



Park Nicollet
HealthPartners®

Caring for Patients Who Are Transgender

Gender Services Dept, Park Nicollet Clinics
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Disclosures

- We have no financial disclosures or conflicts of interest
- We will be discussing off-label medication use (there is no on-label use of medication in transgender care).



Objectives

- Learn appropriate terminology and meaning of LGBTQIA+.
- Understand the continuum of gender identity and sexual health.
- Understand health disparities faced by people who are transgender and the impact on breastfeeding.
- Understand the medical and surgical treatment options for people who are transgender and the impact on breastfeeding.
- Learn how to help create a positive healthcare experience for people who are transgender.
- Learn about resources available in Park Nicollet/HealthPartners, Minnesota, and nationally for people who are transgender.



Approach to Care

Cultural humility is the “ability to maintain an interpersonal stance that is other-oriented (or open to the other) in relation to aspects of **cultural** identity that are most important to the [person].”

Hook, Davis, Owen, Worthington and Utsey (2013)

Culturally competent care is:

- Respectful
- Non-judgmental
- Open minded
- Self-aware



Transgender is the “T” in LGBTQIA+

- L
- G
- B
- T
- Q
- I
- A
- +



LGBTQIA Inclusion

- Lesbian
- Gay
- Bisexual
- Transgender
- Queer or Questioning
- Intersex
- Asexual/Ally/Advocate
- + acknowledges that it’s not possible to list every term people currently use for additional non cis-gender identities

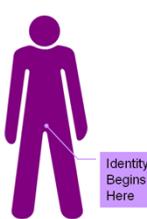


Constructs of Gender Identity

Alternative Constructs of Gender Identity:
Terminology Follows Concept



Individual Construct:
Gender Affirmation



Medical Construct:
Gender Reassignment or Transitioning

7 © The Fenway Institute, 2009 www.thefenwayinstitute.org 

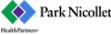
Gender Constructs

- **Binary:** The gender binary is a system of viewing gender as consisting solely of two identities and sexes, man and woman or male and female.
- **Cisgender:** A term used to describe someone whose gender identity aligns with the sex assigned to them at birth.
- **Heteronormative:** “of, relating to, or based on the attitude that heterosexuality is the only normal and natural expression of sexuality” <https://www.merriam-webster.com/dictionary/heteronormative>
- **Gender non-conforming:** A broad term referring to people who do not behave in a way that conforms to the traditional expectations of their gender, or whose gender expression does not fit neatly into a category.



Transgender Identity, in their own words



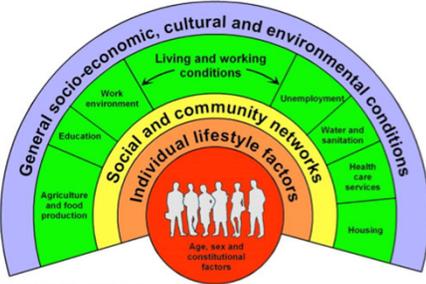


What is “Transgender”?

- **Transgender:** An umbrella term for **people whose gender identity and/or expression is different from cultural and social expectations based on the sex they were assigned at birth.**
- Transgender is **NOT** a disease and **NOT** a choice.
- The vocabulary around naming gender experience is evolving. Example: transsexual vs. transgender
 - **Transsexual person:** A generational term for people whose gender identity is different from their assigned sex at birth, and seek to transition from male to female or female to male. This term is no longer preferred by many people, as it is often seen as overly clinical, and was associated with psychological disorders in the past.
 - And, “transsexual” has been used in the past for someone who has transitioned medically, usually with surgical intervention



Factors Determining Health



Many factors determine and affect our health. For people in minority communities, such as people who are transgender, **minority stress** and social and economic inequalities can result in complex and interconnected challenges creating barriers to achieving their optimum level of health.



A Path toward Equitable Care

- People who are transgender face health disparities and many have had negative experiences with the healthcare system.
- If healthcare providers can demonstrate that they are a welcoming, safe, and affirming environment we have an opportunity to earn their trust
- When patients are able to establish a trusting relationship with providers they are more open to health screenings and services (such as consideration of, and receiving assistance with, lactation/chest feeding) they may have avoided previously.



A Path toward Equitable Care

- Remove Barriers
- Create a positive health care experience and relationships
- Patients receive previously avoided health services

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2017 Voices of Health Survey

- 1,313 LGBTQ+ individuals in Minnesota completed the 2017 Rainbow Health Initiative Voices of Health survey.
 - 27% of respondents identify as transgender
- Rainbow Health Initiative and MN Aids Project have joined together to become JustUs Health.

Park Nicollet Health Partners

2017 Voices of Health Survey Respondents Mapped by Zip Code

- 39% live in Greater Minnesota
- 6% live in Duluth
- 3% live in St. Cloud
- 46% live in the Twin Cities
- 2% live in Mankato
- 3% live in Rochester

Park Nicollet Health Partners

“Out” to Provider

- 52% LGBTQ people reported being out to their doctors
- LGBTQ people in rural areas and small towns are less likely to be out to their doctors.

Area	Yes	No	Somewhat	Don't Know/Unsure	Don't have a provider
Overall LGBTQ+	52.3%	21.2%	11.5%	5.8%	5.8%
Urban	54%	20%	12%	5%	9%
Large town	50%	23%	10%	6%	9%
Small town	43%	37%	9%	4%	6%
Rural	44%	29%	9%	13%	4%

Accessing Health Care for LGBTQ+ Respondents

- **7%** are uninsured (compared to 4% of the general population)
- **9%** have no primary care provider

Topic	Survey Question/Topic	Total LGBTQ+	Urban	Large Town	Small Town	Rural
Healthcare Use	Seen a doctor or medical care provider in the last year	87.5%	88%	88%	88%	84%
Healthcare cost as barrier	Cost was a barrier to accessing health care, even if they had insurance	48.4%	48%	50%	57%	55%
Delayed Getting Care due to Cost	Have delayed getting preventative or medical care when sick or injured because they couldn't afford it	28%	27%	23%	49%	42%

Health Care Experiences of LGBTQ+ Respondents

Topic	Survey Question/Topic	Total LGBTQ+	Urban	Large Town	Small Town	Rural
Delayed getting care due to disrespect or discrimination	Have postponed or didn't get preventative or medical care when sick or injured because of previous disrespect or discrimination from healthcare providers	11.4%	11%	13%	18%	9%
Denial of Care	Have experienced a provider refusing to treat them	7%	5%	8%	14%	27%
Had to teach provider to get appropriate health care	had to teach their provider about LGBTQ people in order to get appropriate care in their lifetime	27%	27%	27%	24%	32%

- **18%** asked unnecessary or invasive questions about their sexual orientation or gender identity unrelated to the purpose of their visit in their lifetime.
- **11%** have experienced harsh or abusive language from providers in their lifetime.
- **5%** have experienced providers that were physically rough or abusive when treating them in their lifetime.



Factors Influencing Health for LGBTQ+ Respondents

Topic	Survey Question/Topic	Total LGBTQ+	Urban	Large Town	Small Town	Rural
Food Security	"In the last 12 months did you ever eat less than you felt you should because there wasn't enough money for food?"	30%	29%	32%	42%	47%
Homelessness	Have experienced homeless at least once in their lifetime (includes couch surfing or living in a car)	29%	27%	31%	45%	53%
Unwanted Sex	Have experienced unwanted physical sexual activity in their lifetime	56%	55%	54%	53%	62%
Physical Assault	Have experienced physical assault in their lifetime	46.5%	46%	46%	56%	53%



Mental Distress Identified in 2017 Voices of Health Survey

By Area	Survey Question/Topic	Total LGBTQ+	Urban	Large Town	Small Town	Rural
Mental Health	Experiencing moderate to severe mental distress at the time of the survey*	74%	74%	79%	82%	87%

By Sexual Orientation	Survey Question/Topic	Total LGBTQ+	Lesbian	Gay	Bisexual	Queer	Transgender
Mental Health	Experiencing moderate to severe mental distress at the time of the survey*	74%	65%	64%	78%	83%	86%

By Age	Survey Question/Topic	Total LGBTQ+	18-24yrs	25-29yrs	30-39yrs	40-49yrs	50-59yrs	60+ yrs
Mental Health	Experiencing moderate to severe mental distress at the time of the survey*	74%	84%	80%	74%	60%	51%	34%

LGBTQ Respondents:

- **60.7%** diagnosed with depression in their lifetime (compared to 18% of all Minnesotans)
- **45%** diagnosed with PTSD in their lifetime
- **35.8%** diagnosed with anxiety disorder in their lifetime.

- **40%** of transgender individuals have attempted suicide nationally (National Center for Transgender Equality, 2015)



*Using Kessler Psychological Distress Scale for more information, see https://www.hcp.med.harvard.edu/ncs/k6_scales.php

Adolescents- 2016 MN Student Survey Results

Survey found that **2.7% identified as transgender or gender non-conforming (TGNC)** (out of 80,929 ninth and eleventh grade public school students).

These students face the following health disparities:

- **62.1%** report general health as poor, fair, or good rather than very good or excellent. This is nearly twice the rate of cisgender students.
- **59.3%** have long-term mental health problems, compared with 17.4% of cisgender students
 - **mental health outcomes of TGNC youth become similar to cisgender youth** when they have access to gender-affirming treatment and are living in well supported social environments.
- TGNC youth **receive preventative checkups** at a lower rate than their cisgender peers, are more likely to experience **bullying and harassment** at school, and report higher rates of **depression and suicidality**.



Gender Identity Development

- Recognize that gender identity may develop over time.
 - Gender identity may not be as solidly binary by age 3 as once thought.
 - Recognize that children and adolescents commonly have gender non-conforming behaviors, but that does NOT mean that they all have a gender identity different from their sex assigned at birth.
 - But if children and adolescents are consistent and persistent with identifying with a gender different from their sex assigned at birth, it is important to address and explore those feelings through the help of Behavioral Health Therapists.
- Puberty may be a time when an acute dysphoric crisis develops as recognition of body changes in a direction the patient doesn't desire or identify with.
 - Hormone blockers can be used to "pause" puberty to allow for appropriate mental health care to help gender non-conforming kids work out who they are.

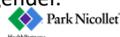


Gender Dysphoria

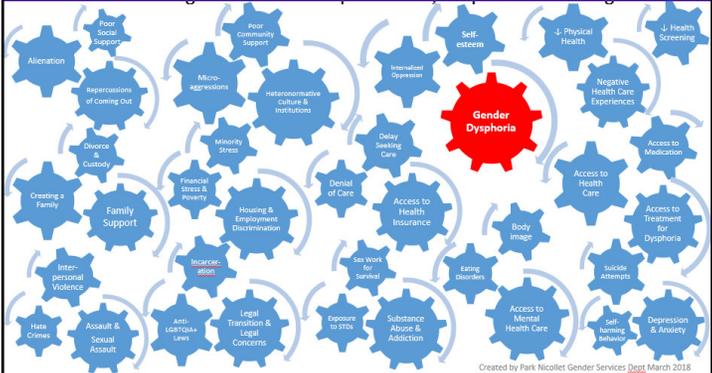
- **Gender Dysphoria:** The degree to which the difference between one's gender identity and one's societally assigned gender role or one's phenotypic sex causes significant psychological distress, enough to cause dysfunction in society, family and/or work/school.
 - This is a DSM-V diagnosis with certain diagnostic criteria.
 - In the past, the DSM-V diagnosis was "transgender". The change to "gender dysphoria" more accurately show that it's the dysphoria that is causing dysfunction and is being treated and not the person being transgender.

The **goal of treatment** is to eliminate/decrease gender dysphoria and it's negative effects in a person's life.

We are NOT treating the person for being transgender.



Potential Challenges and Concerns Experienced by People who are Transgender



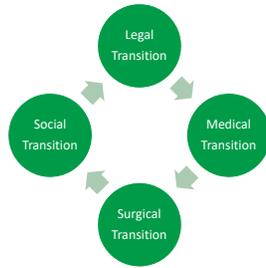
Created by Park Nicollet Gender Services Dept, March 2018



Individualized Treatment and Paths of Transition

Care is very individualized, depending on the degree of gender dysphoria manifested by various aspects of a person's mental and medical health, resulting in a wide variety of bodies and expressions.

- Some patients need hormones, no surgery
- Some patients need surgery, no hormones
- Some patients need neither
- Some patients need both



Social Transition

- **Social transition** is the process by which the person alters their outward gender presentation, usually supported by psychotherapy (dress, behavior, gender markers, pronouns)
- This is often a time when people “come out” in different ways to people in various areas of their lives: partners, children, parents, extended family, work, school, home.



Legal Transition

- **Legal name change**
- **Gender marker change**
 - Gender marker = the “M” for male or “F” for female on driver’s licenses, passports, birth certificates, social security cards, marriage licenses, insurance cards...
- The patient must provide proof of their legal name change before we can change the record. Acceptable documentation includes:
 - Picture ID
 - An ID issued by the state, such as a driver’s license
 - Passport
 - A court order documenting change
 - A birth certificate
- We highly encourage them to have insurance cards changed with correct name as well.



Medical and Surgical Transition

- Medical transition is the process by which cross-gender hormones (masculinizing or feminizing) and/or gender affirming surgery are used to change outward appearances, enabling a more congruent gender presentation
- Medical treatment is **medically necessary** for those with significant dysphoria.
 - Standards of Care and ethical guidelines are published by WPATH World Professional Association for Transgender Health: www.wpath.org
 - WPATH Standards of Care indicate surgery should be for ages 18 and older



Does treatment work?

The Public Policy Research department at **Cornell University** conducted a systematic literature review of all peer-reviewed articles published in English between 1991 and June 2017 that assess the effect of gender transition on transgender well-being.

This search found a **robust international consensus** in the peer-reviewed literature that:

- gender transition, including medical treatments such as hormone therapy and surgeries, **improves the overall well-being** of transgender individuals. (93% of studies)
- indicates that **greater availability** of medical and social support for gender transition **contributes to better quality of life** for those who identify as transgender
- Zero studies concluded that gender transition causes overall harm.



Benefits of Transition

- Significant improvement of well-being
- Improved quality of life
- Greater relationship satisfaction
- Higher self-esteem and confidence
- Reductions in anxiety, depression, minority stress, suicidality, and substance abuse

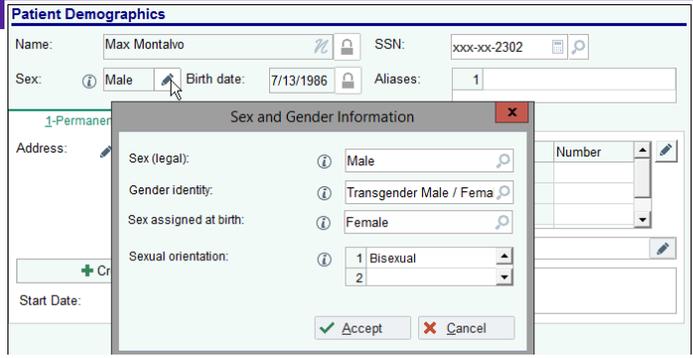


Misgendering

- To refer to someone, especially a transgender person using a word, especially a pronoun or form of address, that does not correctly reflect the gender with which they identify
- Misgendering people (including using the wrong pronouns) is impolite, disrespectful, and contributes to gender dysphoria.
- How can we avoid doing it?



Patient Demographics Field



Patient Demographics

Name: Max Montalvo SSN: xxx-xxx-2302

Sex: Male Birth date: 7/13/1986 Aliases: 1

Sex and Gender Information

- Sex (legal): Male
- Gender identity: Transgender Male / Female
- Sex assigned at birth: Female
- Sexual orientation: 1 Bisexual, 2

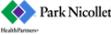
Buttons: Accept, Cancel



Preferred Name: Ask

Use patient's preferred name. **If you don't know, ask!**

- What name do you prefer?
- Are there any other names we may need to know for insurance purposes?



Pronouns: Ask

- **Always ask**
 - “What pronouns do you use?”
 - OR
 - “What are your pronouns?”
- Avoid using the term “preferred” pronouns, because pronouns about identity not one’s “preferred” identity.
 - “I don’t prefer [they] over ‘he’ like someone might prefer vanilla over chocolate. They is my pronoun, my identity. period.”



What are your pronouns?

Gendered Pronouns					
She	<i>She</i> laughed	I called <i>her</i>	<i>Her</i> hair	That is <i>hers</i>	She likes <i>herself</i>
He	<i>He</i> laughed	I called <i>him</i>	<i>His</i> hair	That is <i>his</i>	He likes <i>himself</i>
All Gender/Gender Neutral Pronouns					
They	<i>They</i> laughed	I called <i>them</i>	<i>Their</i> hair	That is <i>theirs</i>	They like <i>themselves</i>
Spivak	<i>Ey</i> laughed	I called <i>em</i>	<i>Eyr</i> hair	That is <i>eirs</i>	<i>Ey</i> likes <i>emself</i>
Ze	<i>Ze</i> laughed	I called <i>ze</i>	<i>Ze's</i> hair	That is <i>zes</i>	<i>Ze</i> likes <i>zeseif</i>
Ze & Hir	<i>Ze</i> laughed	I called <i>hir</i>	<i>Hir</i> hair	That is <i>hirs</i>	<i>Ze</i> likes <i>hirseif</i>
Xe	<i>Xe</i> laughed	I called <i>xem</i>	<i>Xyr</i> hair	That is <i>xirs</i>	<i>Xe</i> likes <i>xemseif</i>
Yo	<i>Yo</i> laughed	I called <i>yon</i>	<i>Yos</i> hair	That is <i>yos</i>	<i>Yo</i> likes <i>yoseif</i>

Heartland Trans* Wellness Group, transwellness.org



Be Aware of Assumptions

Remember that a **patient's appearance and the pitch of the voice** does not indicate which reproductive parts they have.

- A very masculine presenting person may have a uterus.
- A very feminine presenting person may have a penis.
- A person with a feminine name and a very deep voice may be a transwoman.

To convey a respectful and non-judgmental attitude, warmth, and acceptance:

- Be mindful of your facial expressions
- Body language
- Tone of voice



Making Mistakes

- You WILL make a mistake. It's OK. **Acknowledge it, apologize, learn from it, and move on.**
- A mistake is not the same as intentionally misgendering someone.
- Acknowledging the mistake, and not repeating it, helps the person to know that it was a mistake and not intentional on your part.
- Keep apologies brief and to the point. Over enthusiastic apologies moves the focus from the patient to you and is not helpful. Stay patient-centered.



What NOT to say	What TO say
"It"	Use appropriate pronouns
What is your "real" name?	What is your preferred name?
Transgendered, A transgender, Tranny	Transgender, people who are transgender, transfolk
Sex change	Gender Affirmation Surgery or Transition
"When you used to be a woman..."	"Before you transitioned..."
Biological Male/Female	Assigned Male/Female at Birth
A "real" man/woman	Cis-gender man/woman
Homosexual, The Gays, The Lesbians	Gay or Lesbian People
Sexual Preference, Lifestyle	Sexual Orientation



What Not to Say (cont.)

- **Avoid backhanded compliments or "helpful" tips.** While you may intend to be supportive, comments like the following can be hurtful or even insulting:
 - "I would have never known you were transgender. You look so pretty."
 - "You look just like a real woman."
 - "She's so gorgeous, I would have never guessed she was transgender."
 - "He's so hot. I'd date him even though he's transgender."
 - "You're so brave."
 - "You'd pass so much better if you wore less/more make-up, had a better wig, etc."
 - "Have you considered a voice coach?"



What Not to Say (cont.)

- **Don't ask about a transgender person's genitals, surgical status, or sex life unless medically necessary for health care visit.**
- Do not "out" a person as transgender to another person. If a person wants to talk about their sexual orientation or identity, it's their story to tell.
- In a group setting, identify people by articles of clothing instead of using gendered language. For example, the "person in the blue shirt," instead of the "woman in the front." Similarly, "Sir" and "Madam" are best avoided.



National LGBT Health Education

- Sexual Orientation and Gender Identity Data Collection:
 - Helping a transgender patient who has changed her name: <https://vimeo.com/260308944>
 - Asking a patient about sexual orientation and gender identity: <https://vimeo.com/260311623>
 - Talking about pronouns with a patient who has non-binary identification: <https://vimeo.com/260312995>
 - Positive interaction with patient who is questioning gender identity: <https://vimeo.com/260486655>



Park Nicollet Gender Services Clinic

Meet the Gender Services team





Julie Farias, MD Andrew Hamp, MD Deb Thorp, MD

Location

Park Nicollet Clinic—Minneapolis
2001 Blaisdell Avenue South
Minneapolis, MN 55404

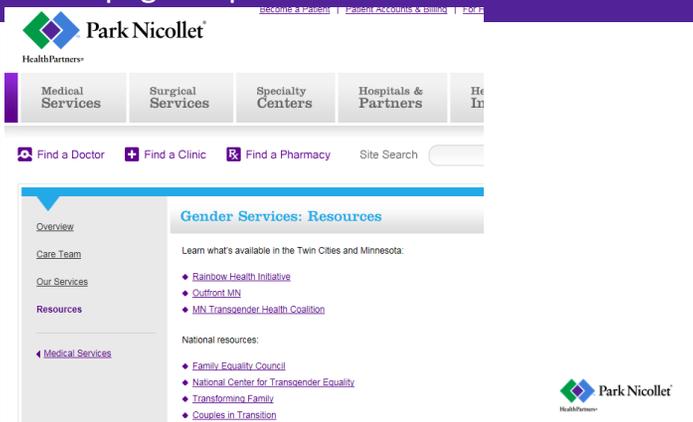
Gender Services welcomes patients on Tuesdays and Fridays.

Our respected care team has over 20 years of experience providing patients with gender services. Our team provides medical gender transition care in accordance with the World Professional Association for Transgender Health Standards of Care and Ethical Guidelines.

<https://www.parknicollet.com/medical-services/gender-transgender-services>



Park Nicollet Resources- Gender Services Webpage on parknicollet.com




Gender Care in the Twin Cities

In the Twin Cities (Medical):

- Park Nicollet Gender Services Clinic
- HealthPartners has individuals providing Transgender Care
- Smiley’s Clinic
- United Family Medicine
- University of Minnesota Program in Human Sexuality/Center for Sexual Health
- Family Tree (Sliding Scale)
- HCMC’s Gender Clinic for Children, Adults



Gender Care in MN

In Outstate MN (Medical):

- Essentia Health in Duluth – Endocrinology Department
- CentraCare in St. Cloud in Gender Clinic
- Mayo Clinic in Rochester does hormones and female gender affirmation surgery



Minnesota Resources

Local (Mental Health/Advocacy):

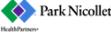
- Many individual therapists
- All of the programs listed as “Medical” in previous slides
- Reclaim
- Rainbow Health Initiative & MN Aids Project is now JustUs
- OutFront MN
- MN Transgender Health Coalition
- Transforming Families
- Couples in Transition
- Family Equity Counsel
- Family Partnership
- Gender Justice



National Resources

National (Medical/Mental Health):

- Fenway Health
 - National LGBT Health Education Center
- WPATH (World Professional Association for Transgender Health)
- Center of Excellence for Transgender Health
- AACAP (American Association of Child and Adolescent Psychiatry)
- AAFP (American Academy of Family Practice)
- Transgender Health Journal



National Resources

National (Advocacy)

- PFLAG www.pflag.org
- GLSEN www.glsen.org
- SAGE www.sageus.org
- Human Rights Campaign www.hrc.org
- National Center for Transgender Equality
- Transgender Law Center

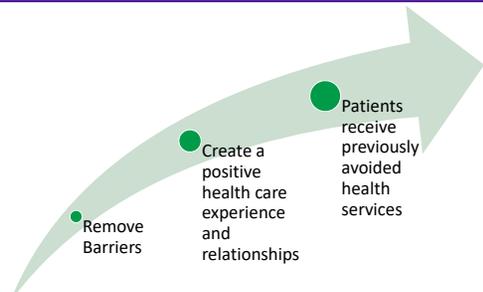


3 Things to Remember

- Gender and sexuality are continuums.
- People name themselves, so using preferred name and pronouns is important.
- If misgendering occurs, acknowledge it with the patient, apologize, learn from it (don't repeat it), and move on with the visit.



A Path toward Equitable Care



You can make a difference by removing barriers, creating positive health care experiences that helping patients who are transgender receive care they may have previously avoided. **Your actions** can help patients who are transgender receive more equitable health care.



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- Definitions were gathered from these sources: [Human Rights Campaign](#), [GLAAD](#), [The Trevor Project](#), and the [National Center for Transgender Equality](#), <https://www.healthline.com/health/transgender/vaginoplasty#technique>, <http://transhealth.ucsf.edu/tcoe?page=guidelines-phalloplasty>, and National LGBT Health Education Center: <https://www.lgbttheeducation.org/>

