Health Care Workforce Committee Gender-Affirming Care Provider Workgroup Report

Contents

Executive summary

On August 5, 2024, the Health Equity Committee (HEC) of Oregon Health Policy Board (OHPB) sent Oregon Health Authority (OHA) Director, Dr. Sejal Hathi, a letter on gender-affirming care (GAC). This letter prompted action on critical issues identified by community members regarding inequities for Oregon's Lesbian, Gay, Bisexual, Trans, Queer, Intersex, Asexual, and Two Spirit (LGBTQIA2S+) communities and included recommendations to address these inequities.

Dr. Hathi then requested the Health Care Workforce (HCWF) Committee convene a GAC Provider Workgroup and asked this workgroup to:

- Advise OHA and OHPB on ways to improve training, hiring, and retention of GAC providers, in partnership with OHPB's HEC and OHA's GAC Workgroup.
- Launch conversations on this topic and report back to the OHA Director with preliminary recommendations by the end of February 2025.

From October 2024 through January 2025, the HCWF Committee GAC Provider Workgroup met with equity and workforce experts six times. During these meetings, they developed recommendations to improve the training, hiring, and retention of GAC providers in Oregon.

The leading recommendation from the HCWF Committee GAC Provider Workgroup is the establishment of an ongoing GAC Advisory Committee composed of a majority of community members with lived experience receiving GAC to continue this work, using inclusive community engagement practices that center community expertise.

Committee members must represent the full diversity of GAC patients in Oregon, with dedicated outreach to GAC patients with intersecting identities, including:

- people of color,
- Tribally affiliated,
- living in rural areas,
- have disabilities,
- OHP members,
- unhoused, and/or
- immigrants.

The HCWF Committee GAC Provider Workgroup developed preliminary recommendations for training, hiring, and retention, while identifying interrelated goals, action steps, potential resources, and avenues for community engagement to implement these recommendations with attention to equity and anti-racism. These preliminary recommendations were developed in a process that did not include, or

center certain people most directly affected by access to GAC. Note that Recommendation 1.1 to create a GAC Advisory Committee suggests this committee has members representative of trans, nonbinary, and gender diverse patients, providers, and allies with lived experience with GAC, including from the Black, Brown, Indigenous, and other communities of color, and rural areas of the state.

Aside from the formation of a GAC Advisory Committee, these preliminary recommendations are intended to serve as a foundation from which the GAC Advisory Committee may determine their future course of action. The recommendations on page 3 are short-term and do not require legislative action.

Recommendation 1: Form a GAC Advisory Committee

Call for the formation of an ongoing GAC Advisory Committee charged with developing comprehensive, community-driven, long-term legislative and policy recommendations that have:

- Equitable compensation practices.
- Members representative of trans, nonbinary, and gender diverse patients, providers, and allies with lived experience with GAC, including from the Black, Brown, Indigenous, and other communities of color, and rural areas of the state.
- Clear purpose, role, and decision-making power within organizational structures of OHA.

Recommendation 2: Workforce Development: Training

1. Support GAC training for all providers and clinical staff.
2. Support GAC Clinical Competency Training for applicable providers.
3. Support Trauma Informed Care Training for all providers and clinical staff.
4. Support Implicit Bias Training for all providers and clinical staff.
5. Support training for the collection and utilization of SOGI data.
6. Support recurring GAC ECHOs. (Extension for Community Healthcare Outcomes)
7. Support recurring GAC ECHOs. (Extension for Community Healthcare Outcomes)
8. Call for health care professional schools (medical, nursing, PA, counseling) to include GAC training as part of their core curriculum.

Recommendation 3: Workforce Development: Recruitment, Hiring, and Retention

1. Provide informational webinars on best practices and GAC.
2. Support the creation of a GAC workforce learning collaborative.
3. Support the creation of a GAC Peer Support Group for providers and clinical staff.
4. Share and promote affirming HR policies.
5. Reduce barriers to credentialing and contracting that prevent trans and gender diverse mental health providers from entering or remaining in the workforce.
6. Work with state and national licensing boards to require relevant GAC knowledge and skills as part of their core competency requirements.
7. Increase the number of healthcare professionals who pursue specialty surgical training related to GAC.
8. Implement educational pathway interventions to recruit more trans and nonbinary people into health care professions.
9. Implement career retention initiatives to prevent burnout among GAC providers, especially those who are trans and nonbinary.
10. Support GAC Extension for Community Healthcare Outcomes (ECHOs) to create a collaborative learning environment for health care professionals to receive peer support and continuing education.
11. Implement focused hiring initiatives to build a robust pathway of GAC providers, focusing on increasing diversity and addressing gaps in rural and underserved areas.

Recommendation 4: Organizational Changes

1. Support GAC organizational updates such as signage, billing, forms, bathrooms.
2. Ensure policies related to GAC access are incorporated through OHA funding, certification, and recognition programs for health care settings.
3. Create the infrastructure to support GAC Extension for Community Healthcare Outcomes (ECHOs).
4. Create and support a GAC Peer Support group for providers.
5. Ensure Electronic Health Records (EHRs) correctly capture and display chosen names, pronouns, and other gender-related information.
6. Reduce insurance barriers to obtaining GAC such as prior authorizations and gender-affirming letter requirements.

7. Ensure that clinic staff (e.g., scheduling, billing, etc.) have the necessary training to engage with gender diverse patients.

Recommendation 5: Access to GAC

- Increase telehealth opportunities and use.
- Invest in community organizations that provide supportive, wrap-around services and care to trans and nonbinary people, including reimbursement mechanisms for non-clinical care, like:
    a. peer support,
    b. community health workers,
    c. post-surgery care,
    d. injection anxiety, and more.
- Identify parts of Oregon that need more GAC providers. Provide tailored interventions to increase the number of GAC providers in these areas.
- Remove cost and other barriers to accessing GAC.

Introduction

Background

September 6, 2024

As a follow up to her August 28, 2024 letter to OHPB, Dr. Hathi sent this request to the HCWF Committee to:

- Advise OHA and OHPB on ways to improve training, hiring, and retention of gender-affirming care providers, in partnership with OHPB's Health Equity Committee (HEC) and with OHA's GAC Workgroup. Launch conversations on this topic and report back to the OHA Director with preliminary recommendations by the end of 2024, which was extended until February 2025.

Process

In September 2024, in response to the OHA Director's letter, the HCWF Committee sought participants to join the GAC Provider Workgroup. The committee sent out a letter to inform potential members of the background, scope, and proposed schedule.

In October 2024, the HCWF Committee convened the GAC Provider Workgroup. The workgroup is composed of members with expertise in GAC workforce policy and

strategy from the OHA GAC Workgroup and existing OHA and OHPB committees and workgroups.

OHA staff represented the following divisions:

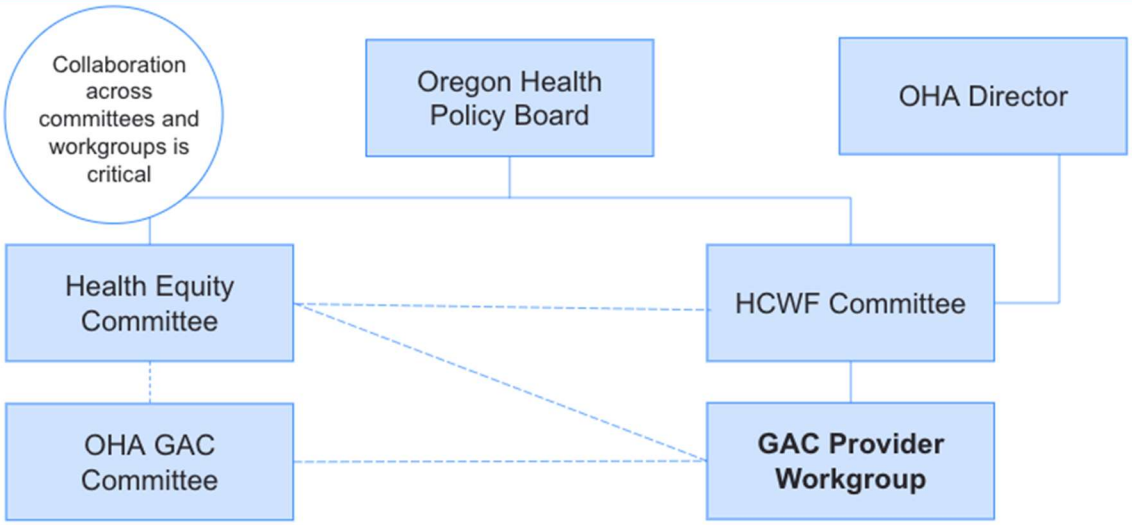
- Equity and Inclusion Division
- Health Policy and Analytics Division
- Behavioral Health Division
- Public Health Division
- External Relations Division, Government Relations

Workgroup members also serve on other committees and workgroups, including the HCWF Committee, HEC, and HB 2235 Workgroup on behavioral health workforce.

Organizations represented by Workgroup Members:

- Adapt Integrated Health Care
- Coalition of Community Health Clinics
- Full Spectrum Therapy
- Ian Strauss Consulting
- InterCommunity Health Network CCO
- La Clinica
- Oregon Department of Human Services
- Oregon Health and Science University Campus for Rural Health
- Portland Mental Health & Wellness's Affirm Two-Spirit, Trans, Nonbinary (2STNB) Program

The Structure of the Workgroup:



All meetings were conducted virtually via Zoom.

September 2024:

- Call to action
- Workgroup Planning and Development

Workgroup Meeting 1: October 16, 2024

- Introductions
- Baseline CAG education

Workgroup meeting 2: October 30, 2024

- GAC concepts discussed
- Sent survey to workgroup members to gather preliminary recommendations

Workgroup meeting 3: November 13, 2024

- Discussed preliminary recommendations from survey results
- Discussed decision-making process

Workgroup meeting 4: November 22, 2024

- Categorized preliminary recommendations
- Refined recommendations.
- Workgroup members provided input between meetings

Workgroup meeting 5: December 4, 2024

- Addressed outstanding questions and clarified definitions
- Developed timeline and process for drafting this report

Workgroup meeting 6: January 8, 2025

- Approved final recommendations, report, and presentation

Hein Consulting Group and Anderson-Nathe Consulting Role and Report

In November 2024, OHA contracted with Hein Consulting Group and Anderson-Nathe Consulting to:

- Facilitate the workgroup meetings with a focus on community-driven and equity-centered practices.
- Coordinate the meeting logistics.
- Compile and provide notes to the workgroup members.
- Coordinate presentations.
- Set agendas in advance of the meetings.
- Guide workgroup in identifying, documenting, and developing preliminary recommendations for inclusion in the final report.
- Ensure that report options reflect diverse viewpoints from the workgroup.
- Complete necessary revisions to secure approval of report by workgroup.
- Draft the final report.

Considerations

The HCWF Committee GAC Provider Workgroup developed preliminary recommendations in five areas:

1) GAC Advisory Committee
2) Workforce Development: Training
3) Workforce Development: Recruitment, Hiring, and Retention
4) Organizational Changes
5) Access to GAC

For each of the five areas, the report provides interrelated goals, action steps, potential resources, and avenues for community engagement to implement these recommendations with attention to equity and anti-racism.

Without broadly inclusive community engagement, these preliminary recommendations were developed in a process that did not include the full breadth and depth of people with lived experience and those most directly affected by access to GAC. Note that Recommendation 1.1 to create a GAC Advisory Committee suggests this committee has members representative of trans, nonbinary, and gender diverse patients, providers, and allies with lived experience with GAC, including from the Black, Brown, Indigenous, and other communities of color, and rural areas of the state.

The HCWF Committee GAC Provider Workgroup recommends the formation of an ongoing GAC Advisory Committee be made the top priority. The rest of the recommendations are suggestions for the future GAC Advisory Committee to explore.

The HCWF Committee GAC Provider Workgroup has identified opportunities and needs. The recommendation refinement compilation is contained in a publicly available document separate from this report to serve the future GAC Advisory Committee.

Recommendations

Recommendation 1: Form a GAC Advisory Committee

Call for the formation of an ongoing GAC Advisory Committee charged with developing comprehensive, community-driven, long-term legislative and policy recommendations that have:

- Equitable compensation practices.
- Members representative of trans, nonbinary, and gender diverse patients, providers, and allies with lived experience with GAC, including from the Black, Brown, Indigenous, and other communities of color, and rural areas of the state.
- Clear purpose, role, and decision-making power within organizational structures of OHA.

Goals

- Form a GAC Advisory Committee with diverse membership that is truly reflective of the community.
- For people seeking GAC to see themselves represented in decision-making spaces.
- Empower gender diverse people by ensuring they have a voice and influence in decision-making, honoring the “nothing about us, without us”[1] model.
- Center trans and nonbinary patients, the professionals, and the systems who provide GAC in shaping the policies that directly impact them.

[1] *phrase commonly used and cited from the Disability Rights Movement*

- For people seeking GAC to have a resource to go to when they have feedback about GAC access and resources in Oregon.
- Create a GAC Advisory Committee that builds trust with trans communities by having trans members on the Committee.
- Result in recommendations that will be truly impactful and equitable because the Advisory Committee will represent the full diversity of GAC patients and providers.
- Center GAC equity, including workforce development, when creating and implementing policies.
- Specifically understand the gaps for people seeking GAC and be able to deploy specific resources to address those gaps.
- Consistently incorporate the committee's recommendations into healthcare reforms.

Implementation actions

Suggested recruitment efforts for the formation of the ongoing GAC Advisory Committee:

- Community outreach to invite gender diverse community members.
- Create community nomination process so that those within gender-diverse communities can nominate community participants.
- Partner with community organizations and use intersectional recruitment strategies.
- Develop a statewide recruitment effort to identify committee members, prioritizing those with lived experience with GAC (either as a patient or provider).
- Recruit available OHA subject matter experts (SMEs).
- See if there is someone on OHA staff who could take on or already fills the support role.
- Create a system for tracking the implementation of committee's recommendations.
- OHA will share policy expertise to support the GAC Advisory Committee.

Potential resources

- Seek guidance from Basic Rights Oregon and other health equity/LGBTQIA2S+ organizations.
- Seek incentives and support for community partners.

- Identify and highlight work currently being done in the community.
- Thought partner with OHSU's Transgender Health Program virtual trans community meetings.
- Add an OHA staff member to provide support and guidance about how to make changes in the existing system and gain access to:
    - Data collection and analysis.
    - An up-to-date Needs Assessment that reflects the issues under discussion.
- Consider contracting with trans-led organizations in Oregon to do this work.

Obstacles and opportunities

- OHA must demonstrate a genuine commitment to building meaningful relationships with trans communities by engaging in power-sharing and reciprocity, including providing compensation for committee participation.
- If offering more compensation than the typical OHA committee structure, new bylaws may be required that allow for this.
- Where would funding for compensation of the committee come from? Would need support for this budgetary item as well.
- Need to determine who would approve FTE for the policy staff and get buy-in from this person/group.
- Need to determine if the policy staff and leadership role would be two different people, then create job descriptions for these roles, and identify a recruitment plan.
- Determine how decisions will be made about outreach and who gets invited.
- Important to define "access to power." Would the OHA Medical Director attend these committee meetings? How to ensure access to decision-making? What is the accountability structure for this?

Anti-racism and equity

- Before engaging the Advisory Committee, OHA needs to figure out how the committee fits into the power and decision-making structures of OHA. Assembling a committee to make recommendations without a clear idea of how these recommendations will be handled and implemented can end up perpetuating inequities in power and access.

- Committee members must represent the full diversity of GAC patients in Oregon, with dedicated outreach to GAC patients with intersecting identities, including those who have disabilities and/or are:
    - people of color,
    - Tribally affiliated,
    - living in rural areas,
    - have disabilities
    - OHP members
    - unhoused, and/or
    - immigrants.
- The committee should have mostly people with lived experience receiving GAC, only a few members should be GAC providers, and even fewer GAC researchers and policy makers.
- Include Two Spirit folks with an Indigenous perspective on the committee and in decision-making processes.

Community engagement

- Align efforts with OHA's emerging community engagement framework.
- Include Two Spirit folks with an Indigenous perspective on the committee and in decision-making processes.
- Invite community members to be a part of reviewing applicants for this role to increase community trust.
- Determine a feedback process for when community groups and individuals have feedback about GAC resources in Oregon.
    - Who do they reach out to?
    - How?
    - What is done with that feedback?
- Develop formal feedback loops where committee members can provide input on existing policies and new healthcare reforms before they are finalized or implemented.
- Report wins out to community groups to create a high-quality feedback loop.
- Identify key community stakeholders that might want to review decisions/policies before they are finalized.

Recommendation 2: Workforce Development – Training

1. Support GAC training for all providers and clinical staff.
2. Support GAC Clinical Competency Training for applicable providers.
3. Support Trauma Informed Care Training for all providers and clinical staff.
4. Support Implicit Bias Training for all providers and clinical staff.
5. Support training for the collection and utilization of SOGI data.
6. Support recurring GAC ECHOs. (Extension for Community Healthcare Outcomes)
7. Support recurring GAC ECHOs. (Extension for Community Healthcare Outcomes)
8. Call for health care professional schools (medical, nursing, PA, counseling) to include GAC training as part of their core curriculum.

Goals

- Demystify GAC.
- Provide support and peer mentoring.
- Share best practices for capturing REALD and SOGI data.
- Increase awareness of the Gender Minority Stress Model.
- Reduce unnecessary differentiation between people who receive certain types of care. Many treatments are provided to both transgender and cisgender patients. Differentiating the genders of who receives this care is unnecessary and harmful.
- Connect to the lifesaving and mental health benefits of GAC.
- Ensure access to GAC providers who can meet patient needs.
- Make GAC services available in patients' preferred medical home instead of making patients seek referral.
- Ensure the availability of a sufficient number and distribution of clinicians who can provide timely specialty GAC (e.g., surgeries) to serve the needs of all patients seeking such care.
- Ensure that management of gender-affirming hormone therapy (GAHT) is not seen as specialty care but instead is considered a core clinical competency of primary care providers.
- Assess and document providers' GAC skills, so patients seeking GAC know they are receiving quality care.

- Ensure that every clinician has the skills and training necessary to provide affirming and respectful care to gender diverse patients.
- Provide training to ensure providers know the most current and relevant GAC practices.
- For providers who want to provide GAC to be able to complete a training within a certain number of months.
- Identify resources for training and outline a program for providers and clinical staff to follow.
- Create implicit bias training opportunities for hospital and clinic staff.
- Create a healthcare delivery system that:
    - Provides a welcoming and inclusive workplace and fosters a culture of respect, diversity, and inclusion.
    - Provides ongoing training and education and keeps staff up to date on the latest best practices in gender-affirming care.
    - Offers mental health support by providing access to mental health services for staff to help them cope with the challenges of working in this field.
    - Recognizes and rewards excellence by acknowledging and rewarding the contributions of GAC providers.

Implementation actions

- Fund the creation of these trainings.
- Promote these trainings across health systems in the state with a focus on rural areas.
- Encourage medical continuing education units/continuing medical education (CME/CEU) providers to expand their offerings to include these topics.
- Provide a GAC Helpline for trained providers who need support in implementing or understanding specific tools when treating patients.
- Explore statewide competency standards.
- Ensure that trainings address both WPATH and informed consent models of care.
- Share why these trainings are important, including evidence.
- Create and integrate a training model that:
    - is accessible,
    - allows providers to use the information provided to them, and

- keeps the conversation alive because one training course is not enough.

Potential resources

- Form a peer support group made of clinicians, senior-level leadership, allies, navigators etc. to ensure the success of the training program.
- Hold open office hours for questions and problem solving.
- Invest in asynchronous online trainings, which could be more accessible and sustainable than in-person training.
- Collaborate with statewide educational institutions and programs.
- Seek evidence-based trainings provided through the National LGBTQIA+ Health Education Center in Boston.

Obstacles and opportunities

The following questions and topics need to be addressed:

- Will the proposed clinical competency be for medical schools? Or for providers in practice? How will it be developed, assessed, and advertised?
- Will the trainings focus more on “creating a welcoming space” or on the clinical skill of GAC?
- What can be done to incentivize (or, if required, to track) completion of CME hours? How can we remove barriers from completing these CME hours?
- Training will be a major undertaking that will require a great deal of funding. How to make this process more efficient? Who is already doing this work?
- Discuss biases that will often create barriers to care (Ex. BMI restrictions).

Anti-racism and equity

- Address how anti-fat bias often creates barriers to access to GAC.
- Address how intersectionality (race, size, disability, class, etc.) further impacts gender diverse people.
- Evaluate ongoing performance.
- Include an understanding of intersectionality as it relates to social determinants of health, health disparities, and health care access/quality in core competency standards
- Ask, “What are the current efforts to mandate racial equity training for providers in Oregon?” There is a huge disparity in the quality of care received by patients,

and any effort to advance GAC must also address racial healthcare disparities. These shouldn't be separate training efforts, but instead part of a broader workforce and training initiative to address all forms of healthcare inequity.

Community engagement

- Engage with trusted CBOs to assess existing trainings or standards.
- Fund trans-focused CBOs to develop or offer trainings.
- Prioritize training provided by gender diverse community members.
- Create structures and practices that support the ongoing use of the training materials and evaluation of services over time.
- Vet who is providing these trainings with input from community members.
- Pilot trainings with community groups to check for inaccuracies or missed areas.

Recommendation 3: Recruitment, hiring, and retention

- Provide informational webinars on best practices and GAC.
- Support the creation of a GAC Workforce learning collaborative.
- Support the creation of a GAC Peer Support Group for providers and clinical staff.
- Share and promote affirming HR policies.
- Reduce barriers to credentialing and contracting that prevent trans and gender diverse mental health providers from entering or remaining in the workforce.
- Work with state and national licensing boards to require relevant GAC knowledge and skills as part of their core competency requirements.
- Increase the number of healthcare professionals who pursue specialty surgical training related to GAC.
- Implement educational pathway interventions to recruit more trans and nonbinary people into healthcare professions.
- Implement career retention initiatives to prevent burnout among GAC providers, especially those who are trans and nonbinary themselves.
- Support GAC Extension for Community Healthcare Outcomes (ECHOs) to create a collaborative learning environment for health care professionals to receive peer support and continuing education.

- Implement focused hiring initiatives to build a robust pathway of GAC providers, focusing on increasing diversity and addressing gaps in rural and underserved areas.

Goals

- Attract qualified candidates with lived experience or demonstrated commitment to GAC.
- Support health care providers to avoid burnout.
- Increase the representation of trans and nonbinary individuals in healthcare professions.
- Create more access to GAC providers and gender diverse clinicians.
- Set a standard that Oregon supports gender diverse people and providers who support gender diverse people.
- Reduce provider shortages in underserved areas.
- Share success stories.
- Provide mentorship to GAC providers.
- Organize and mobilize CBO, educational institution, and/or State funded resources that provide training and support for GAC providers.
- Offer opportunities for continuous learning.
- For the sociodemographics of the healthcare workforce in Oregon to be representative of patient sociodemographics (REALD and SOGI).
- For all new healthcare professionals, upon graduating, to have:
    - the knowledge and skills necessary to provide respectful and affirming care to all gender diverse patients, and
    - the clinical competency to provide gender-affirming procedures as relevant to their specialty.

Implementation actions

- Partner with educational institutions to establish scholarships and mentorship programs for gender-diverse healthcare students.
- Develop targeted outreach campaigns to recruit GAC providers for rural areas, offering relocation incentives and retention bonuses.
- Collaborate with community organizations to identify candidates with experience in GAC.
- Identify current well-regarded GAC providers.

- Have a group of “thought leaders” whose operational experience along with members of the community (“nothing about us without us”) work with the State to set up and fund these recommendations.

Potential resources

- Federal grants for workforce diversity and health equity.
- Partnerships with professional associations and advocacy groups to enhance outreach efforts.
- Recruiting, training and retaining LGBTQ proficient providers: A Toolkit from the National LGBTQIA+ Health Education Center.

Obstacles and opportunities

- Looking beyond the “one off” training model and creating systems (infrastructure) that allows for the ongoing integration of the GAC ideas/ideals into the existing system and an approved model that administration / providers can use to forward the conversation in their health centers.
- Limited interest in rural positions due to resource constraints.
- Emphasize the transformative impact of these roles on underserved communities to attract mission-driven professionals.

Anti-racism and equity

- These efforts should be part of a broader, state-wide initiative to increase the racial, class, and geographic representation of clinicians.

Community engagement

- Create a peer support network for GAC providers and staff in Oregon.

Recommendation 4: Organizational Changes

- Support GAC organizational updates such as signage, billing, forms, bathrooms.
- Ensure policies related to GAC access are incorporated through OHA funding, certification, and recognition programs for health care settings.
- Create the infrastructure to support GAC Extension for Community Healthcare Outcomes (ECHOs).
- Create and support a GAC Peer Support group for providers.

- Ensure Electronic Health Records (EHRs) correctly capture and display chosen names, pronouns, and other gender-related information.
- Reduce insurance barriers to obtaining GAC such as prior authorizations and gender-affirming letter requirements.
- Ensure that clinic staff (e.g., scheduling, billing, etc.) have the necessary training to engage with gender diverse patients.

Goals

- Provide educational and peer support for SBHC staff.
- Create a repository of templates for forms, signage etc.
- Ensure safety for SBHC staff and kids.
- For all aspects of the healthcare environment to be inclusive and welcoming to all patients, regardless of their gender identity or expression.
- For all interactions that occur in healthcare settings to be respectful and affirming to all patients, regardless of their gender identity or expression.
- For all healthcare-related systems (e.g., billing, insurance, etc.) to be optimized to ensure equitable access and care quality for all patients, regardless of their gender identity or expression.

Implementation actions

- Develop a safety plan.
- Develop healthcare environment standards (analogous to ADA requirements) that specify elements of the built environment that need to be in place for a clinic to be accessible to gender diverse patients (e.g., access to gender-neutral bathrooms).
- Develop standardized templates for inclusive forms, signage, and intake materials.
- Create a certification program for facilities that meet benchmarks for GAC inclusivity, such as gender-neutral bathrooms and affirming signage.
- Build a virtual learning platform for statewide GAC ECHOs, prioritizing accessibility for rural and remote providers.
- Create a repository of recorded ECHOs for asynchronous learning.
- Develop microlearning modules focused on respectful communication, pronoun use, and GAC best practices for front-line staff.
- Integrate GAC training into compliance and onboarding processes.

Potential resources

- Collaborate with advocacy organizations like Basic Rights Oregon to design and vet materials.
- Use funding from OHA's equity initiatives to support toolkit creation and dissemination.
- Partner with OHSU and similar institutions to leverage existing infrastructure.
- Seek grants focused on rural health and health equity initiatives.

Obstacles and opportunities

- Resistance to change in some facilities, resource constraints for smaller clinics.
- High initial costs and potential resistance to virtual learning formats.
- Highlight the benefits of inclusive practices on patient satisfaction and care outcomes to encourage adoption.
- Position ECHOs as a tool to reduce provider burnout and enhance peer support networks.

Anti-racism and equity

- These standards need to be aligned wand mutually reinforcing with other systemic equity and access initiatives (e.g., ADA, language access, etc.).

Community engagement

- Identify local partnerships to support SBHCs across the state.
- Involve community in developing and evaluating any standards and systemic changes.
- Include GAC patients and providers in the development and piloting of training to ensure relevance and efficacy.

Recommendation 5: Access to GAC

- Increase telehealth opportunities and use.
- Invest in community organizations that provide supportive, wrap-around services and care to trans and nonbinary people, including reimbursement mechanisms for non-clinical care, like:
    a. peer support,

b. community health workers,
c. post-surgery care,
d. injection anxiety, and more.

- Identify parts of Oregon that need more GAC providers. Provide tailored interventions to increase the number of GAC providers in these areas.
- Remove cost and other barriers to accessing GAC.

Goals

- Increase usage of telehealth for providing GAC
- Recruit through trusted community partners to staff THWs and peer supports.

Implementation actions

- Expand telehealth services for GAC, particularly in rural areas.
- Provide funding for technology upgrades in clinics to support telehealth implementation.
- Train providers in delivering effective GAC through telehealth.
- Collaborate with trusted community organizations to provide wrap-around services such as peer support and post-surgical care.
- Develop reimbursement mechanisms for non-clinical care, including peer support and community health workers.
- Conduct a needs assessment to identify GAC provider shortages in the state.
- Implement scholarships and loan forgiveness programs to incentivize providers to serve underserved areas.
- Advocate for insurance policy reforms to eliminate pre-authorization requirements for common GAC procedures.
- Pilot programs to provide upfront funding for travel and lodging for rural patients accessing specialized care.

Potential resources

- Collaborate with broadband initiatives to address connectivity challenges in underserved areas.
- Partner with telehealth platforms to customize services for gender-affirming care.
- Secure funding from OHA and private grants to support these initiatives.

- Highlight successful community-led efforts to attract further investment.
- Collaborate with health equity advocates to push for policy changes.
- Seek philanthropic support for pilot programs.
- Resources from the National LGBTQIA+ Health Education Center in Boston.

Obstacles and opportunities

- Limited internet connectivity and patient unfamiliarity with telehealth.
- Attracting providers to rural areas due to resource limitations.
- Telehealth reduces wait times and improves access to care for remote populations.
- Promote the meaningful impact of these roles to mission-driven candidates.

Anti-racism and equity

- Ensure that feedback and data on GAC access efforts follow REALD and SOGI data collection standards to track progress on addressing health inequities for specific gender diverse and intersectional populations.
- Ensure equitable resource distribution to communities and organizations serving marginalized communities, including Black, Indigenous, and People of Color.

Community engagement

- Recruit for caregivers through trusted community partners.

Conclusion

The HCWF Committee GAC Provider Workgroup acknowledges that the process and development of these preliminary recommendations are an important first step in increasing protections, accessibility, and trainings for GAC in Oregon. This aligns with OHA's goal of eliminating health inequities by 2030. The workgroup expects that these preliminary recommendations will evolve over time with the creation of the ongoing GAC Advisory Committee.

Appendix

Background

April 2, 2024

At the April 2, 2024, OHPB meeting, the Health Equity Committee (HEC) presented two community advocacy letters imploring prompt attention and action from OHA leadership.

In the Gender Affirming Care Letter, HEC addressed members of the OHPB and OHA and outlined their advocacy and policy recommendations for ensuring access to Gender-Affirming Care in Oregon. The letter made specific requests to address the pressing concerns of LGBTQIA2S+ communities, with recommendations including:

- increased protections, accessibility, and trainings for Gender Affirming Care (GAC),
- active engagement of LGBTQIA2S+ organizations and voices in policy development and implementation,
- public statements from OHA, the Governor's office, and OHPB;
- revising reimbursement policies that raise financial barriers to GAC for people throughout the state, and
- special considerations for GAC access for youth and rural populations that experience severe inequities.

August 28, 2024

Dr. Hathi responded to the HEC Gender Affirming Care letter and outlined OHA's support in her letter to OHPB.

In this letter, Dr. Hathi reinforced OHA's commitment to supporting GAC and addressing the pressing health equity and social determinants of health needs for LGBTQIA2S+ communities. She emphasized that GAC is a fundamental aspect of health care and a critical factor for the safety and thriving of trans, nonbinary, and Two-Spirit people, and that it is essential for Oregon to prioritize its availability. Expanding access to GAC is directly aligned with OHA's commitment to health equity and OHA's 2030 goal of eliminating health inequities, as highlighted in the OHA Strategic Plan.

Dr. Hathi announced the development of an internal Gender Affirming Care Workgroup in partnership with the HEC to:

- Advise OHA and OHPB on ways to improve training, hiring, and retention of GAC providers.
- Collaborate with trans and nonbinary individuals and communities to develop policies that ensure OHP-contracted providers receive GAC training and are held

accountable to providing equitable care, particularly in rural areas of the state. This can be started by developing a provider network where peer learning and support can happen and incentivizing culturally specific care through reimbursement.

- Encourage Governor Kotek, OHA, and OHPB to issue public statements in unequivocal support of access to GAC.
- Revisit reimbursement policies around travel and lodging during surgery and recovery for rural patients in favor of covering travel and lodging up front to reduce financial barriers.
- Expand the workgroup's scope to address other needs of the community once implementation shifts toward ongoing maintenance and compliance.

Dr. Hathi prioritized the following recommendations from the HEC letters:

- Codify statewide access to GAC into law or constitution, protecting it from changes to federal law.
- Ensure LGBTQIA2S+ voices are heard and needs are addressed by actively engaging them in policy creation. This could include HEC convening or facilitating community-led conversations with groups like the Oregon Trans Health Coalition and Gender Hive.
- Address ongoing access issues, including the lack of providers, lengthy wait times, and disparities in access between urban and rural areas, with targeted investment in developing the GAC workforce.
- Safeguard GAC access for LGBTQIA2S+ youth, recognizing them as one of the most vulnerable populations at risk of political scapegoating and targeting.

Glossary

2STNB:	Two Spirit, Transgender, and Nonbinary
BMI:	Body Mass Index
CME/CEUs:	Continuing Medical Education / Continuing Education Units
ECHOs:	Extension for Community Healthcare Outcomes
EHRs:	Electronic Health Records
GAC:	Gender-Affirming Care
GAHT:	Gender-Affirming Hormone Therapy
HEC:	Health Equity Committee
LGBTQIA2S+:	Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, Intersex, Asexual, and Two-Spirit, + = an all-encompassing representation of gender identities and sexual orientations
OHP:	Oregon Health Plan
OHPB:	Oregon Health Policy Board
REALD:	Race, Ethnicity, Language, and Disability
SOGI:	Sexual Orientation, Gender Identity