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# Meeting the Health Care Needs of Transgender People

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# Continuing Medical Education Disclosure

Program Faculty: Sari Reisner, MA

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Disclosure: No relevant financial relationships. Content of  
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# Learning objectives

- ❑ Define some key terms and concepts related to transgender people.
- ❑ Describe the major health and health care disparities facing transgender people.
- ❑ Share resources and strategies for creating a welcoming and gender-affirming environment for transgender patients and staff.



# The Health of Lesbian, Gay, Bisexual, and Transgender People

Building a Foundation for Better Understanding

INSTITUTE OF MEDICINE  
OF THE NATIONAL ACADEMIES



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# Healthy People 2020



[www.healthypeople.gov](http://www.healthypeople.gov)

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# Audience Polling Question

Have you ever met a person who you knew was openly transgender?

Yes

No

Unsure



# Understanding the T in LGBT-Definitions

- ❑ **Sex** - biologic sex, comprised of person's genetic make-up and its phenotypic expression. Often called "birth sex" or "assigned sex at birth".
- ❑ **Gender** - the perception of a person's sex on the part of society as male/man or female/woman.
- ❑ **Gender Identity** - a person's internal sense of self as a man, woman, both, or neither. Usually develops by age three and remains relatively stable over the lifetime.
- ❑ **Gender Expression/ Role** - a person's visible expression of social norms (i.e., mannerisms, dress, speech, behavior) conventionally regarded as masculine, feminine, both, or neither.
- ❑ **Gender Variance/Nonconformity** - variation in gender expression or gender role from conventional norms.



# Definitions (continued)

- ❑ **Transgender** – describes individuals who have a gender identity not fully congruent with their assigned sex at birth
  - Many diverse identities and expressions – no one way to be trans
  - Many (but not all) seek some degree of medical or surgical intervention to align their minds and bodies
  - **Gender Minority** – a person who identifies as transgender or gender nonconforming , and/or whose gender identity or expression differs from the conventional gender binary
  - **Transgender woman** - Male-to-female (MTF), assigned male at birth, lives female/feminine/affirmed woman, transfeminine spectrum
  - **Transgender man** - Female-to-male (FTM), assigned female at birth, lives male/masculine/affirmed man, transmasculine spectrum





# Definitions (continued)

## ❑ Transgender, cont'd

- **Genderqueer** - a relatively new term used by individuals who don't identify as either male or female, or identify as both male and female, or fall along the gender spectrum in some other non-binary way
- **Transsexual** - a medical term used to describe a subset of transgender individuals who have transitioned to the opposite sex, often including sexual reassignment surgery
- **Gender Dysphoria** - subjective mood/affect disturbance experienced by some transgender people whose gender identity is opposite of their assigned sex at birth, or who feel clinically significant distress or impairment due to a noncongruence of their gender role and gender identity

## ❑ Cisgender = non-transgender

- Identifying with or experiencing a gender the same as one's assigned sex at birth, e.g. both male-gendered & male-sexed



# Definitions (continued)

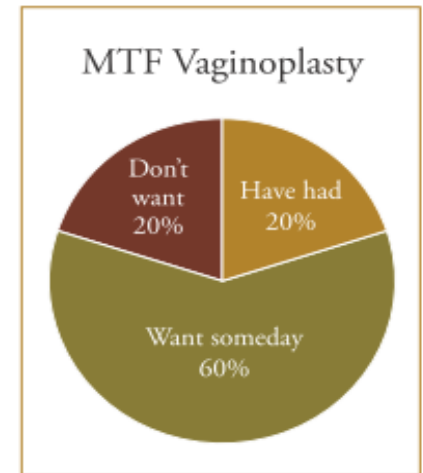
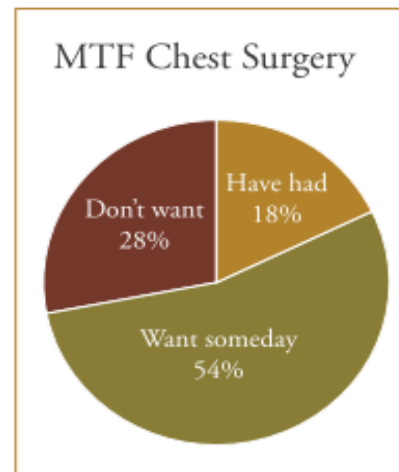
- ❑ **Gender transition/ gender affirmation** – the process of coming to recognize, accept, and express one's gender identity.
  - Most often, refers to the period when a person makes changes that others can see (e.g., changes to appearance, changes to their name and gender presentation).
  - Called **gender affirmation**, because it allows people to affirm their gender identity by making outward changes.
  - Involves social, medical, legal components.
  - Gender affirmation can greatly improve a person's mental and general well-being.
  - There is no one way to affirm one's gender.



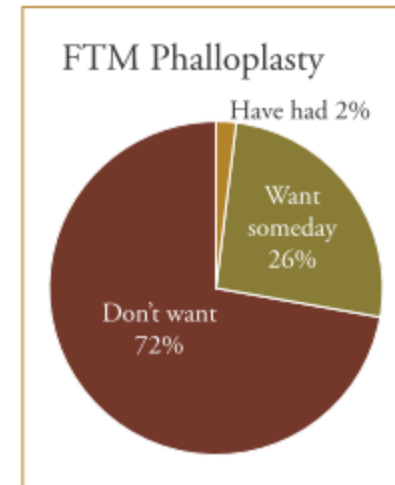
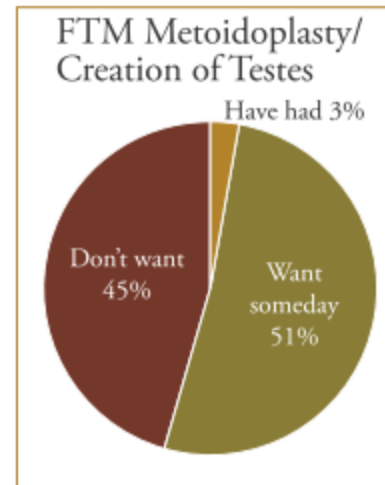
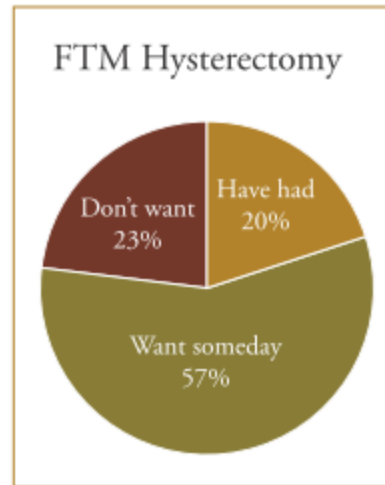
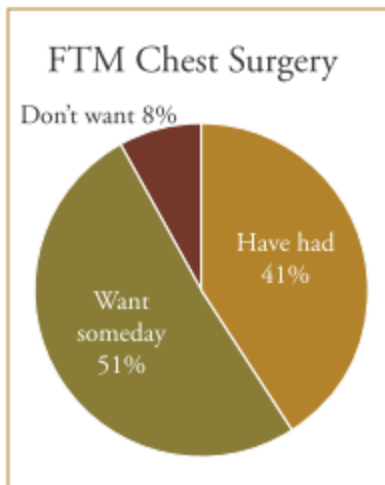
# Diverse Bodies and Expressions

- 76% taking hormones whether monitored or not
- Surgical status and future desire to have surgery is diverse

**MTF**



**FTM**



# Definitions (continued)

## ❑ Words that are offensive to transgender people

- She-male
- He-she
- It
- Trannie or tranny
- “Real” woman or “real” man

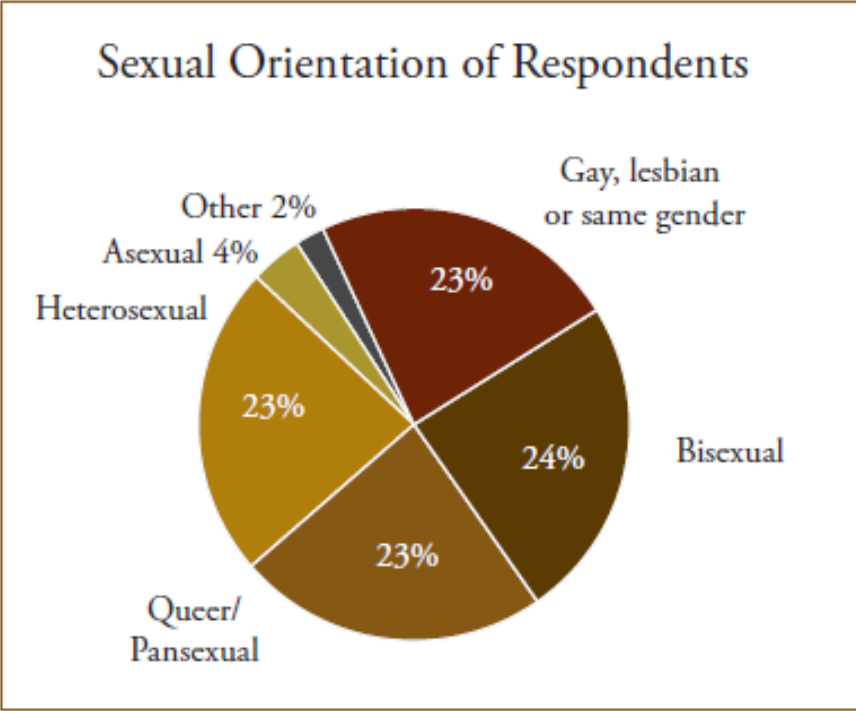
## ❑ Unhelpful questions or comments

- When did you decide to be a man/woman?
- “You look so real. I never would have known.”
- Have you had/ do you want THE surgery?
- What is your *real* name?
- You’re so attractive, why would you want to...?



# Definitions (continued)

- ❑ **Sexual Orientation** - How one identifies their physical and emotional attraction to others. 3 components: attraction, behavior, identity.
  - Being transgender is not the same as being gay.
  - Transgender people can be of any sexual orientation.



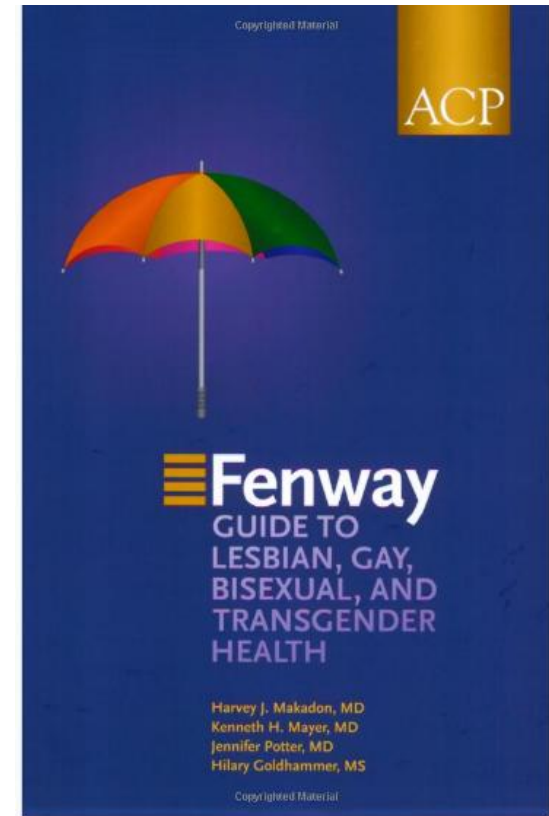
# Learning objectives

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# Transgender Health

- HIV
- Mental health
- Suicidality and non-suicidal self-harm
- Substance use and abuse
- Tobacco use
- Violence and victimization
- Discrimination
- Delay seeking health care
- Health insurance non-coverage
- Lack of culturally competent care



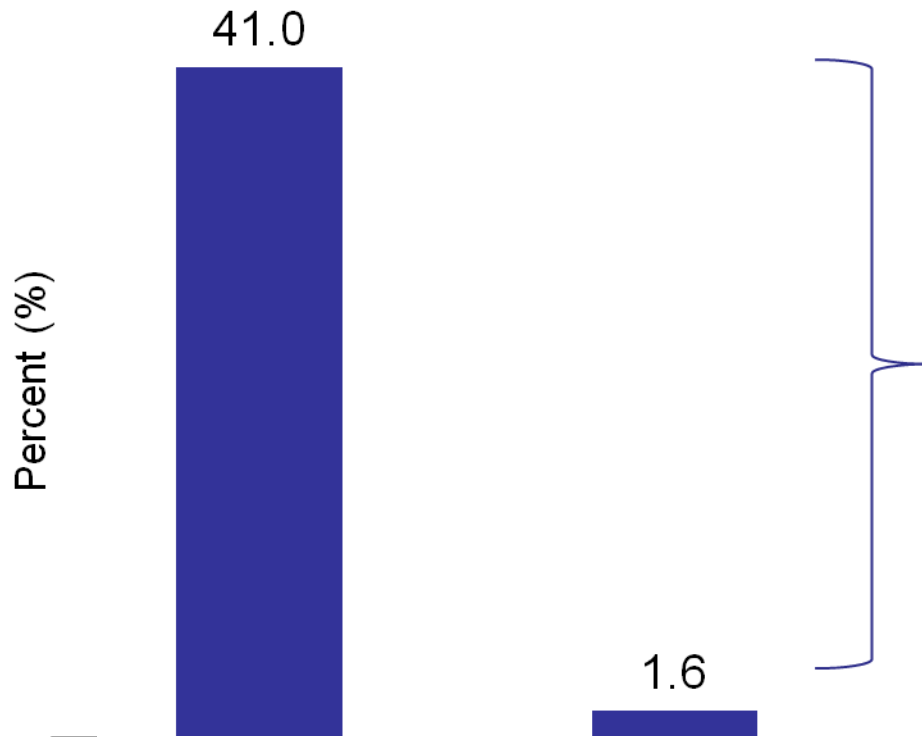
***Challenge: Lack of inclusion of transgender people in most national surveillance systems.***



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# National Transgender Discrimination Survey: Lifetime Suicide Attempt



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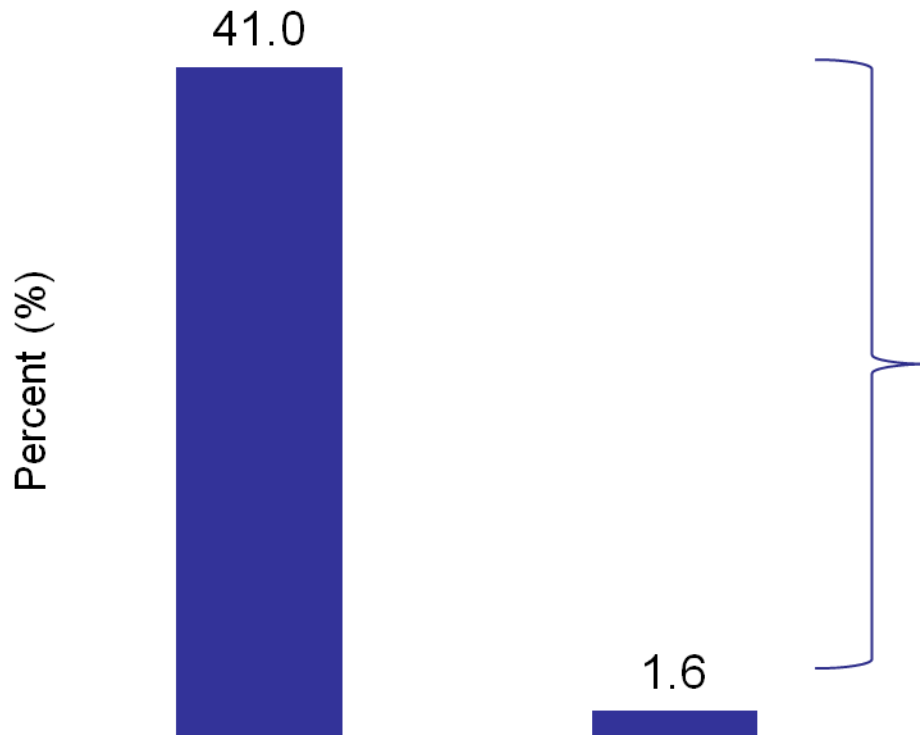
Braveman P. (2006). Health disparities and health equity: Concepts and measurement. *Annual Review of Public Health*, 27, 167-194.

Grant et al. (2011). *Injustice at Every Turn:*

[http://www.thetaskforce.org/downloads/reports/reports/ntds\\_full.pdf](http://www.thetaskforce.org/downloads/reports/reports/ntds_full.pdf)



# National Transgender Discrimination Survey: Lifetime Suicide Attempt



*“Health disparity/inequality is a particular type of difference in health...It is a difference in which **disadvantaged social groups**—such as the poor, racial/ethnic minorities, women, or other **groups who have persistently experienced social disadvantage or discrimination**—systematically experience worse health or greater health risks than more advantaged social groups.”*



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Braveman P. (2006). Health disparities and health equity: Concepts and measurement. *Annual Review of Public Health*, 27, 167-194.

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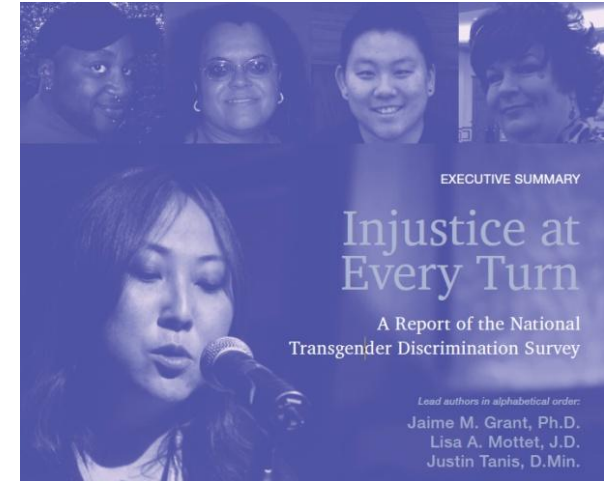
[http://www.thetaskforce.org/downloads/reports/reports/ntds\\_full.pdf](http://www.thetaskforce.org/downloads/reports/reports/ntds_full.pdf)

# Gender Minority Stress



# National Transgender Discrimination Survey: Adversity Related to Gender Identity

- ❑ 57% family rejection
- ❑ 53% verbally harassed or disrespected in a place of public accommodation (e.g., hotel, restaurant, bus, etc)
- ❑ 40% harassed when presenting ID
- ❑ 26% lost a job
- ❑ 19% refused a home or apartment
- ❑ Income: 4x more likely to live on < \$10,000 annually compared to average American
- ❑ Unemployment: 2x the rate of unemployment compared to U.S. rate

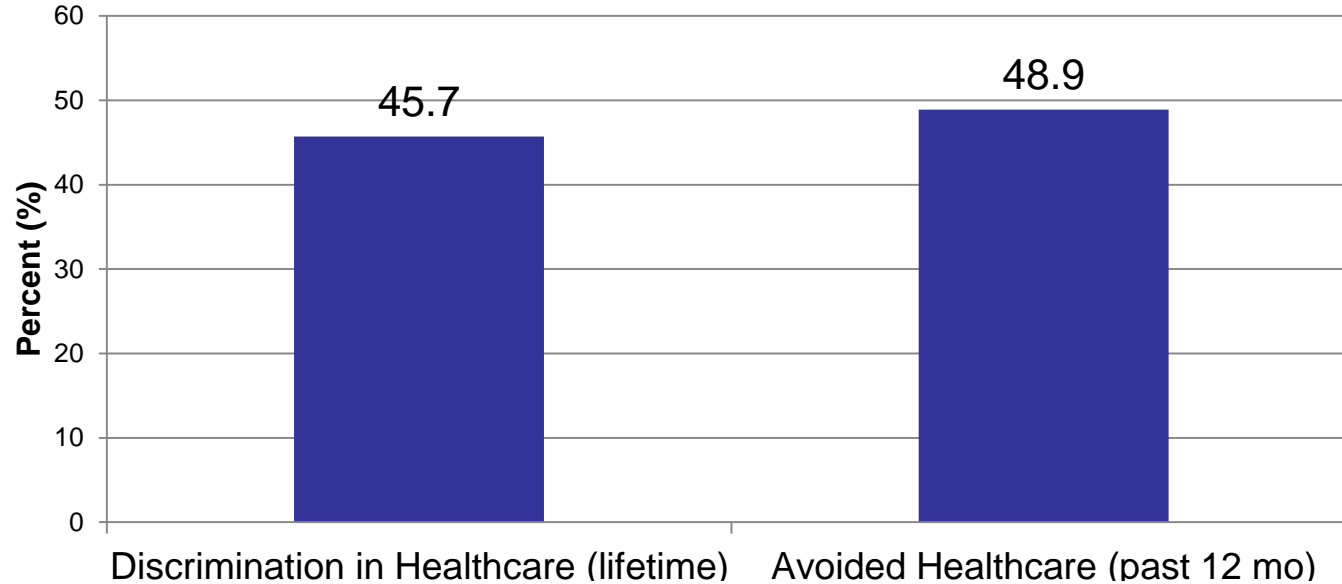


# National Transgender Discrimination Survey: Adversity Related to Gender Identity

- ❑ Lack of health insurance
  - 19% uninsured
- ❑ Lack of provider knowledge
  - 50% reported teaching their medical providers about transgender care
- ❑ Negative experiences in health care
  - 19% refused care due to transgender or gender non-conforming status
  - 28% postponed necessary medical care when sick or injured  
**....due to discrimination by health care providers**
  - 33% delayed or did not try to get preventive healthcare  
**....due to discrimination by health care providers**



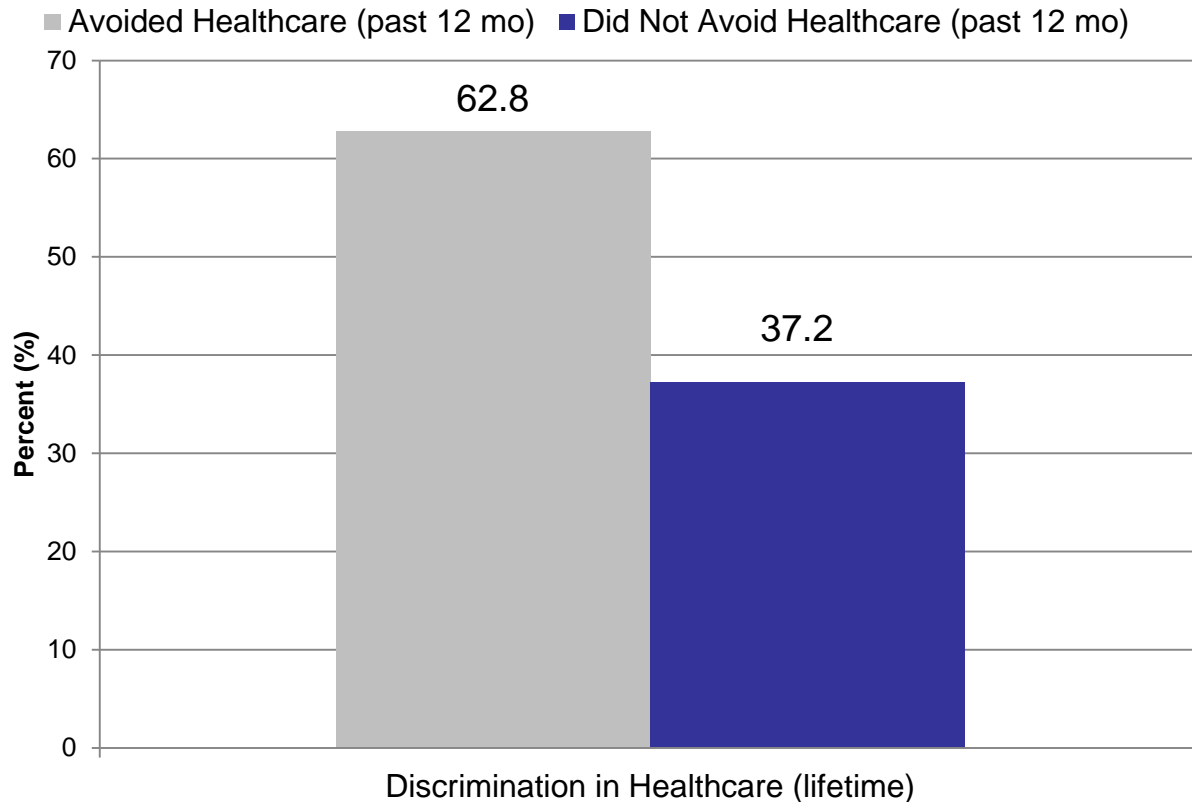
# Discrimination and avoiding health care (n=94)



- Ages 18-65
- Mean age 33
- 24.5% racial/ethnic minority
- 14.9% unemployed
- 14.9% no health insurance
- Mostly trans masculine (> 70%)

Primary reason for avoiding or delaying healthcare in the past 12 months (N=46)	%
1. Provider and healthcare barriers	30.4
2. Cost and finances	26.1
3. Fear and discomfort	21.7
4. No health insurance	13.0
5. Other	8.7

# Association between discrimination and avoiding health care (n=94)



- Experiencing lifetime discrimination in healthcare was associated with a nearly 3-fold increased odds of delaying healthcare in the past 12 months

**\*Adjusted Odds Ratio = 2.96 (95% CI=1.24, 7.09), p=0.015**

**\*Multivariable logistic regression model adjusted for: age, gender identity, race/ethnicity, and health insurance.**

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# Audience Polling Question

A transgender client comes to your health center presenting for care. You are unsure what pronoun to use with the client (e.g., "he" or "she"). Which of the following is the LEAST preferred strategy to use with your transgender client in this situation?

- Politely ask them what pronoun they prefer
- Avoid using a pronoun at all
- Use "it" as a neutral pronoun
- Use "they" as a neutral pronoun





# Creating Change at Home: Affirmative, Inclusive Environments for Caring, Learning, and Working



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# A setting of respect and trust

*"Patients [need] a setting of respect and trust. This requires referring to the transgender patient by their preferred name and pronoun, reassuring the patient about confidentiality, educating clinic staff and colleagues regarding transgender issues, and respecting the patient's wishes regarding potentially sensitive physical exams and tests...Familiarity with commonly used terms and the diversity of identities (including fluid, non-binary identification) within the transgender community is essential."*

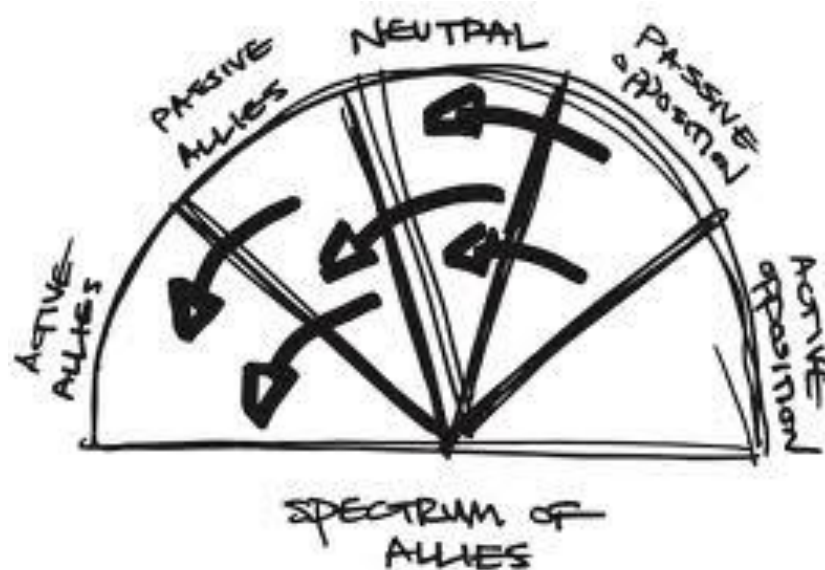


# What can you do in your work?

- ❑ Be non-judgmental, open, professional. Provide client-centered care (e.g., meet the person “where they are”)



- ❑ Be an ally. Educate yourself so you are trans-friendly in your field of expertise. Working with colleagues: “See something, say something.”



# Gathering Patient Data

## ☐ Patient intake forms

- Assigned sex at birth
- Current gender identity
- EMR flags indicating trans patients

## ☐ Providers can ask during visit

- *"Because many people are affected by gender issues, I ask patients if they have any relevant concerns. Anything you say will be kept confidential. If this topic isn't relevant to you, tell me and I will move on."*

[http://www.lgbthealtheducation.org/wp-content/uploads/policy\\_brief\\_why\\_gather.pdf](http://www.lgbthealtheducation.org/wp-content/uploads/policy_brief_why_gather.pdf)



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# Current practice at Fenway Health: Gender, sex, and transgender identity

What is your gender?

- Female
- Male
- Genderqueer or not exclusively male or female

What was your sex at birth?

- Female
- Male

Do you identify as transgender or transsexual?

- Yes
- No
- Don't know



# Centricity (CPS) Registration Screen

CHC Patient Registration - Patient, Test (548312)

Patient  Guarantor

Patient Same as Guarantor

Prefix First Middle Last Suffix  
[ ] Test [ ] Patient [ ]

Address 1 Autumn Street  
[ ]

City/State Boston MA 02215 [ ]

Country USA

Homeless  Effective Date 10/03/2012 [ ]  
Status Not Homeless [ ] [Note] [History]

Phone 1 (617) 111-6666 [ ] Home [ ]  
Phone 2 [ ] - [ ] [ ]

Birthdate 11/20/1961 [ ] 50 Yrs SSN 111-11-1111  
Marital Status (None) [ ]

Gender Male [ ] Occup. [ ]

Employer [ ] [ ]

Status (None) [ ] Date / / [ ]

Last Modified [ ] 01/01/1800

OK Cancel

Mini Registration Additional Contact Info Notes Other Pt Info

Do you identify as Transgender or Transsexual? -- [ ]

Do you think of yourself as (sexual orientation): -- [ ]

What is your Gender? [ ]

What was your sex at birth? [ ]

# Patient Profile

Resp Provider: Joseph Baker MD

## A. PATIENT INFORMATION

1. Name: Test Patient

2. Preferred: Test

3. Address: 1 Autumn Street

4. City, State: Boston, MA 02215

5. Alt Address: \_\_\_\_\_

6. Alt City, State: \_\_\_\_\_

7. Phone: (617) 111-6666  Home  Work  Other

8. Phone: \_\_\_\_\_  Home  Work  Other

9. Do you think of yourself as:  African American/Black  
 Asian  
 Caucasian/White  
 Native American/ Alaskan Native /Inuit  
 Pacific Islander  
 Other \_\_\_\_\_

10. What is your ethnicity?  Hispanic /Latino(a)  
 Non-Hispanic/ Non-Latino(a)

11. What is your annual income? \_\_\_\_\_

12. What is your family size (including yourself)? \_\_\_\_\_

13. Patient ID #: 547749

14. Insurance Gender:  M  F

15. Date of Birth: 11/20/1961

16. Social Security #: XXX-XX-1111

17. Marital Status:  Married  Single  Divorced  Widowed

18. Referring Physician: \_\_\_\_\_

19. Primary Physician: \_\_\_\_\_

20. Preferred Language: \_\_\_\_\_

21. Email Address: \_\_\_\_\_

22. Contact By: \_\_\_\_\_

23. What is your veteran status?  Veteran  Not a Veteran

24. What is your gender?  Male  Female  
 Genderqueer or not exclusively male or female

25. What was your sex at birth?  Male  Female

26. Do you identify as Transgender?  Yes  Don't Know  
 No

27. Do you think of yourself as:  Lesbian, Gay or Homosexual  
 Straight or Heterosexual  
 Bisexual  
 Som ething Else  
 Don't Know

## B. GUARANTOR

Same as Patient

Name: Test Patient

Address: 1 Autumn Street

## C. EMPLOYMENT

Employer: \_\_\_\_\_

Phone: (617) 111-6666

# Collecting Sex and Gender Identity Demographics in Cohort Surveillance Systems (Example)

What sex were you assigned at birth, on your original birth certificate?

*Check one.*

- Female
- Male

How do you describe yourself? *Check one.*

- Female
- Male
- Transgender
- Do Not Identify as Female, Male, or Transgender





# Creating a transgender-friendly office/ center environment for patients and staff



- ❑ Signs and health-related materials
  - Display photos/ads reflecting gender diversity
  - LGBTQ newspapers, magazines, etc.
- ❑ Single occupancy or gender neutral bathroom
- ❑ Call people by preferred name/pronoun
- ❑ Post non-discrimination policy
  - Include 'gender identity and expression'
- ❑ Ensure safety in lobby and parking areas
- ❑ Human Resources forms

Deserves the same care,  
no matter  
which pronoun is used.



Transgender, gay, lesbian, and bisexual people deserve the same care as everyone else. Thousands of healthcare providers in Massachusetts agree. They're working to eliminate barriers to healthcare access, so everyone can be treated well. And *stay* well.

The Gay, Lesbian, Bisexual and Transgender Health Access Project  
MASSACHUSETTS DEPARTMENT of PUBLIC HEALTH  
[www.glbthealth.org](http://www.glbthealth.org)



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# Front Line Staff – Customer Service

Best Practices	Examples	Customer service Principle
Avoid specific gender markers	"How may I help you today?"	<b>RESPONSIVENESS</b>
Politely ask if you are unsure about a patient's preferred name or pronoun	"I would like to be respectful—how would you like to be addressed?" or "What name and pronoun would you like me to use?"	<b>OPEN-MINDEDNESS</b>
Ask respectfully about names	"Could your chart be under another name?" Avoid: "What is your legal name? What is your real name?"	<b>COMMUNICATION</b>
Did you goof? Politely apologize	"I apologize for using the wrong pronoun. I did not mean to disrespect you."	<b>ACCOUNTABILITY</b>
Gender neutral language	Use "they" instead of "he" or "she".	<b>RELIABILITY</b>
Only ask information that is required	Ask yourself: What do I want to know? What do I need to know? How can I ask in a sensitive way?	<b>RESPECT</b>



# Organizational support of front-line staff

- ❑ Create and follow a protocol for noting preferred names, pronouns, mail, voice message instructions
  
- ❑ Have clear lines of referral for questions
  - Appoint a staff person responsible for providing guidance, assisting with procedures, offering referrals, fielding complaints
  
- ❑ Ongoing training and retraining of staff
  - Annual transgender competency trainings and boundary trainings (e.g., know what/ what not to ask about)
  - Train new staff on protocols within one month of hire
  - Accountability for transphobic responses
  - Advanced trainings for staff involved in direct care with expectations of continuing education on transgender issues



# Basic primary care principles

- ❑ Honor the patient's gender identity, use their preferred name/pronoun
  
- ❑ If you have it, check it
  - Affirmed woman will still have a prostate gland
  - Does an affirmed man still have his uterus and ovaries?
  
- ❑ When guidelines conflict in regard to gender or anatomy, use the more conservative guideline

<http://www.checkitoutguys.ca>



Feldman, J. "Preventive Care of the Transgendered Patient: An Evidence-Based Approach" in *Principles of Transgender Medicine and Surgery*, Ettner, R., Monstrey, S., and Eyler, A.E. (Eds). New York: The Haworth Press; 2007.



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If you've never been sexually active (in any way) and have a cervix, you need regular Paps. Check out our website for more information and tips on how to make getting a Pap easier.



[checkitoutguys.ca](http://www.checkitoutguys.ca)

# 10 things transgender people should discuss with their provider

## □ Gay & Lesbian Medical Association (GLMA)

1. Access to healthcare
2. Health history
3. **Hormones**
4. Cardiovascular health
5. Cancer
6. HIV, STDs, and safer sex
7. Alcohol and tobacco
8. Depression/anxiety
9. **Injectable silicone**
10. Fitness (diet & exercise)



# Clinical Guidelines

- ❑ World Professional Association for Transgender Health. Standards of Care (SOC) for the Health of Transsexual, Transgender, and Gender Nonconforming People, 7<sup>th</sup> version:  
[http://www.wpath.org/publications\\_standards.cfm](http://www.wpath.org/publications_standards.cfm)
- ❑ Center of Excellence for Transgender Health, UCSF. Primary Care Protocol for Transgender Patient Care:  
<http://transhealth.ucsf.edu/trans?page=protocol-00-00>
- ❑ Clinical Protocol Guidelines for Transgender Care. Vancouver Coastal Health: <http://transhealth.vch.ca/resources/careguidelines.html>
- ❑ Endocrine Society's Clinical Guidelines: Treatment of Transsexual Persons: <http://www.endo-society.org/guidelines/final/upload/endocrine-treatment-of-transsexual-persons.pdf>



**Thank you!**

**“Enjoyment of the highest  
attainable standard of  
health  
is one of the fundamental  
rights  
of every human being”**



**World Health Organization**



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# Learning Module

[www.lgbthealtheducation.org/training/learning-modules/](http://www.lgbthealtheducation.org/training/learning-modules/)

## Module 7



### Understanding the T in LGBT: A Role for Clinicians

Module 7 familiarizes clinicians with the basic health needs of transgender individuals. Included are explanations of the various meanings of the term “transgender”; descriptions of some of the clinical issues found in transgender populations; and tips for improving the clinical environment for transgender patients.

#### Presentation

Download the presentation for the module: [PDF](#) or [PowerPoint](#)

#### Handouts (PDF format)

[Handout 7-A Readings and Resources](#)

[Handout 7-B References](#)

[Handout 7-C Glossary of Gender and Transgender Terms](#)

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<http://www.lgbthealtheducation.org/training/learning-modules/>



# Resources: Trans Health Program @ Fenway Health

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Directions | Contact | Patient Portal  
Search

## ABOUT FENWAY

## LOCATIONS

## SERVICES

- Medical Care
- Behavioral Health
- Dental Care
- Eye Care
- Pharmacy
- Complementary Therapies
- Alternative Insemination
- HIV, Hepatitis & STD Testing & Services
- LGBT Family & Parenting Services
- Substance Abuse Services
- Support Groups
- Toll-Free Listening Lines
- Violence Recovery Program
- Bisexual Health
- Transgender Health
- Women's Health
- Senior Services



## SERVICES

### TRANSGENDER HEALTH

Fenway Health provides primary medical and mental health care that is sensitive to the needs of people in the transgender spectrum.

The Transgender Health Program at Fenway helps to ensure quality informed care for trans-women, trans-men, gender-queer, affirmed men and women, and others who have health care needs unique to gender expressions and identities that may vary from societally imposed expectations.

Fenway provides supportive and sensitive care regardless of sexual orientation, gender identity, race, religion, or socio-economic status.

#### Goals of the Transgender Health Program:

- Be a national leader in transgender health care
- Enable excellent, comprehensive health care for all gender non-conforming clients

### Transgender Links

Links in this section are for information only and represent the opinions and thoughts of the authors/web sites and are not endorsed by, or reflect the beliefs of, Fenway Health, or its affiliates. Neither this web site, nor any linked web sites are a substitute for professional medical or behavioral health advice, diagnosis or treatment.

Always seek the advice of your physician or other qualified health provider with any questions you may have regarding a medical or mental

## Trans Health Program @ Fenway Health:

[http://www.fenwayhealth.org/site/PageServer?pagename=FCHC\\_srv\\_services\\_trans](http://www.fenwayhealth.org/site/PageServer?pagename=FCHC_srv_services_trans)



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# Resources & Readings

- ❑ Center of Excellence for Transgender Health: <http://transhealth.ucsf.edu/>
- ❑ National Transgender Discrimination Survey: [http://www.thetaskforce.org/downloads/reports/reports/ntds\\_full.pdf](http://www.thetaskforce.org/downloads/reports/reports/ntds_full.pdf)
- ❑ National Transgender Discrimination Survey report on healthcare: [http://transequality.org/PDFs/NTDSReportonHealth\\_final.pdf](http://transequality.org/PDFs/NTDSReportonHealth_final.pdf)
- ❑ Additional links and resources available at Fenway Health's Trans Health Program: [http://www.fenwayhealth.org/site/PageServer?pagename=FCHC\\_srv\\_services\\_trans](http://www.fenwayhealth.org/site/PageServer?pagename=FCHC_srv_services_trans)
- ❑ Feldman, J. (2008). *Medical and Surgical Management of the Transgender Patient: What the Primary Care Clinician Needs to Know*, Makadon H, Mayer K, Potter J, Goldhammer H. (Eds). Philadelphia: American College of Physicians.
- ❑ Lev A. (2004). *Transgender Emergence: Therapeutic guidelines for working with gender variant people and their families*. NY: Haworth Press.
- ❑ Sausa, L., Sevelius, J., Keatley, J., Iniguez, J., & Reyes, M. (2009). [\*Policy Recommendations for Inclusive Data Collection of Trans People in HIV Prevention, Care & Services\*](#). Center of Excellence for Transgender HIV Prevention: University of California, San Francisco.





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