



# IMPACT OF COVID-19 ON HEALTH CARE ACCESS FOR TRANSGENDER AND NON-BINARY PEOPLE IN CANADA

## The Study

In fall 2019, Trans PULSE Canada conducted a national survey of 2,873 trans and non-binary people aged 14+, of whom 1,184 consented to be re-contacted for future research. 820 participated in a COVID-specific online survey in English or French in Sept/Oct 2020. Data were weighted to represent the full 2019 sample, with 95% confidence intervals used to show a range of plausible values, since we were not able to survey every trans and non-binary person in Canada. Full-sample results are presented here; our team is developing an online [data dashboard](#) (coming winter, 2021) where results can be customized for sub-groups or intersections, as different groups can experience different pandemic impacts.

## The Findings

In the 6-7 months between March 12, 2020 (the start of the pandemic) and survey completion, 35.4% of trans and non-binary people experienced an unmet general health care need, and 37.4% an unmet mental health care need. Despite additional pandemic stressors, twice as many trans and non-binary people stopped accessing mental health support groups or workers (14.4%) than began accessing them (6.4%).

Interruptions were experienced across a range of health care services. As visits moved virtual, 15.1% were avoiding virtual or telehealth, while most were not. Among the 58.4%

using hormones, 27.8% experienced an interruption. Interruptions were also experienced by those not yet using hormones, but who needed a referral or new prescription; among this group, 45.8% were unable to get the needed prescription or referral.

Health Care During COVID <sup>a</sup>	%	95% CI <sup>b</sup>
Unmet general health care need	35.4	(31.8, 38.9)
Unmet mental health care need	37.4	(33.8, 41.0)
Avoiding virtual or telehealth, because trans/non-binary	15.1	(12.4, 17.7)
Changes to use of mental health support group or worker <sup>c</sup>		
Used prior to March 12, but not post-COVID	14.4	(11.7, 17.0)
Used post-COVID, but not prior to March 12	6.4	(4.7, 8.2)
No use	79.2	(76.2, 82.2)
Interruptions to hormone medication, among users <sup>d</sup>	27.8	(23.6, 31.9)
Unable to get new prescription or referral for hormones <sup>e</sup>	45.8	(30.4, 61.1)

a After March 12, 2020 and prior to survey completion in Sept/Oct 2020.

b 95% confidence interval.

c Included in person, online, and telephone services.

d 58.4% use hormones.

e Among the 6.8% needing or planning gender-affirming care but not using hormones, and who needed a referral or new prescription after March 12, 2020.

“It is very difficult to find trans-affirming francophone psychotherapists in my region. Even trans-affirming and anglophone is difficult. (I also speak English but am less comfortable.) Before COVID, I was starting to get burnt out and wanted a therapist... then it become even more difficult.”

“Virtual care increases my experience of safety as a survivor of multiple assaults and traumas and it makes me more likely to follow through with attending a healthcare appointment because I am in an environment that I can control. When I attend healthcare appointments in person, I frequently have to deal with transphobia and feeling unsafe and anxious, especially in the waiting room.”

## The Implications

Trans and non-binary people in Canada experienced high levels of unmet general and mental health care needs during the first 6 to 7 months of the COVID-19 pandemic. For comparison, over a full pre-pandemic year, [about 4% of the general population and 45% of trans and non-binary people experience an unmet health care need](#). Interruptions included mental health supports, home care, and gender-affirming hormone therapy. While some reported advantages to virtual care, a substantial proportion were avoiding it because of potential transphobia.



Trans PULSE Canada COVID Cohort Working Group — December 8, 2020

Reports, presentations, and papers available at: [transpulsecanada.ca](http://transpulsecanada.ca)