among 46-55 year old respondents; 6<sup>th</sup> among respondents from the North Coast and mid-North Coast; 1<sup>st</sup> among respondents from Western NSW; 4<sup>th</sup> among parents or caregivers of TGD children; 9<sup>th</sup> among partners of a TGD person; 10<sup>th</sup> among healthcare providers).
- **Gender-affirming surgical care in NSW, including post-surgical care that is affordable and can be accessed without long waiting periods** (14<sup>th</sup> among all respondents; 8<sup>th</sup> among trans female respondents; 2<sup>nd</sup> among trans male respondents; 1<sup>st</sup> among respondents under 18; 10<sup>th</sup> among caregivers and partners of adult TGD persons; 6<sup>th</sup> among respondents who speak a language other than English at home; 9<sup>th</sup> among respondents who were born overseas).

- **Existing sexual health testing services (e.g public sexual health clinics, GPs) being inclusive and knowledgeable about the specific sexual health needs of trans and gender diverse people** (15<sup>th</sup> among all respondents; 8<sup>th</sup> among gender-fluid/genderqueer respondents; 5<sup>th</sup> among respondents under 18; equal 5<sup>th</sup> among parents or caregiver of a TGD child; 10<sup>th</sup> among respondents from Illawarra and South-east NSW).
- **Local GPs and other health care providers that are inclusive and knowledgeable about the specific health needs of people from culturally and linguistically diverse backgrounds, including those who are trans and gender diverse** (16<sup>th</sup> among all respondents; 4<sup>th</sup> among respondents who speak a language other than English at home).
- **Cancer screening services (e.g cervical screening, chest/breast checks, prostate checks) that are inclusive and knowledgeable about the specific health needs of trans and gender diverse people** (19<sup>th</sup> among all respondents; equal 6<sup>th</sup> among respondents under 18; equal 9<sup>th</sup> among 56-65-year-old respondents; equal 6<sup>th</sup> among respondents over 65 years old).
- **Local GPs who are able to provide hormone therapy initiation, monitoring and support** (20<sup>th</sup> among all respondents; 5<sup>th</sup> among respondents from the North Coast and mid-North Coast; 7<sup>th</sup> among respondents from the Riverina).

Respondents were also given the opportunity to provide written comments about any additional issues related to each of the priority categories. Key themes that emerged from these comments were:

#### *Gender-affirming care*

- The cost of gender-affirming care is extremely high and should be covered under Medicare.
- Training and guidelines for GPs, as well as allied health professionals, about gender-affirming care and general cultural sensitivity on TGD issues is important.
- The requirement of going through sex reassignment surgery in order to change gender marker on government documents in NSW should stop.
- There is an urgent need for a children's clinic at Westmead Hospital.

#### *Mental health*

- Need for mental health services outside of Sydney.
- Mental health services needed to be more accessible and less expensive. Increase coverage under Medicare beyond the current 10 visits available through mental health plans.
- Increased availability of mental health services for children.

#### *Cancer*

- Accessing cancer services without judgment and assumptions made based on gender.
- More research and information about relationship between HRT and cancer.

#### *Alcohol and other drugs*

- More research and information about relationship between HRT and alcohol and other drugs.
- Supportive services, including rehab, and peer support groups.

#### *HIV & sexual health*

- Specific public health campaigns and resources that focus on the distinct sexual health needs of trans women, trans men and non-binary people.
- Access and guidelines on PrEP.

#### *Health across the lifespan*

- Social isolation and lack of support as TGD people age.
- Reproductive health services that are inclusive and knowledgeable about TGD health issues.

#### *Aboriginal and Torres Strait Islander Health*

- Health service delivery that is led by health professionals who are Aboriginal and Torres Strait Islander and informed by the specific needs of Sistergirls and Brotherboys.
- Important not to lump Sistergirls and Brotherboys under “trans and gender diverse” western model.

#### *Culturally and linguistically diverse background (CALD) health*

- Information on trans healthcare in other languages, including education of translators.

#### *Trans and gender diverse people in custodial settings*

- Policy to ensure trans and gender diverse people are housed in accord with their preferred gender (and measures are implemented to protect their safety).

#### *Laws and policies*

- Shifting attitudes and practice of some Police and enforcing anti-discrimination law.

#### *General comments*

- More public education addressing stigma, discrimination against TGD community.
- More support for rural and regional TGD people.
- Attention to workplace discrimination and increasing employment opportunities for TGD people.
- Attention to schools, including educating teachers to be supportive of TGD students.
- Creating increased access to public spaces and health and community services through gender-neutral bathrooms, signs and appropriate language, training of staff.

## Community Consultation Meetings

---

Following the completion of the online survey, ACON hosted six in-person community consultations across NSW. These consultations took place in Newcastle (October 16, approx. 65 participants), Surry Hills (October 18, approx. 25 participants), Lismore (October 25, approx. 25 participants), Wollongong (October 25, approx. 25 participants), Liverpool (October 30, 5 participants) and Wagga Wagga (November 7, ### participants). The community consultation process built on the priorities that emerged from the online survey, which was structured to answer the question of “**what** are the priorities for improving the health and wellbeing of the trans and gender diverse community in NSW?”

These meetings gave an opportunity for community members to tell ACON more about **why** the top priorities that emerged from the online survey are important or **why** other priorities that did not score as high through the online survey should be considered by ACON in developing the strategy. In addition, community members also provided feedback on **how** ACON could act on those priorities (either through its own services or programs, or through external advocacy). Below is a summary of the key priorities and recommendations made to ACON on how they could be implemented.

### Key priorities across the consultations

#### Navigating the health system

A consistent theme across each of the community consultations was the challenge that many members of the trans and gender diverse community face in navigating the health system, particularly when seeking health care to affirm their gender. Many trans and gender diverse community members are accessing information and knowledge through websites, online forums such as Reddit and through peer networks. Because of the historical lack of attention to gender diversity within the health system, when trans and gender diverse people do access care many reported that they are having to educate health care providers, as well as support staff such as receptionists and trans and gender diverse health issues.

A prominent concern raised was the lack of support for gender-affirming care through the primary health care system, with many GPs not providing the support needed because they did not feel that they had the requisite level of knowledge to treat someone who was seeking to affirm their gender and believed that they needed to refer the patient to a specialist such as an endocrinologist, psychologist or psychiatrist. Some participants reported having bad experiences when seeing doctors, including misgendering and the use of incorrect pronouns, as well as intrusive questions being asked that participants felt were not relevant to the care and support that they were seeking. For non-binary community members, the binary nature of the health care system exacerbated the challenge they faced in accessing appropriate and supportive care. Some raised their experience of health professionals assuming that they wanted treatment to medically transition to identify as female or male, rather than recognising their individual health needs based on their gender identity and experience.

Several participants highlighted the problem with the current assumption amongst many health professionals that trans health care is specialised medicine, which has meant that they have been referred

to numerous specialists, which is both costly and time consuming, for gender affirming care that they felt was relatively straight forward. Concern was also raised that in some areas this has given rise to medical professionals being seen as “gatekeepers” to a person transitioning/affirming their gender. This was particularly an issue in regional and rural areas, where considerable feedback was given on the importance of local GPs having the knowledge and cultural sensitivity to provide gender-affirming care, including prescribing and monitoring hormone therapy.

In order to make navigating the health system as a trans or gender diverse person as easy as possible, participants across the consultations raised the importance of increasing access to accurate and up to date health information for the trans and gender diverse community, including about knowledgeable and inclusive health providers in their local area. They also wanted more information about what their rights are as consumers within the health system.

Related to this, another major priority that emerged was the importance of increasing the knowledge and inclusive practice of healthcare professionals. Many participants raised training of GPs and support staff in general practices about trans and gender diverse health issues as a priority, with a number pointing to the online health pathways modules run by Primary Health Networks as key tools for supporting GPs across the state to provide appropriate care when a trans or gender diverse person presents. Hunter & New England PHN has developed a Trans Health Pathway module, which could be replicated across PHNs in the state.

Participants in a number of community consultations raised the importance of primary healthcare increasing attention to the specific needs of Sistergirls, Brotherboys and other Aboriginal and Torres Strait Islander members of the trans and gender diverse community. At the Lismore consultation, a number of participants shared the discrimination they faced when accessing local GPs as well as local Aboriginal health services, which left them feeling like they had no options for accessing appropriate and affirming health care. They highlighted the importance of education for both types of providers about the specific needs of their community.

A number of participants also highlighted the importance of doctors and other staff in hospitals also receiving training and support to make hospitals (both public and private) more inclusive spaces, so that trans and gender diverse people receive appropriate and respectful care, regardless of the health issue they are presenting for. This aligned with the high ranking that this issue received in the online survey. Lastly, community members also indicated that it is key for medical and allied health students to receive training as part of the formal education.

### **Cost and availability of gender-affirming care**

Another major theme across the community consultations was the cost and availability of gender-affirming care. Many participants raised the issue of the substantial cost of hormones and surgery, because very little is covered by Medicare. Some participants raised the issue of the lack of services through the public health system, including knowledgeable GPs that bulk-billed as well as specialists such as endocrinologists, which meant that in order to access care they incurred significant out of pocket costs. This was particularly the case for those seeking surgery, with very few surgeons in NSW or Australia performing gender-affirming surgery, particularly bottom surgery, with almost no capacity through the



public health system. In one community consultation, participants shared that one surgeon had scheduled a number of bottom surgeries for trans men to be covered under the public system on a specific day, but the day prior each of these patients were notified that their surgeries could not go ahead as the public funding was no longer available. A number of community members shared that they and their friends and peers had travelled overseas for gender-affirming surgery, which itself is quite costly. Some shared stories of complications arising post-surgery, which presented significant health challenges as they were back in Australia and struggled to access the specialised follow-up needed.

Numerous participants raised concerns about the current lack of access to testosterone. Several also highlighted the burden that the restrictions on prescribing testosterone under the PBS that were introduced by the Pharmaceutical Benefits Advisory Committee in 2015 has meant, both in terms of the costs of having to see a specialist to get the prescription as well as the challenge for those in regional or remote areas, and adolescent trans guys in travelling to see a specialist.

### **Mental health**

Reflecting the general under-resourcing of mental health in Australia, the lack of affordable and accessible mental health care was raised as an issue. A consistent message across the consultations was that much work needs to be done among mental health professional to remove the incorrect assumption that being trans or gender diverse is itself a mental health problem. Some participants reported frustration at having to move their mental health professional beyond their gender identity as the presenting issue to discuss their underlying mental health concern. For some this related to issues arising from the transphobia they had experienced and others had nothing at all to do with their gender identity.

### **Sexual health**

In a number of consultations participants raised the challenge of accessing information and support that specifically focused on the sexual health of trans and gender diverse people. The experience of a young trans women who participated in the community consultation highlighted an issue within the current sexual health system in NSW. When she sought advice and HIV testing from her local GP, she was assumed to be a gay man and screened based on that assumption. She also started attending ACON's peer support program for young gay men, Start Making Sense. However, once she started medically and socially transitioning, she felt that there was no place for her within SMS or ACON's services as a trans women. At the consultation she made the point that "our sexual health practices are complex... all the [social and structural] factors that made gay men at risk of HIV at the start of the epidemic are impacting us now".

### **Legal gender recognition**

In line with the online survey, a major issue during the community consultation was the difficulty of amending legal sex classifications on birth certificates and other government records. Many raised concerns about the requirement of needing to have had surgery in order to change birth certificates, both because of the cost and lack of access to such surgeries and also because not all trans and gender diverse people want to have surgery as part of their gender-affirmation. Some participants raised the impact of



the current regime for birth certificates had on their mental health, given the burden of having to continually “out” themselves in their daily life because the gender marker on their birth certificate does not match their gender.

There were consistent calls across each of the community consultations for making the process of changing gender markers and names easier and less expensive. Further, a number of participants shared their experience of being misgendered by different government departments and services, such as the Police, because of outdated personal records that had not been updated. This raised the issue of ensuring consistency of personal information across government departments and services.

### **Addressing other social determinants of health**

An issue that was not significantly covered in the online survey, but featured prominently in the community consultations, was the importance of addressing discrimination and stigma against, and misinformation about, trans and gender diverse people amongst the general public, as well as within the LGBTI community. Further, in a number of consultations, participants raised the issue of workplace discrimination and barriers that the TGD community faces in gaining employment because of this. At the consultation in Newcastle, a significant number of participants were adolescents and young adults, as well as their parents, and these participants raised significant challenges that they face as students, ranging from discriminatory attitudes of teachers to being forced to use staff or disabled toilets during school to being housed in segregated rooms on school camp.

### **Community support and development**

Another issue that emerged through several community consultations was the need for space and support for community development. This ranged from the need for social spaces (both virtual and physical) where people could share information and support and generally socialise and build connections with other members of the trans and gender diverse community, particularly within their age group. Some participants raised the challenge of what not having trans-led advocacy groups in NSW meant for addressing the range of health, legal and social issues which faced the community. Related to this, some participants highlighted the need for support for individuals that are undertaking advocacy, including through leadership development initiatives.

### **Key recommendations for what ACON can do to implement priorities**

In each community consultation meeting, after a discussion about which priorities are most important for the community and why, participants were given an opportunity to provide recommendations on what ACON should do to implement those priorities. The key recommendations that emerged across the consultations were:

**Advocate to the NSW and Commonwealth governments as well as other non-state actors to address the key challenges facing the trans and gender diverse community in the health system.** A common

message from community members across the consultations was that ACON should use its strong reputation and relationships with NSW and Commonwealth governments, as well as other actors in the health system, to advocate, in partnership with the TGD community, on key challenges, including:

- Advocating to both the NSW and Commonwealth governments for specific resources to support an increase in the availability of accessible and appropriate gender-affirming care. This was primarily expressed through support for training of professionals in existing services, particularly GPs, but some participants did express support for ACON advocating for the development of specific trans and gender diverse health clinics.
  - Advocating to the Commonwealth government for an increase in gender-affirming healthcare being covered under Medicare and the PBS.
  - Influencing medical bodies such as the AMA and the RACGP to become supportive advocates to government on trans and gender diverse health issues as well as educating their own membership.
  - Advocating to other peak bodies for mental health, cancer etc to take up trans and gender diverse health issues.

**Support the development of ongoing training and resources to improve inclusivity and knowledge about the specific health needs of trans and gender diverse people, across the health system.** Many community members also recommended that in addition to advocating to governments and non-state actors about rolling out training for health professionals, ACON should play a role in developing and implementing these trainings as well as guides and resources. An important part of this was ensuring that trans and gender diverse community members are central to the design and implementation of this and are remunerated to do so.

**Support the development of resources that provide trans and gender diverse community members with accurate and up to date information about their health, including related to gender-affirmation care, and their legal rights.** Numerous consultations recommended that ACON provide an info hub (through its website, apps and through pamphlets/booklets for people who don't have internet) with comprehensive and easily accessible information about trans and gender diverse health and human rights. This would include information about gender-affirmation/transition, sexual health, mental health, how to navigate the health care system, verified referral pathways as well as how to make complaints in the event of challenges with healthcare providers. In some consultations, community members expressed support for ACON building on its strong expertise in HIV and sexual health campaigns, by developing specific campaigns targeting the trans and gender diverse community addressing their specific health needs. As with above, emphasis was placed on the importance of trans and gender diverse people being central in the development of these resources.

**Advocate to the NSW and Commonwealth governments to make it easier for trans and gender diverse people to change their gender marker and name on their identification documents.** There was strong and consistent support across the consultations for ACON to use its reputation and political networks to

play a role in advocating to the NSW government for changes to the process for amending birth certificates/ registration certificates, and to the Commonwealth government for changes in the process for amending passports and Medicare records. Some community members explicitly mentioned the self-determination model i.e not requiring any medical intervention or verification of gender by a medical professional, as the preferred model. Others stated that they wanted ACON to push for processes that were as simple and as inexpensive as possible.

**Support community development initiatives for trans and gender diverse communities across the state.**

In a number of consultations outside of Sydney, community members recommended that ACON play in a role in facilitating safe spaces for the trans and gender diverse community to meet for social, peer support and advocacy purposes. Further, some participants also suggested that ACON should provide support in the development of trans and gender diverse community-led organisations and provide support for individual leadership development within the community. It was also suggested that ACON should continue to regularly consult with the trans and gender diverse community as it develops and implements its work on trans and gender diverse health.

**Review ACON's internal processes to ensure that the organisation is genuinely inclusive and responsive to the needs of the trans and gender diverse community in NSW.** Feedback was given from some members about the need for ACON's external communication, physical premises (i.e. gender-neutral facilities) and intake forms to be inclusive of the trans and gender diverse community and demonstrate that ACON is an organisation for the trans and gender diverse community in NSW. Part of this included ensuring that ACON explicitly developed programs, services and processes that were designed for non-binary people as well as people who identify as male or female.

## Stakeholder Consultation Interviews

---

Communities of Change Consultancy also undertook several interviews with stakeholders holding experience and expertise in trans and gender diverse health. Members of the Advisory Group provided suggestions of potential interviewees and ACON determined the final list of stakeholders. The stakeholders interviewed were:

### Sydney

- Dr Allison Bielawski, GP, Glebe Family Medical Practice, *Wednesday, October 10*
- Dr Jo Mitchell, Executive Director, Centre for Population Health, NSW Health and Director, Population Health Strategy and Performance, NSW Health, *Friday, November 2*
- Louise Farrell, Principal Policy Officer, Integrated Care, NSW Health, *Thursday, November 8*
- Stephen Scott, Principal Policy Officer, Social Policy Team, Mental Health Branch, NSW Health, *Thursday, November 8*.

### Coffs Harbour

- Dr Emanuel Vlahakis, Sexual Health Physician, Coffs Harbour Sexual Health Clinic, *Thursday, October 11 (via phone)*.

### Newcastle

- Dr. Katie-Jane Wynne, Endocrinologist, Newcastle Community Health Centre/John Hunter Hospital, Dr. Jo Mesure, Sexual Health Physician, Newcastle Community Health Centre/John Hunter Hospital, and Margaret Lewis, Practice Manager, Newcastle Community Health Centre, *Tuesday, October 16 (with Teddy Cook, Advisory Group co-chair, Lisa McFayden, ACON Regional Manager Hunter and Wez Saunders, Client Services Officer)*.
- Paula Machin, Manager of Speech Pathology, Rankin Centre, John Hunter Hospital, *Tuesday, October 16 (with Teddy Cook, Lisa McFayden, ACON Regional Manager Hunter and Wez Saunders, Client Services Officer)*.
- Dr Patricia Crock, Head of Paediatric Endocrine and Diabetes Unit, Liz Nunn, Paediatric Endocrine Clinical Nurse and Kathy Graham, Paediatric Endocrine and Diabetes Unit Manager, John Hunter Children's Hospital, *Tuesday, October 16 (with Teddy Cook, Lisa McFayden, ACON Regional Manager Hunter and Wez Saunders, Client Services Officer)*

### Melbourne

- Peter Locke, Practice Manager, Equinox and Ren Grayson, TGD Health Project Lead, Thorne Harbour Health, *Thursday, October 4 (with Teddy Cook)*
- Brenda Appleton, President, Transgender Victoria (TGV), *Thursday October 4 (with Teddy Cook)*
- Bobuq Sayed, Youth Development Practitioner, and Robin Litvins, The (In)Visible Project, Drummond Street Services, *Thursday October 4 (with Teddy Cook)*
- Anna Brown, Director, Legal Advocacy and Lee Carnie, Senior Lawyer, Human Rights Law Centre, *Friday, October 5 (with Teddy Cook)*

- Starlady, Zoe Belle Gender Collective/Cohealth and Jeremy Higgins, LEAP Consulting, *Friday, October 5 (with Teddy Cook)*
- Dr Michelle Telfer, Head of Department of Adolescent Medicine at the Royal Children's Hospital and President, Australian and New Zealand Association of Transgender Health (ANZPATH), *Monday, October 22 (via phone)*

## Key themes from the stakeholder interviews

**There is an urgent need for more services within the NSW health system to support the health and wellbeing of trans and gender diverse people.** Given greater visibility and acceptance of gender diversity within society, there has been a significant increase in trans and gender diverse people seeking gender-affirming care as reported by several stakeholders. However, there is no clear path for trans and gender diverse people to receive medical help, with most people trans and gender diverse people finding their way into the medical system through word of mouth. Further, the existing public health services that do provide support to trans and gender diverse communities have significant waiting lists (the Equinox TGD Health Clinic in Melbourne now has almost 1000 clients and has a waiting list up to 3months; Newcastle Community Health Centre has seen 180 clients in its first 18months of operation and has a waiting list up to 3 months).

There was consensus among many of the stakeholders that there is a need for an increase in resources within the NSW health system to meet this increasing need, with clear and accessible pathways for trans people for accessing care. A number of the medical practitioner stakeholders said that the bulk of gender-affirmation care, such as hormone initiation and monitoring can be done through primary care, freeing up endocrinologists to work with complex patient cases, which would require investment in supporting GPs with training and resources. One stakeholder suggested that an important role for ACON would be to facilitate a community of practice among primary care practitioners with an interest in trans and gender diverse health, and a number recommended that ACON has a role to play in educating healthcare providers about trans and gender diverse health issues.

Some stakeholders raised the issue that the relatively small size of the trans and gender diverse population in NSW meant that it may not be feasible to expect all GPs to have the knowledge and capacity to deliver appropriate gender-affirming care to trans and gender diverse people, and suggested that sexual health centres may be a good start for improving access for the TGD community to gender-affirming care, as they are free and many trans people already access them.

Some stakeholders also raised the issue of the lack of specialists trained in TGD health issues and practicing in NSW, including endocrinologists, paediatric endocrinologists, speech pathologists and surgeons, with one stakeholder stating that it has taken considerable time to develop trust referrals for specialist care for their trans and gender diverse patients. This meant that many trans and gender diverse community are facing significant barriers (costs and time delays) in accessing the care they need to affirm their gender. This was particularly an issue outside of Sydney and Newcastle, and some stakeholders shared numerous stories of trans and gender diverse community members in rural and remote areas travelling significant distances on a regular basis to receive care.

Several stakeholders saw ACON playing an important role in working with the NSW and Commonwealth governments, to advocate for increased resources within the NSW health system to support the health and wellbeing of trans and gender diverse people in NSW. As part of this, they also saw a role for ACON to work with peak medical bodies such as the RACGP and AMA, to engage them as influential advocates with government.

**The importance of community infrastructure and political support in addressing trans and gender diverse community health needs.** In comparison with NSW and other Australian states and territories, in recent years Victoria has developed public health infrastructure to address the health needs of its trans and gender diverse community, particularly in Melbourne. There are several different service model options that community members can access e.g. a comprehensive TGD community health service in Equinox, a specialised mental health clinic in Monash and comprehensive services for trans and gender diverse children and adolescents through the Royal Children's Hospital. In addition, community health and social service providers like cohealth and Drummond Street provide specific services for the TGD community. The Victorian government has also recently committed to funding of \$3.4million over 4 years to improve service delivery to the trans and gender diverse community across the entire Victorian public health system, with a particular emphasis on service delivery outside of inner-city Melbourne.

Stakeholders that were consulted in Melbourne attributed this to a few factors. First, advocacy done by the trans and gender diverse community over many years, along with LGBT organisational allies, facilitated strong bi-partisan political support for the Victorian government addressing LGBTI health issues. In particular, the current Labor government has made LGBTI issues an important social policy priority, with the government's LGBTI taskforce playing an important role in guiding how the government has addressed LGBTI health (including specific trans and gender diverse funding) and providing a space for community to hold government departments accountable. Numerous stakeholders recommended that ACON should prioritise advocating for the establishment of similar infrastructure as an important tool for increasing NSW government support and resources for trans and gender diverse health. Second, the existence of trans-led advocacy organisations in Victoria has been crucial, not only for the political advocacy mentioned above, but also for influencing health providers, LGBTI organisations and other service providers. Several stakeholders suggested that ACON should play a role in supporting the development of trans-led advocacy organisations and initiatives in NSW to ensure that the community are leading and informing policy decisions about their health and wellbeing.

## Appendix I - Total sample, compared with gender identity categories

Priority issue	Total sample (n=357)
Being able to change the legal sex classification and name on NSW birth certificates or NSW recognised details certificates through a simple administrative procedure	1
Hospitals (public and private) that are inclusive and knowledgeable about the specific health needs of trans and gender diverse people	2
Being able to change the legal sex classification and name on passports and Medicare records through simple administrative procedures	3
Having all gender-affirming health care covered under Medicare and the Pharmaceutical Benefits Scheme (PBS)	4
Existing mental health services being inclusive and knowledgeable about the specific mental health needs of trans and gender diverse people	5
Accessible public health services that support the health and wellbeing of trans and gender diverse young people	6
Local GPs and other health care providers that are inclusive and knowledgeable about the specific health needs of Aboriginal and Torres Strait Islander people, including those who are trans and gender diverse	7
Aged care providers and other health care providers who are inclusive and knowledgeable about the specific health needs of older trans and gender diverse people	8
Having the NSW and Commonwealth governments develop specific trans and gender diverse health government strategies, policies and funding streams	9
Local GPs who are inclusive and knowledgeable about the specific health needs of trans and gender diverse people	10

TGD sample (n=280)	Trans women (n=78)	Trans men (n=84)	Non-binary (n=60)	Gender-queer (n=20)
1	4	1	2	6
2	3	6	1	2
3	5	5	7	1
4	1	3	3	19
5	2	10	12	9
7	9	9	15	=3
13	15	8	11	=3
8	7	11	13	11
6	10	4	10	13
12	6	14	16	=3



## Appendix II - Total sample, compared with location categories

Priority issue	Total sample (n=357)
Being able to change the legal sex classification and name on NSW birth certificates or NSW recognised details certificates through a simple administrative procedure	1
Hospitals (public and private) that are inclusive and knowledgeable about the specific health needs of trans and gender diverse people	2
Being able to change the legal sex classification and name on passports and Medicare records through simple administrative procedures	3
Having all gender-affirming health care covered under Medicare and the Pharmaceutical Benefits Scheme (PBS)	4
Existing mental health services being inclusive and knowledgeable about the specific mental health needs of trans and gender diverse people	5
Accessible public health services that support the health and wellbeing of trans and gender diverse young people	6
Local GPs and other health care providers that are inclusive and knowledgeable about the specific health needs of Aboriginal and Torres Strait Islander people, including those who are trans and gender diverse	7
Aged care providers and other health care providers who are inclusive and knowledgeable about the specific health needs of older trans and gender diverse people	8
Having the NSW and Commonwealth governments develop specific trans and gender diverse health government strategies, policies and funding streams	9
Local GPs who are inclusive and knowledgeable about the specific health needs of trans and gender diverse people	10

Greater Sydney (n=171)	Hunter/NE (n=61)	Illaw/South-east (n=44)	Northern Rivers (n=16)	Riverina (n=11)	Western NSW (n=13)
3	2	1	1	=1	=11
1	1	6	17	6	=4
4	4	4	=2	=1	=4
2	3	=2	18	=1	18
5	5	7	15	18	14
7	6	8	8	10	3
=9	9	12	4	15	=1
6	11	9	=10	4	16
8	=7	=2	12	=8	=11
=9	=7	=13	7	5	8



### Appendix III - Total sample, compared with aged categories

Priority issue	Total sample (n=357)
Being able to change the legal sex classification and name on NSW birth certificates or NSW recognised details certificates through a simple administrative procedure	1
Hospitals (public and private) that are inclusive and knowledgeable about the specific health needs of trans and gender diverse people	2
Being able to change the legal sex classification and name on passports and Medicare records through simple administrative procedures	3
Having all gender-affirming health care covered under Medicare and the Pharmaceutical Benefits Scheme (PBS)	4
Existing mental health services being inclusive and knowledgeable about the specific mental health needs of trans and gender diverse people	5
Accessible public health services that support the health and wellbeing of trans and gender diverse young people	6
Local GPs and other health care providers that are inclusive and knowledgeable about the specific health needs of Aboriginal and Torres Strait Islander people, including those who are trans and gender diverse	7
Aged care providers and other health care providers who are inclusive and knowledgeable about the specific health needs of older trans and gender diverse people	8
Having the NSW and Commonwealth governments develop specific trans and gender diverse health government strategies, policies and funding streams	9
Local GPs who are inclusive and knowledgeable about the specific health needs of trans and gender diverse people	10

Under 18 (n=10)	18-25 (n=101)	26-35 (n=104)	36-45 (n=72)	46-55 (n=43)	56-65 (n=22)	+65 (n=5)
=1	1	=5	3	1	11	=1
=17	3	1	1	7	2	=6
=1	2	7	=7	4	4	=1
=1	3	3	=5	8	=5	11
=9	=6	2	=7	10	3	=15
=9	10	10	2	5	=9	=6
=24	13	=5	=5	=6	23	=12
=12	11	8	4	11	1	=1
=12	=6	=12	10	2	12	=19
=17	16	4	13	15	=5	=6

#### Appendix IV - Total sample, compared with relationship to TGD community categories

Priority issue	Total sample (n=357)
Being able to change the legal sex classification and name on NSW birth certificates or NSW recognised details certificates through a simple administrative procedure	1
Hospitals (public and private) that are inclusive and knowledgeable about the specific health needs of trans and gender diverse people	2
Being able to change the legal sex classification and name on passports and Medicare records through simple administrative procedures	3
Having all gender-affirming health care covered under Medicare and the Pharmaceutical Benefits Scheme (PBS)	4
Existing mental health services being inclusive and knowledgeable about the specific mental health needs of trans and gender diverse people	5
Accessible public health services that support the health and wellbeing of trans and gender diverse young people	6
Local GPs and other health care providers that are inclusive and knowledgeable about the specific health needs of Aboriginal and Torres Strait Islander people, including those who are trans and gender diverse	7
Aged care providers and other health care providers who are inclusive and knowledgeable about the specific health needs of older trans and gender diverse people	8
Having the NSW and Commonwealth governments develop specific trans and gender diverse health government strategies, policies and funding streams	9
Local GPs who are inclusive and knowledgeable about the specific health needs of trans and gender diverse people	10

TGD (n=281)	Parent TGD child (n=26)	Carer adult TGD person (n=43)	Partner of TGD person (n=65)	Health provider (n=31)
1	=10	1	2	2
2	2	2	=4	=5
3	=10	7	=4	3
4	=7	3	1	1
5	1	9	8	11
7	=5	4	7	9
13	=10	11	3	4
8	=10	5	=12	8
6	=7	12	11	12
12	9	13	10	7

## Appendix V - Total sample, compared with Aboriginal respondents

Priority issue	Total sample (n=357)	Aboriginal (n=13)
Being able to change the legal sex classification and name on NSW birth certificates or NSW recognised details certificates through a simple administrative procedure	1	2
Hospitals (public and private) that are inclusive and knowledgeable about the specific health needs of trans and gender diverse people	2	=12
Being able to change the legal sex classification and name on passports and Medicare records through simple administrative procedures	3	=7
Having all gender-affirming health care covered under Medicare and the Pharmaceutical Benefits Scheme (PBS)	4	1
Existing mental health services being inclusive and knowledgeable about the specific mental health needs of trans and gender diverse people	5	=10
Accessible public health services that support the health and wellbeing of trans and gender diverse young people	6	14
Local GPs and other health care providers that are inclusive and knowledgeable about the specific health needs of Aboriginal and Torres Strait Islander people, including those who are trans and gender diverse	7	=3
Aged care providers and other health care providers who are inclusive and knowledgeable about the specific health needs of older trans and gender diverse people	8	=12
Having the NSW and Commonwealth governments develop specific trans and gender diverse health government strategies, policies and funding streams	9	=3
Local GPs who are inclusive and knowledgeable about the specific health needs of trans and gender diverse people	10	=7

Appendix VI - Total sample, compared with overseas-born, and language other than English at home, respondents

Priority issue	Total sample (n=357)	Overseas born (n=59)	Language other than Eng. at home (n=18)
Being able to change the legal sex classification and name on NSW birth certificates or NSW recognised details certificates through a simple administrative procedure	1	2	=13
Hospitals (public and private) that are inclusive and knowledgeable about the specific health needs of trans and gender diverse people	2	1	1
Being able to change the legal sex classification and name on passports and Medicare records through simple administrative procedures	3	6	=6
Having all gender-affirming health care covered under Medicare and the Pharmaceutical Benefits Scheme (PBS)	4	4	19
Existing mental health services being inclusive and knowledgeable about the specific mental health needs of trans and gender diverse people	5	8	5
Accessible public health services that support the health and wellbeing of trans and gender diverse young people	6	5	3
Local GPs and other health care providers that are inclusive and knowledgeable about the specific health needs of Aboriginal and Torres Strait Islander people, including those who are trans and gender diverse	7	13	20
Aged care providers and other health care providers who are inclusive and knowledgeable about the specific health needs of older trans and gender diverse people	8	7	=6
Having the NSW and Commonwealth governments develop specific trans and gender diverse health government strategies, policies and funding streams	9	12	2
Local GPs who are inclusive and knowledgeable about the specific health needs of trans and gender diverse people	10	14	10