

QUALITY STANDARDS

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# **Gender-Affirming Care for Gender-Diverse People: Care for Adults**

## **Technical Specifications**

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# How to Use the Technical Specifications

This document provides technical specifications to support the implementation of the [Gender-Affirming Care for Gender-Diverse People: Care for Adults](#) quality standard. Care for gender-diverse adults is a critical issue, and there are significant gaps and variations in the quality of care that gender-diverse adults receive in Ontario. Recognizing this, Ontario Health released the quality standard to identify opportunities that have a high potential for quality improvement.

This document is intended for use by those looking to implement the *Gender-Affirming Care for Gender-Diverse People: Care for Adults* quality standard, including clinicians and health service organizations.

This document has dedicated sections to describe the following:

- Indicators that can be used to measure progress toward the overarching goals of the quality standard as a whole
- Statement-specific indicators that can be used to measure improvement for each quality statement within the quality standard

Indicators may be provincially or locally measurable:

- Provincially measurable indicators: how we can monitor the progress being made to improve care at the provincial level using province wide administrative data sources
- Locally measurable indicators: what you can do to assess the quality of care that you provide at an organizational or individual level

The following tools and resources are provided as suggestions to assist in the implementation of the *Gender-Affirming Care for Gender-Diverse People: Care for Adults* quality standard:

- The [Getting Started Guide](#) outlines the process for using quality standards as a resource to deliver high-quality care; it contains evidence-based approaches, as well as useful tools and templates to implement change ideas at the practice level
- Our [Spotlight Report](#) highlights examples from the field to help you understand what successful quality standard implementation looks like

# Measurement to Support Improvement

This document accompanies Ontario Health’s *Gender-Affirming Care for Gender-Diverse People: Care for Adults* quality standard. The Gender-Affirming Care Quality Standard Advisory Committee identified 5 overarching indicators to monitor the progress being made to improve care for adults seeking gender-affirming care in Ontario. Two overarching indicators are provincially measurable (well-defined or validated data sources are available across the province), and the other 3 are measurable only locally (data sources to measure them consistently across the province do not currently exist).

The *Gender-Affirming Care for Gender-Diverse People: Care for Adults* quality standard also includes statement-specific indicators that can be used to measure improvement for each quality statement in the quality standard.

Additional information on measuring indicators can be found in the [Quality Standards Measurement Guide](#). The measurement guide also includes descriptions of data sources that can be used to support quality standard indicators that are measured consistently across health care teams, health care sectors, and the province.

## Equity Considerations

Ontario Health is committed to promoting health equity and reducing disparities and encourages collecting data and measuring indicators using equity stratifications that are relevant and appropriate for your population, such as patient socioeconomic and demographic characteristics. These may include age, income, region or geography, education, language, race and ethnicity, gender, and sex. Please refer to Appendix 3, Values and Guiding Principles, in the quality standard for additional equity considerations.

## Quality Standard Scope

This quality standard addresses care for gender-diverse adults aged 18 years and older. The quality standard focuses on gender-affirming care and the primary care needs of gender-diverse adults, including health assessment, screening, treatment, and follow-up. It addresses primary care referral for gender-affirming surgical assessment, based on clinical evidence, but not specific surgical procedures.

Although many statements may apply to intersex people, this quality standard does not directly address the care of intersex people.

The quality standard includes 5 quality statements. They address areas identified by the Gender-Affirming Care Quality Standard Advisory Committee as having high potential for improving the quality of care in Ontario for gender-diverse adults.

# Cohort Identification

For measurement at the provincial level, gender-diverse adults are not currently identifiable within most provincial clinical administrative data; at present, most datasets have the limitation of conflating sex at birth with gender identity. More information on this limitation can be found in the [Gender and Sex at Birth equity stratifier guidance documents](#) from the Canadian Institute for Health Information (CIHI).<sup>1</sup> Moving forward, the aspiration is for data assets to be developed with gender and sex at birth included as separate data elements and for legacy clinical administrative databases and data feeds to be redesigned to avoid the conflation of these distinct concepts. Health survey data representative of Ontario can be used in place of clinical administrative data, where applicable. For local measurement, gender-diverse adults can be identified using data collected on a more limited scale, for example, by primary care organizations, public health units, or Ontario Health Teams. These data can be collected from sources like targeted surveys, electronic medical records, or patient information systems.

## Cohort Identification Using Available Data

To develop a cohort of gender-diverse adults for the provincially measurable indicators in this quality standard, the annual [Canadian Community Health Survey \(CCHS\)](#) from Statistics Canada can be used.<sup>2</sup> Unlike clinical administrative data sources typically used to calculate the measures to support improvement, data from the CCHS cannot be assessed at the organizational level. Instead, provincially measurable indicators can be analyzed by using the geographic variables available in the CCHS, sample size permitting. Sample sizes can be increased by pooling multiple years of annual data.

To identify gender-diverse adults, the CCHS variables on gender (GDR\_010) and sex at birth (DHH\_SEX) can be used to derive a cohort of adults who currently identify as a gender that does not correspond to the sex they were assigned at birth. The data can be subset to adults aged 18 years and older based on the age variable (DHH\_AGE).

As of 2019, the CCHS gender variable includes the following response options: “male,” “female,” “gender-diverse,” “don’t know,” and “refusal.” Respondents who answer “don’t know” or “refusal” are excluded from the cohort. CCHS surveys before 2019 conflate the concepts of sex and gender and should not be used for analysis of gender-diverse people.

In addition to the CCHS, 2 community-based surveys have also measured the well-being of gender-diverse people in Ontario: the 2009–2010 Trans PULSE survey in Ontario<sup>3</sup> and the 2019 Trans PULSE Canada survey.<sup>4</sup> These surveys played a key role in identifying priority issues and gaps in the health and well-being of the gender-diverse community; however, their sampling strategies were targeted to promote a fulsome sample size. Thus, these surveys may not be fully representative of the gender-diverse population in Ontario. At this time, a future iteration of the Trans PULSE surveys is not foreseen.

For local data collection, a cohort of gender-diverse adults can be established by including specific data elements in patient surveys, intake forms, or other modes of data collection. Such data sources may allow adults to self-report their gender-diverse identity (e.g., Two-Spirit, trans, nonbinary, or gender-diverse), or they may have a 2-step option whereby the data elements for sex at birth and gender can be used together to identify gender-diverse adults.

More information on the reporting of gender and the use of the 2-step method to identify gender diversity can be found in CIHI's [\*Gender Stratifier: Guidance on Measuring and Reporting Health Inequalities\*](#).<sup>5</sup>

# Overarching Indicators That Can Be Measured Using Provincial Data

## Indicator 1: Percentage of gender-diverse adults who have a primary care clinician

### DESCRIPTION

Indicator name: Percentage of gender-diverse adults who have a primary care clinician

Directionality: Higher is better

### Measurability: Measurable at the provincial level

Dimensions of quality: Effective, equitable

Quality statement alignment:

- Quality Statement 2: Gender-Affirming Primary Care
- Quality Statement 3: Gender-Affirming Hormone Therapy
- Quality Statement 4: Gender-Affirming Mental Health Care

### CALCULATION

#### *Denominator*

Total number of adults whose self-identified gender is not the same as the sex they were assigned at birth

#### Inclusions

- If DHH\_SEX = 1 (male) and GDR\_010 = 2 (female) or 3 (gender-diverse)
- If DHH\_SEX = 2 (female) and GDR\_010 = 1 (male) or 3 (gender-diverse)
- If GDR\_010 = 3 (gender-diverse)

#### Exclusions

- If DHH\_SEX = 1 (male) and GDR\_010 = 1 (male) or DHH\_SEX = 2 (female) and GDR\_010 = 2 (female)
- If GDR\_010 = 7 (don't know)
- If GDR\_010 = 8 (refusal)

## *Numerator*

Number of people in the denominator who have a regular health care provider (i.e., a family doctor, general practitioner, or nurse practitioner) whom they regularly see or talk to when they need care or advice for their health, as reported in the CCHS

## *Inclusions*

- Respondents who answered “yes” to question PHC\_020 and “family doctor or general practitioner” or “nurse practitioner” to question PHC\_030
  - Question PHC\_020: “Do you have a regular health care provider? By this, we mean one health professional that you regularly see or talk to when you need care or advice for your health.”
    - PHC\_020 = 1 (yes)
  - Question PHC\_030: “Is that regular health care provider a...?”
    - PHC\_030 = 1 (family doctor or general practitioner) or 3 (nurse practitioner)

## *Method*

$\text{Numerator} \div \text{Denominator} \times 100$

Results should be weighted using the appropriate survey weights described in the CCHS methodology documentation.

## *Data Source*

CCHS

## **LIMITATIONS**

- CCHS data are not attached to a specific episode of care and as such cannot be used to calculate results for this indicator at an organizational level
- Stratifications of this indicator may be limited by sample size; as more years of CCHS data become available, pooled survey years can help mitigate sample size constraints
- Excluded from CCHS coverage are people living on Indigenous reserves, full-time members of the Canadian Armed Forces, and people living in institutions (e.g., people living in long-term care facilities, people who are incarcerated)
- For the 2021 CCHS, a small portion of survey responses were delayed into 2022; analysis of 2021 CCHS data should include all responses as if they were reported in 2021

## **COMMENTS**

The methodology for cohort identification in this measure will capture only gender-diverse people whose self-identified gender is not the same as the sex they were assigned at birth. The indicator will not capture respondents who are gender-diverse but who answered that their gender is unknown or



who declined to report their gender. It is also possible that gender-diverse people will be underreported because of a social desirability bias toward reporting gender as aligned with sex assigned at birth.

## Indicator 2: Percentage of gender-diverse adults who feel their health is good

### DESCRIPTION

Indicator name: Percentage of gender-diverse adults who feel their health is good

Directionality: Higher is better

**Measurability: Measurable at the provincial level**

Dimension of quality: Effective

Quality statement alignment: All quality statements

### CALCULATION

#### *Denominator*

Total number of adults whose self-identified gender is not the same as the sex they were assigned at birth

#### Inclusions

- If DHH\_SEX = 1 (male) and GDR\_010 = 2 (female) or 3 (gender-diverse)
- If DHH\_SEX = 2 (female) and GDR\_010 = 1 (male) or 3 (gender-diverse)
- If GDR\_010 = 3 (gender-diverse)

#### Exclusions

- If DHH\_SEX = 1 (male) and GDR\_010 = 1 (male) or DHH\_SEX = 2 (female) and GDR\_010 = 2 (female)
- If GDR\_010 = 7 (don't know)
- If GDR\_010 = 8 (refusal)

#### *Numerator*

Number of people in the denominator who feel their health is excellent, very good, or good, as reported in the CCHS

#### Inclusions

- Respondents who answered “excellent,” “very good,” or “good” to question GEN\_010
  - Question GEN\_010: “In general, would you say your health is...?”
    - GEN\_010 = 1 (excellent) or 2 (very good) or 3 (good)

## Method

Numerator ÷ Denominator × 100

Results should be weighted using the appropriate survey weights described in the CCHS methodology documentation.

## Data Source

CCHS

## LIMITATIONS

- CCHS data cannot be used to calculate results for this indicator at an organizational level
- Self-perceived health may not always correlate with clinician-assessed health
- Stratifications of this indicator may be limited by sample size; as more years of CCHS data become available, pooled survey years can help mitigate sample size constraints
- Excluded from CCHS coverage are people living on Indigenous reserves, full-time members of the Canadian Armed Forces, and people living in institutions (e.g., people living in long-term care facilities, people who are incarcerated)
- For the 2021 CCHS, a small portion of survey responses were delayed into 2022; analysis of 2021 CCHS data should include all responses as if they were reported in 2021

## COMMENTS

The methodology for cohort identification in this measure will capture only gender-diverse individuals whose self-identified gender is not the same as the sex they were assigned at birth. The indicator will not capture respondents who are gender-diverse but who answered that their gender is unknown or who declined to report their gender. It is also possible that gender-diverse people will be underreported because of a social desirability bias toward reporting gender as aligned with sex assigned at birth.

This indicator can be adapted to measure the percentage of gender-diverse adults who feel their *mental health* is good. This adaptation uses variable GEN\_015 in place of GEN\_010 and is a statement-specific indicator for quality statement 4.

# Overarching Indicators That Can Be Measured Using Only Local Data

You might want to assess the quality of care you provide to your gender-diverse patients. You might also want to monitor your own quality improvement efforts. It could be possible to do this using existing clinical records, or you might need to collect additional data (e.g., by modifying patient intake forms or conducting patient experience surveys). We recommend the following potential indicators, which currently can be measured only using local data collection:

## **Indicator 3: Percentage of gender-diverse adults who feel comfortable discussing health care needs related to their gender identity with their primary care clinician**

- Dimensions of quality: patient-centred, safe
- Denominator: total number of gender-diverse adults (i.e., adults whose self-identified gender is not the same as the sex they were assigned at birth)
- Numerator: number of people in the denominator who report feeling comfortable discussing their health care needs related to their gender identity with their primary care clinician
- Data source: local data collection (e.g., patient survey, intake forms, medical records)
- Notes:
  - The accurate measurement of this indicator requires the identification of a cohort of gender-diverse adults based on self-identification. Ensuring people feel safe and comfortable enough to self-identify is necessary for this indicator to be meaningful
  - This indicator was derived from question F1e in the 2019 Trans PULSE Canada survey<sup>4</sup>: “How comfortable are you discussing your trans status and trans or non-binary specific health care needs with your primary health care provider?”

## **Indicator 4: Percentage of gender-diverse adults who felt they were able to access gender-affirming care within an appropriate time frame**

- Dimensions of quality: patient-centred, timely
- Denominator: total number of gender-diverse adults (i.e., adults whose self-identified gender is not the same as the sex they were assigned at birth)
- Numerator: number of people in the denominator who report that they have been able to access gender-affirming care within a time frame they feel is appropriate
- Data source: local data collection (e.g., patient survey, intake forms, medical records)

- Notes:
  - A patient-reported “appropriate time frame” is used for this indicator, rather than a defined time period, to account for variations in people’s gender-affirming care journeys based on clinical circumstances and preferences
  - Beyond measuring patient satisfaction with the wait time for gender-affirming care in general, organizations may benefit from more detailed analysis to understand baseline wait times for individual gender-affirming care services and their respective milestones (e.g., wait times between requests for and prescriptions of gender-affirming hormone therapy), as well as patient satisfaction with those particular wait times (e.g., via Likert scale)

### **Indicator 5: Percentage of primary care clinicians who feel comfortable and sufficiently knowledgeable to care for gender-diverse adults**

- Dimensions of quality: equitable, safe, effective, patient-centred
- Denominator: total number of practising primary care clinicians in the stratification of interest, such as health care organization, region, or clinician type (e.g., nurse practitioner, family doctor)
- Numerator: number of practicing primary care clinicians in the denominator who report feeling comfortable and sufficiently knowledgeable to care for gender-diverse adults
- Data source: local data collection (e.g., survey)
- Notes:
  - The barriers causing primary care clinicians not to feel comfortable or sufficiently knowledgeable to care for gender-diverse adults are wide-ranging and cannot be understood solely by the calculation of this indicator. Further qualitative data collection will be required to understand how to help primary care clinicians become comfortable and knowledgeable enough to care for gender-diverse adults
  - Obtaining additional context from primary care clinicians (e.g., the amount of training or professional development in gender-affirming care they have engaged in) may help inform strategies to increase their comfort with providing and their ability to provide gender-affirming care
  - It may also be beneficial to understand which gender-affirming care services primary care clinicians feel more or less comfortable with providing (e.g., initiating or maintaining gender-affirming hormone therapy, providing postsurgical care)

# Statement-Specific Indicators

The *Gender-Affirming Care for Gender-Diverse People: Care for Adults* quality standard includes statement-specific indicators that are provided as examples; you may wish to create your own quality improvement indicators based on the needs of your population. We recommend that you identify areas to focus on in the quality standard and then use 1 or more of the associated indicators to guide and evaluate your quality improvement efforts.

## Quality Statement 1: Gender-Affirming Education and Training for Health Care Teams

### **Percentage of clinicians who have education or training in safe and appropriate gender-affirming care**

- Denominator: total number of clinicians
- Numerator: number of clinicians in the denominator who have received education or training in safe and appropriate gender-affirming care
- Data source: local data collection (e.g., survey)
- Note: This indicator can be stratified by clinician type (e.g., primary care clinician, specialist, nurse)

### **Percentage of health care organizations that provided or facilitated training for their staff on equity, diversity, and inclusion that encompassed content on gender diversity within the past year**

- Denominator: total number of health care organizations in the region or jurisdiction of interest
- Numerator: number of health care organizations in the denominator that provided or facilitated training for their staff on equity, diversity, and inclusion that encompassed content on gender diversity within the past year
- Data source: local or regional data collection (e.g., survey)
- Notes:
  - Organizations should be included in the numerator if they enabled their staff to take this training by covering related costs and providing dedicated work hours for the training
  - This indicator is not applicable at the organizational level; rather, it is applicable to a group of health care organizations and relates to the quality of the health care delivered by the overarching region or jurisdiction
  - This indicator can be stratified by health care sector

## Quality Statement 2: Gender-Affirming Primary Care

### Percentage of gender-diverse adults who are up to date with routine screening appropriate for their health care needs

- Denominator: total number of gender-diverse adult clients of a primary care organization
- Numerator: number of people in the denominator who are up to date with routine screening appropriate for their health care needs
- Data source: local data collection (e.g., medical records)
- Notes:
  - Appropriate routine screening should be determined on an individual basis by each client’s primary care clinician and should be based on each client’s age, gender, and current anatomy
  - This indicator can be stratified by screening type (e.g., cancer, bone mineral density, sexual health)

### Percentage of gender-diverse adults whose primary care records have up-to-date information about medication history, surgical history, sex assigned at birth, and current anatomy

- Denominator: total number of gender-diverse adult clients of a primary care organization
- Numerator: number of people in the denominator whose records have up-to-date information about medical history, surgical history (including gender-affirming surgical procedures), sex assigned at birth, and current anatomy
- Data source: local data collection (e.g., medical records)

## Quality Statement 3: Gender-Affirming Hormone Therapy

### Percentage of primary care clinicians who feel that prescribing gender-affirming hormone therapy to gender-diverse adults is within their scope of practice

- Denominator: total number of primary care clinicians in the region, jurisdiction, or organization of interest
- Numerator: number of primary care clinicians in the denominator who feel that prescribing gender-affirming hormone therapy to gender-diverse adults is within their scope of practice
- Data source: local data collection (e.g., survey)
- Note: This indicator can be stratified by clinician type (e.g., family physician, nurse practitioner)

### **Percentage of gender-diverse adults whose gender-affirming hormone therapy medications are managed by a primary care clinician**

- Denominator: total number of gender-diverse adults receiving gender-affirming hormone therapy medication
- Numerator: number of people in the denominator whose gender-affirming hormone therapy medications are managed by a primary care clinician
- Data source: local data collection (e.g., survey)
- Note: A review of medical records could also identify whether gender-affirming hormone therapy medications are managed by primary care clinicians or specialists but may not capture unregulated sources of gender-affirming hormone therapy medications

## **Quality Statement 4: Gender-Affirming Mental Health Care**

### **Percentage of gender-diverse adults who feel their mental health is good**

- Denominator: total number of gender-diverse adult clients of a primary care organization
- Numerator: number of people in the denominator who feel their mental health is excellent, very good, or good
- Data source: local data collection (e.g., survey)
- Note: This indicator can also be calculated using provincially available data by using the GEN\_015 variable in the CCHS (see Overarching Indicator 2 for more details)

### **Percentage of gender-diverse adults who have a comprehensive care plan that affirms their gender identity and expression**

- Denominator: total number of gender-diverse adult clients of a primary care organization
- Numerator: number of people in the denominator who have a comprehensive care plan that affirms their gender identity and expression
- Data source: local data collection (e.g., medical records)
- Note: For more information on comprehensive care plans for gender-diverse adults, please see quality statement 4 in the quality standard

### **Percentage of gender-diverse adults who have been assessed for mental health and substance use concerns**

- Denominator: total number of gender-diverse adult clients of a primary care organization
- Numerator: number of people in the denominator who have been assessed for mental health and substance use concerns
- Data source: local data collection (e.g., medical records)



### **Percentage of gender-diverse adults who report having appropriate access to culturally competent mental health supports**

- Denominator: total number of gender-diverse adult clients of a primary care organization
- Numerator: number of people in the denominator who report having appropriate access to culturally competent mental health supports
- Data source: local data collection (e.g., survey)

## **Quality Statement 5: Gender-Affirming Health Care Environments**

### **Percentage of gender-diverse adults who feel their primary care clinician’s office is a welcoming and safe environment**

- Denominator: total number of gender-diverse adult clients of a primary care organization
- Numerator: number of people in the denominator who feel their primary care clinician’s office is a welcoming and safe environment
- Data source: local data collection (e.g., survey)

### **Percentage of gender-diverse adults whose primary care records have up-to-date information for their name, pronouns, and gender identity (all as indicated by the person receiving care)**

- Denominator: total number of gender-diverse adult clients of a primary care organization
- Numerator: number of people in the denominator whose primary care records have up-to-date information for their name, pronouns, and gender identity
- Data source: local data collection (e.g., medical records)

### **Percentage of primary care practices whose client forms (whether paper or electronic) use gender-inclusive language (e.g., by providing options beyond “male” and “female” to indicate gender)**

- Denominator: total number of primary care organizations within the region or jurisdiction of interest
- Numerator: number of primary care organizations in the denominator whose patient forms use gender-inclusive language
- Data source: local or regional data collection (e.g., survey)
- Note: This indicator is not applicable at the organizational level; rather, it is applicable to a group of health care organizations and relates to the quality of the health care delivered by the overarching region or jurisdiction

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