Improving Health Care for Transgender People

Learning Module
Learning Objectives

At the end of this module, learners should be able to:

1. Define terms related to transgender identity and health
2. Identify strategies for effective primary care with transgender patients
3. Explain the basic approaches to transgender medical and surgical treatment
4. Describe ways to create a welcoming environment for transgender patients
Part 1

Terminology, Demographics, and Disparities
Definitions

- Sex and gender are distinct concepts
- **Sex**
  - Refers to the presence of specific anatomy. Also may be referred to as ‘sex assigned at birth’. At birth, infants are normally assigned male or female
- **Gender**
  - Refers to attitudes, feelings, and behaviors that a culture associates with either males or females
Definitions

- **Gender identity**
  - A person's internal sense of their gender (am I male, female, both, neither?)
  - All people have a gender identity

- **Gender expression**
  - How one presents themselves through their behavior, mannerisms, speech patterns, dress, and hairstyles
  - May be on a spectrum

- **Gender variant/non-conforming**
  - Refers to people whose gender expression is different from what society expects for a male or female
Definitions

- **Transgender**
  - Describes people whose gender identity differs from their sex assigned at birth

- **Cisgender**
  - A person who is not transgender
Definitions

Transgender people are very diverse and use many different terms to describe themselves. These terms tend to change over time. Some of the more common terms in 2015 include:

- Transgender woman, trans woman, male-to-female (MTF)
  - A person assigned male at birth who identifies as a woman
- Transgender man, trans man, female-to-male (FTM)
  - A person assigned female at birth who identifies as a man
Definitions

Other identity terms include:

- **Transsexual**
  - Historically referred to individuals who had undergone medical/surgical treatment to transition to the “opposite” gender; many now find this term too specific and clinical

- **Genderqueer, gender fluid**
  - Someone who rejects the gender binary and blurs the distinction between male and female

- Around the world, many cultures use various other terms to describe a diversity of trans identities and expressions
Definitions

- Gender identity ≠ sexual orientation
- Sexual orientation
  - How a person identifies their physical and emotional attraction to others
  - Dimensions include: desire/attraction, behavior, and identity
- All people have a sexual orientation and a gender identity

- Transgender people can be any sexual orientation

(Grant et al. 2010)
Definitions

- **Gender dysphoria**
  - DSM-5 diagnosis for individuals who have a strong and persistent cross-gender identification and a persistent discomfort with his or her sex, or sense of inappropriateness in the gender role of that sex

- **Gender affirmation / Gender transition**
  - The process of recognizing, accepting, and expressing one’s gender identity
    - Social/Emotional affirmation – Name, Pronoun, Dress, Coming Out to Others
    - Medical affirmation – Hormones, Surgery
    - Legal affirmation – Identity Documents
  - The term gender affirmation is often preferred over gender transition or sex reassignment

(APA 2013; Keatley et al 2014; Lawrence 2003)
Definitions

- Disorders of sex development (DSD)
  - An individual whose combination of chromosomes, gonads, hormones, internal sex organs, and genitals differs from the two expected patterns of male or female
  - Sometimes referred to as “intersex”
  - DSD people are occasionally grouped with transgender people, but they are not the same
  - For more information on DSD/intersex, visit: www.dsdguidelines.org and www.isna.org
How Many People Are Transgender?

- The number of transgender people is unknown; population-based studies are limited
- Massachusetts Behavioral Risk Factor Surveillance Survey
  - 0.5% of population between ages 18-64
- California LGBT Tobacco Survey
  - 0.1% of adult population
- Estimate in U.S. from the Williams Institute
  - 0.3% of adults
  - Approximately 700,000 people

(Bye et al 2005; Conron et al 2012; Gates 2011)
Stigma & Discrimination of Transgender People

- Transgender people experience very high rates of stigma and discrimination

- The National Transgender Discrimination Survey, 2011 (6450 transgender respondents):
  - Lost a job due to bias (55%)
  - Harassed/bullied in school (51%)
  - Victim of physical assault (61%)
  - Victim of sexual assault (64%)
  - Delayed or did not access preventive care due to discrimination by health care providers (33%)

(Grant et al 2011)
Effects of Stigma on Health

- Daily stress caused by stigma and discrimination can lead to adverse mental and physical health outcomes
- Internalized stigma can cause self-harm and unhealthy risk behaviors
- Fear of discrimination by health care providers affects access to care

(Meyer, 1995 and 2003)
Health Disparities

The Institute of Medicine Report on LGBT Health (2011) outlined a summary of evidence-based transgender health disparities:

- Substance abuse
- HIV/STDs
- Tobacco use
- Violence and victimization
- Mental health
- Suicidality and self-harm

(IOM, 2011)
Health Disparities

- The 2011 National Transgender Discrimination Survey found that:
  - 41% had lifetime suicide attempt (compared to 5.6-14.3% of US adults)
  - 26% used drugs/alcohol to cope with discrimination
  - 30% smoked daily or occasionally (compared to 20% of US adults)
  - 48% postponed/avoided medical care when sick/injured because of cost; 28% because of discrimination

(Grant et al 2011)
Leelah Alcorn’s Story

- Leelah Alcorn was a transgender teen who committed suicide in 2014.
- She wrote in her suicide note:

"The only way I will rest in peace is if one day transgender people aren't treated the way I was, they're treated like humans, with valid feelings and human rights... My death needs to mean something... My death needs to be counted in the number of transgender people who commit suicide this year. Fix society. Please."
Resilience

- Despite stigmatization, discrimination, and health disparities, many transgender people lead happy, healthy lives.

- Transgender people and their families demonstrate remarkable resilience.

https://www.glaad.org/tags/jazz-jennings

(Grant et al 2011)
Part 2

Providing Affirmative Clinical Care for Transgender Patients
Ending Stigma, Increasing Access

- Many transgender people maintain their assigned gender role for fear of being stigmatized.
- Many don’t discuss with caregivers.
  - In the National Transgender Discrimination Survey, only 28% were out to all of their medical providers and 21% were out to none.
- Many delay seeking care.
- Clinicians can help by changing clinical practice to decrease stigma, improve open communication.
- Positive interactions with clinicians can increase a transgender person’s health care utilization.

(Grant et al 2011)
Primary Care

- Increasingly, care for transgender patients is provided by primary care providers working as part of a team or collaborative effort.

- The goals of health care for transgender patients are the same as for all patients:
  - To promote and ensure physical health
  - To promote social and emotional well-being

- Don’t forget the basics!

(Coleman et al 2012)
Standards Of Care

- WPATH: Standards of Care
  - www.wpath.org
- Center of Excellence for Transgender Health at UCSF
  - transhealth.ucsf.edu
- The Endocrine Society
  - www.endocrine.org
Guidelines for Clinicians

- Familiarize yourself with commonly used terms and the diversity of identities within the transgender community
- Refer to transgender patients by their preferred name and pronouns
  - Many, but not all, use pronouns that align with gender identity, e.g., he/his and she/her
  - Some use: they (singular), ze, hir
  - Preferred pronouns may change over time
- Listen to how people describe their own identities and partners; use the same terms, if comfortable
- If you are not sure what terms to use, ask your patient what they prefer

www.lgbthealtheducation.org
Guidelines for Clinicians

- Recognize that the need to affirm one’s gender identity can supersede other critical health concerns
- Realize that many have had negative experiences in the past and may perceive “slights,” even when not intended
- Avoid asking questions out of curiosity; only ask what you need to know
Guidelines for Clinicians

- Reassure patients about confidentiality
- Respect concerns regarding potentially sensitive physical exams and tests
- Address health concerns related to hormonal interventions or surgeries
Guidelines for Clinicians

- Use the two-step method
  - Ask about current gender identity
  - Ask about sex assigned at birth

- Clinical care should be based on an up-to-date anatomical inventory:
  - Breasts
  - Cervix
  - Ovaries
  - Penis
  - Prostate
  - Testes
  - Uterus
  - Vagina

(Deutsch et al, 2013)
Taking a History

- Same as for all patients, but pay specific attention to health disparities
- Be aware of contexts that increase health risks
  - What leads people to smoke, drink, or engage in sexual risk behaviors?
- Ask about use of cross-sex hormones, gender affirmation surgeries, and use of silicone
- Ask about social support; be aware of possible rejection by family or community of origin, harassment, and discrimination
Taking a History of Sexual Health

- The core comprehensive history for transgender patients is the same as for all patients (keeping in mind unique health risks and issues of transgender populations)
- Get to know your patient as a person (partner(s), children, jobs, living circumstances)
- Use inclusive and neutral language
  - **Instead of:** “Do you have a wife/husband or boy/girlfriend?”
  - **Ask:** “Do you have a partner?” or “Are you in a relationship?” “What do you call your partner?”
- For all patients
  - Make it routine
  - Make no assumptions
  - Put in context and assure confidentiality

(Coleman et al 2012; Gorton & Grubb 2014)
Taking a History of Sexual Health

- Relationship status: monogamy, open relationships, polyamory
- Sexual activities: oral, vaginal, anal sex, and beyond
- Gender presentation and disclosure to partners
- The impact of past sexual abuse and violence
Conducting a Physical Exam

- Physical exams may be physically and/or emotionally uncomfortable for the patient
- To increase the patient’s comfort:
  - Use affirming terminology for anatomy - “Are there words you would like me to use for specific body parts?”
  - Explain why the examination is essential to the patient’s health
  - Develop a good rapport with the patient before examining sensitive areas (e.g., pelvic exams)

(Feldman & Spencer 2014; Gorton & Grubb 2014)
Cancer Screenings

- Transgender women should follow the same cancer screening guidelines as cisgender men
  - Prostate cancer
  - Testicular cancer, if still have testes

(Feldman & Spencer 2014)
Cancer Screenings

- Most transgender men retain a cervix
- Cancers of female natal reproductive organs are still possible in transgender men; cervical cancer has been documented in a male transgender patient
- Transgender men with a cervix should follow the same screening guidelines as natal females

(Feldman & Spencer 2014)
Cancer Screenings

- Vaginal exams on transgender men who use hormones may be physically painful because of a thinner lining and less lubrication.
- Some transgender men may also find vaginal exams and Pap tests emotionally difficult.
- Sensitivity to these unique barriers is important.

(Feldman & Spencer 2014)
Case Vignette: Jake R’s Story

- Jake R is a 45-year-old man who came in with pain and on x-ray what appeared to be metastases from an unknown primary cancer.
- Evaluation ultimately showed that he had developed cancer in his residual breast tissue after surgery to remove his breasts.
- No one told Jake that he needed routine breast cancer screening, even though his mother and sister also had breast cancer.
Case Vignette: Louise M’s Story

- Louise M is a 59-year-old woman who developed a high fever and chills after head and neck surgery
- The source of infection was her prostate gland (acute prostatitis), but no one knew that she had this anatomy
- No one asked her about her gender identity or knew she was transgender
HIV Screening

- Estimated HIV prevalence in transgender women
  - 28% in US
  - 56% in African-Americans
  - 18-22% worldwide

- Higher rates in unemployed persons, and persons who have engaged in sex work and IV drug use

- Regular HIV screening is recommended

(Baral, 2013; Herbst, 2008; Schulden, 2008)
Video Vignettes

- Watch videos of transgender community members discussing their perspectives on health care
  - Primary care
  - Sexual Health
  - HIV Prevention

www.lgbthealtheducation.org/training/on-demand-webinars/#videos
Part 3

Gender Affirmation Treatment: Hormonal and Surgical Care
Gender Dysphoria

- Gender dysphoria
  - DSM-5 diagnosis for individuals who have a strong and persistent cross-gender identification and a persistent discomfort with his or her sex, or sense of inappropriateness in the gender role of that sex

- Increasingly standards of care are focused on individualized approaches to alleviate gender dysphoria

- Approaches use various combinations of mental health, hormone therapy, and surgery to overcome gender dysphoria

(Coleman et al 2012)
Evaluation Prior to Affirmative Treatments

- The goals of the evaluation are to:
  - Build rapport
  - Discuss goals and expectations
  - Record client history and objectives
  - Evaluate current psychological concerns and capacity to consent to care
  - Form an initial clinical plan with patient

- Initial evaluation should be conducted by a clinician who has experience in transgender health

(Coleman et al 2012)
Beginning The Process

- Some patients have more difficulty than others
- Consider the impact of stigma and how to overcome it
  - Does the patient have a supportive environment
    - At home, socially, at work?
- Working out the right expression
  - Dress
  - Cosmetic
  - Hormonal
  - Surgical
- Recommend treatment as needed
Diverse Bodies and Expressions

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

(Grant et al 2011)
Cross-sex Hormone Therapy

- Suppression or blocking of endogenous hormone production
- Use of exogenous agents to induce feminization/masculinization
- Variation in desirability of use
  - Some may prefer maximum expression
  - Some may prefer more androgynous expression
  - Not universally desired nor necessary (e.g. No-Ho)
- Follow up for desired effect and side effects
- See Standards of Care referenced for associated effects and risks

(Coleman et al 2012)
Feminization Hormonal Therapy (MTF)

- Usually estrogen plus androgen antagonist (spironolactone/androcur)
  - Many variations
  - Most resulting changes are reversible

- Example effects:
  - Androgen antagonists prevent male pattern hair loss
  - Reduction in libido, erectile function
  - Fertility may be permanently affected (sperm-banking recommended)
  - PSA levels may be falsely low; digital rectal exams recommended

(Coleman et al 2012)
Masculinization Hormonal Therapy (FTM)

- Formulation of testosterone
  - Antigonadotropic effect in high doses
- Example effects
  - Increase in libido
  - Voice, hair changes are not reversible
  - Infertility may persist, but do not assume contraceptive effect when on testosterone
  - Testosterone can adversely affect a developing fetus

(Coleman et al 2012)
Bridging Hormonal Treatment

- For patients already on therapy:
  - If uncomfortable providing long-term, can continue short-term supply
  - Obtain medical records
  - Assess safety
  - Establish duration limits of bridging therapy prior to establishing regular care

(Coleman et al 2012)
Hormone Monitoring & Maintenance

- Few studies on adverse effects or natural history of hormonal therapy for gender affirmation
- Monitor and adjust as you would any patient taking hormonal therapies
  - Regular exams and labs (every 6 months)
  - Adjust dose in response to age and medical conditions
- Consider alterations prior to medical procedures (e.g., surgery)
  - Risk of thromboembolic events from estrogens
- Use accumulating clinical experience and extrapolate from what is known about hormone use in other clinical situations

(Asscheman et al 2011; Coleman et al 2012; Feldman & Spencer 2014)
Effects of Hormones on Sexual Health

- Sexual attraction/sexual identity may change with hormone treatment
- Effect of hormones on mood may impact sexual desire and activity
- Direct effect of hormones on libido: usually increased with testosterone therapy and decreased with estrogen therapy
- Estrogen can have a negative effect on erectile function
- Estrogen can have an effect on breast development and sensitivity
- Testosterone can increase clitoral growth and sensitivity
- Testosterone can have a negative effect on vaginal mucosa and lubrication
Reproductive Choices

- The desire for pregnancy should be discussed in the context of the patient’s gender identity and anatomy.
- Hormones produce a potential irreversible loss of fertility. *This should be discussed prior to beginning hormone therapy.*
  - Talk about options and desire for banking of sperm or ova.
- At the same time, hormone therapy cannot be considered a reliable form of contraception.
- Desire and timing of hysterectomy/oophorectomy, orchiectomy, or genital reconstruction surgery.
Surgical Treatment

- Gender Affirmation Surgery: A range of surgical treatments to affirm one’s gender. Different terminologies are used:
  - Gender Confirming Surgery (GCS)
  - Sex Reassignment Surgery (SRS)
  - Genital Reconstruction Surgery (GRS)
- Satisfaction following surgery is high, with reduction of gender dysphoria, and other psychological and social benefits
- As with any surgery, quality of care provided before, during, and after surgery has significant impact on patient outcomes
- Not universally desired
- Not easily obtainable:
  - Cost
  - Insurance coverage

(Coleman et al 2012; Lawrence 2003)
Surgeries For Affirmed Women

- Non-genital/non-breast surgical interventions:
  - Facial feminizing
  - Voice pitch elevating

- Breast augmentation (mammoplasty)

- Genital surgery (several procedures)
  - Penectomy
  - Orchiectomy
  - Vaginoplasty
  - Vulvoplasty

(Coleman et al 2012)
Surgeries For Affirmed Men

- Non-genital surgical interventions:
  - Pectoral implants
  - Liposuction/lipofilling
- Mastectomy with masculine chest reconstruction
- Genital surgery (several procedures)
  - Hysterectomy/Oophorectomy
  - Phalloplasty
  - Metoidioplasty

(Coleman et al 2012)
Part 4

Creating Health Care Environments that Increase Access for Transgender People
A Welcoming And Inclusive Environment

- It is important to signal to transgender patients that your practice is welcoming, safe, and inclusive
- Train all staff about transgender identity, terms, concepts
- Train all staff to use patients’ preferred names and pronouns
A Welcoming And Inclusive Environment

- Develop non-discrimination policies that include gender identity and expression, and post them in highly visible areas
- Have education and marketing materials with affirmative imagery and content
- Have educational brochures on transgender health topics
- If possible, offer single stall, gender-neutral bathrooms, or have a policy that allows people to use the bathroom congruent with their gender identity and expression
- Create accountability for transphobic remarks
- On intake/registration forms - ask for gender identity, assigned sex at birth, preferred name, and preferred pronouns

www.lgbthealtheducation.org
Gender Identity Questions for Registration (Example)

- What is your current gender identity? (check ALL that apply)
  - Male
  - Female
  - Transgender Male/Trans Man/FTM
  - Transgender Female/Trans Woman/MTF
  - Genderqueer
  - Additional Category (please specify)
  - ___________

- What sex were you assigned at birth? (Check one)
  - Male
  - Female
  - Decline to Answer

- What is your preferred name and what pronouns do you prefer (e.g. he/him, she/her, ze, they)?
  - ___________

(Center of Excellence for Transgender Health, 2014)
Collecting Data on Gender Identity

- The IOM recommends collecting and entering data into electronic health records
- Benefits patients by ensuring quality
- Evaluation of disparities at practice level helps determine educational needs for clinicians and staff
- Patients may feel safer discussing their health and risk behaviors once they’ve been asked, even if they haven’t disclosed

(IOM, 2011)
IOM Reports


- *Collecting SOGI Data in Electronic Health Records* (2013): “…data collection should start now to better understand the health care issues experienced by LGBT people.”
For Front-line Staff

- Create and follow a protocol for noting preferred names, pronouns, how to address mail, leave messages
- Avoid using gendered words or pronouns to refer to people, unless sure
- Have clear lines of referral for questions
  - Appoint a staff person responsible for providing guidance, assisting with procedures, offering referrals, fielding complaints
- Have a protocol for when name on insurance does not match preferred name, or name on chart
- Ongoing training and retraining

www.lgbthealtheducation.org
## Front-line Communication Tips

<table>
<thead>
<tr>
<th>Best Practices</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>When addressing patients, avoid using gender terms like “sir” or “ma’am”</td>
<td>“How may I help you today?”</td>
</tr>
<tr>
<td>When talking to co-workers about patients, avoid pronouns and other gender terms. Or, use gender-neutral words such as “they”. Never refer to someone as “it”.</td>
<td>“Your patient is here in the waiting room.”</td>
</tr>
<tr>
<td>Use the terms people use to describe themselves.</td>
<td>“They are here for their 3 o’clock appointment.”</td>
</tr>
<tr>
<td></td>
<td>If someone calls himself “transgender”, do not use the term “transexual”.</td>
</tr>
</tbody>
</table>
# Front-line Communication Tips

<table>
<thead>
<tr>
<th>Best Practices</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Politely ask if you are unsure about a patient’s preferred name.</td>
<td>“What name would you like us to use?”</td>
</tr>
<tr>
<td></td>
<td>“I would like to be respectful – how would you like to be addressed?”</td>
</tr>
<tr>
<td>Ask respectfully about names if they do not match in your records.</td>
<td>“Could your chart be under another name?”</td>
</tr>
<tr>
<td>Be helpful with patients who seem unsure about their health insurance or who need financial assistance.</td>
<td>“Do you have questions about your health insurance?”</td>
</tr>
<tr>
<td></td>
<td>“Do you need assistance paying for your appointment today?”</td>
</tr>
<tr>
<td>Did you make a mistake? Apologize.</td>
<td>“I apologize for using the wrong pronoun. I did not mean any disrespect.”</td>
</tr>
<tr>
<td>Only ask for information that is required.</td>
<td>Ask yourself: What do I know? What do I need to know? How can I ask in a sensitive way?</td>
</tr>
</tbody>
</table>
Affirmative Care for Transgender and Gender Non-Conforming People: Best Practices for Front-line Health Care Staff

Best Practices for a Transgender-Affirming Environment

**BEST PRACTICES**

<table>
<thead>
<tr>
<th>BEST PRACTICES</th>
<th>EXAMPLES</th>
</tr>
</thead>
<tbody>
<tr>
<td>When addressing patients, avoid using gender terms like “sir” or “ma’am.”</td>
<td>“How may I help you today?”</td>
</tr>
<tr>
<td>When talking about patients, avoid pronouns and other gender terms. Or, use gender neutral words such as “they.” Never refer to someone as “it”.</td>
<td>“Your patient is here in the waiting room.” “They are here for their 3 o’clock appointment,”</td>
</tr>
<tr>
<td>Politely ask if you are unsure about a patient’s preferred name.</td>
<td>“What name would you like us to use?” “I would like to be respectful—how would you like to be addressed?”</td>
</tr>
<tr>
<td>Ask respectfully about names if they do not match in your records.</td>
<td>“Could your chart be under another name?” “What is the name on your insurance?”</td>
</tr>
<tr>
<td>Did you goof? Politely apologize.</td>
<td>“I apologize for using the wrong pronoun. I did not mean to disrespect you.”</td>
</tr>
<tr>
<td>Only ask information that is required.</td>
<td>Ask yourself: What do I know? What do I need to know? How can I ask in a sensitive way?</td>
</tr>
</tbody>
</table>

Click here for this tool

www.lgbthealtheducation.org
Tools for Change!

Sexual Risk Assessment

The Centers for Disease Control and Prevention (CDC) has developed a simple categorization of sexual history questions that may help providers, or other members of the clinical care team, remember which topics to cover. These are called the Five P's:

- Partners
- Practices
- Past History of STDs
- Protection from STDs
- Pregnancy Plans

The following risk assessment questions are organized according to these categories.

PARTNERS

These questions may already have been covered during the first three screening questions (see page 6) of the sexual history. They are listed again here but do not need to be repeated.

- Are you having sex with women only, men only, or both? (If both, ask the next question twice - once for male partners, and once for female partners)
- How many sexual partners have you had in the past year?
- Additional questions about partners:
  - Have you ever had sex with someone you didn’t know or just met?
  - Have you ever traveled internationally, to places such as Thailand or Africa, to have casual sex?
  - Have you ever experienced physical, sexual, or emotional violence from someone you were involved with?

PRACTICES AND PROTECTION FROM STDs

Some patients respond better to open-ended questions about their sexual practices, and some prefer

---

2 This risk assessment has been adapted from: Centers for Disease Control and Prevention. A guide to taking a sexual history. Available at: http://www.cdc.gov/sgth/health/


---

Click here for this tool www.lgbthealtheducation.org
Tools for Change!

Do Ask, Do Tell

Let your provider know if you are LGBT. Your provider will welcome the conversation. Start today!

Providing Welcoming Services and Care for LGBT People

January 2015

A Learning Guide for Health Care Staff

www.lgbthealtheducation.org
The Joint Commission

Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care

for the Lesbian, Gay, Bisexual, and Transgender (LGBT) Community

A Field Guide
Acknowledgements

- Tim Cavanaugh, MD
- Ruben Hopwood, PhD
- Sari Reisner, ScD
- Julia Tomassilli, PhD
- Susanna Edens, BS
Resources
Resources

- The National LGBT Health Education Center
  - [http://www.lgbthealtheducation.org/](http://www.lgbthealtheducation.org/)

- International Journal of Transgenderism
  - [http://www.wpath.org/site_page.cfm?pk_association_webpage_menu=1351&pk_association_webpage=4441](http://www.wpath.org/site_page.cfm?pk_association_webpage_menu=1351&pk_association_webpage=4441)

- WPATH: World Professional Association for Transgender Health
  - [www.wpath.org](http://www.wpath.org)

- Endocrine Society

- Center of Excellence for Transgender Health
  - [http://transhealth.ucsf.edu/](http://transhealth.ucsf.edu/)
Resources


Resources

- Center of Excellence for Transgender Health [Internet]. Primary care protocol for transgender patient care. San Francisco: University of California, San Francisco, Department of Family and Community Medicine; 2011 Apr. Available from: http://transhealth.ucsf.edu/trans?page=protocol-00-00