

# TRANSPARENT:

The State of Transgender Health in Colorado



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The front cover photographs are of transgender Coloradans from personal photo collections or were taken by photographers Stevie Crecilius and Deborah Uber.

# EXECUTIVE SUMMARY

**Social and health disparities exist throughout the lesbian, gay, bisexual, and transgender (LGBT) community. Within this group, transgender and gender nonconforming people fare the worst. From societal issues of stigma and discrimination to practical barriers such as finding a health care provider, transgender and gender nonconforming people face a complex set of barriers.**

This undoubtedly affects their physical and mental health. However, questions about gender identity are not included in most public health research. Examining the effects of inequity on transgender and gender nonconforming people is necessary to ensure that disparities are adequately addressed. Throughout this report, the word transgender will be used to refer to all transgender, transsexual, and gender nonconforming individuals.

One Colorado has led community-based research of the LGBT community in Colorado. This research, based on input from transgender Coloradans, confirmed information that was first published in the *National Transgender Discrimination Survey*—that transgender Coloradans, like other transgender people across the country, face more discriminatory barriers in their daily lives than many others face in their lifetimes. The 2011 *Invisible* report indicated that transgender Coloradans are more affected by a lack of competent providers than their nontransgender, LGB counterparts. Many reported that their gender identity or expression has prevented them from seeking care. Transgender Coloradans were also more likely to be uninsured and to delay accessing care due to cost. **Not one single transgender participant in the *Invisible* study reported having access to everything they need to support their own health and wellness.** In One Colorado's most recent report, *Becoming Visible*, Colorado physicians admitted to having less comfort with and knowledge about serving the transgender community.

This *Transparent* report summarizes findings from the Colorado Transgender Health Survey, which confirm previously reported data about overall social disparities faced by transgender and gender nonconforming people. Our sample was highly educated but underemployed. Only 48% reported being employed for wages. Many respondents reported that they do not have adequate health care coverage, even after implementation of the Affordable Care Act (ACA). Many also reported delayed or avoided medical care due to cost, fear of discrimination, or inability to find a provider.

Our large sample of more than 400 transgender Coloradans and the survey questions that parallel national public health tracking systems allow us to describe the health of the Colorado transgender community more clearly than ever before. The *Transparent* report provides recommendations for health care systems, providers, LGB people and allies, and transgender individuals to expand health equity to address transgender health disparities—while also improving health outcomes for transgender Coloradans and their families.

## KEY FINDINGS IN THE COLORADO TRANSGENDER HEALTH SURVEY

- The ACA, specifically the expansion of Medicaid in Colorado, drastically increased the coverage rates of transgender Coloradans, which means more transgender Coloradans will have access to consistent health care. Still, many survey respondents indicated that they had delayed needed care due to cost, not having insurance, or having inadequate coverage.
- Survey participants reported being much more likely to have a college degree, yet were more likely to be out of work or living in a low-income household than the general population, leading to shocking income inequality for transgender Coloradans.
- While the physical health of transgender Coloradans may be similar to the general Colorado population, the mental health outcomes are drastically different. Transgender Coloradans report alarmingly high rates of depression, thoughts about committing suicide, and suicide attempts.
- A major indicator for the health and well-being of transgender Coloradans is having access to a transgender-inclusive provider.

# UNDERSTANDING TRANSGENDER HEALTH IN COLORADO

## BACKGROUND

Transgender Coloradans consistently indicate experiencing multiple barriers in accessing health care coverage and transgender-inclusive care. These barriers range from prohibitive costs to negative experiences with providers, and even insurance coverage that specifically excludes or denies care for transgender services. Given these challenges, it is no surprise that transgender Coloradans experience striking health disparities as compared with the general population and even nontransgender gay, lesbian, and bisexual Coloradans.

## CHANGES IN HEALTH COVERAGE

### Affordable Care Act

The landscape for transgender health has been drastically impacted by the passage and implementation of the Affordable Care Act (ACA), also known as Obamacare. The ACA paved the way for the state and the country to address the discrimination and barriers to accessing care that many transgender Coloradans have experienced.

### Ending Transgender Discrimination in Colorado's Insurance Coverage

One Colorado, the Colorado Consumer Health Initiative and our partner organizations advocated to the Colorado Division of Insurance (DOI), which oversees state-regulated private insurance plans, to address transgender discrimination in Colorado health care plans. In March 2013, the DOI released Bulletin B-4.49, which prohibits discrimination based on sexual orientation. In Colorado, sexual orientation is defined as heterosexuality, homosexuality, bisexuality, and transgender status. This bulletin provides guidance to health insurance plans sold in Colorado, stating they can no longer:

- Increase health care costs based on sexual orientation or transgender status.
- Consider a person's sexual orientation or transgender status as a preexisting condition for the purpose of limiting or denying coverage.
- Decide what constitutes medically necessary services. A person's medical provider—not the insurance company—determines medically necessary services.
- Deny or exclude medically necessary services if those same services are being provided to a person who is cisgender (not transgender).

### Medicare Removes Long-Standing Transgender Exclusions

In May 2014, the U.S. Department of Health and Human Services (HHS) issued a decision that overturned a long-standing exclusion of transition-related care, including many gender confirmation surgeries (also known as sex reassignment surgery or gender alignment surgery). This sets a precedent for other public coverage programs such as Medicaid and CHP+ to move toward addressing transgender health disparities, especially in health care coverage.

## METHODOLOGY

The *Colorado Transgender Health Survey* is based on the U.S. Centers for Disease Control and Prevention's *Behavioral Risk Factor Surveillance Survey* (BRFSS)<sup>1</sup>, which is the gold standard national- and state-based behavioral surveillance survey. The survey was developed through the collaborative efforts of the One Colorado, The GLBT Community Center of Colorado, and the Colorado Department of Public Health and Environment, with support from the Colorado LGBT Health Coalition. Members of the transgender community were involved in the development process, and community input was gathered before the final version of the survey was launched.

The final version included 73 questions on various demographics, health behaviors, and health outcomes. Survey questions were drawn from the BRFSS question archives. Through the collaborative development of the survey, some existing questions were modified and additional questions were generated to ensure a more transgender-inclusive instrument was used.

The web-based survey was promoted over seven months in 2014 via outreach to LGBT-focused organizations throughout the state, as well as LGBT-friendly health care providers, mental health providers, support organizations, homeless shelters, religious organizations, colleges, and universities. One Colorado and the GLBT Center promoted the survey on Facebook and Twitter, and interested community members posted it on transgender-specific forums. The survey was also promoted in person at the Colorado Gold Rush conference (a transgender-specific educational event) and LGBT pride festivals in Colorado. Paper surveys were also made available at those events and were available at the GLBT Center throughout the summer.

Participation in the survey was voluntary, anonymous, and inclusive of any transgender or gender non-conforming individuals wanting to lend a voice to this work. More than 500 transgender and gender non-conforming people participated, including many respondents from surrounding states. This report is based on the 417 transgender and gender nonconforming Colorado residents who responded.

Colorado data from BRFSS and the *National Survey on Drug Use and Health* (NSDUH) are presented to provide general comparisons between the general population and those who participated in the *Colorado Transgender Health Survey*.

## LIMITATIONS

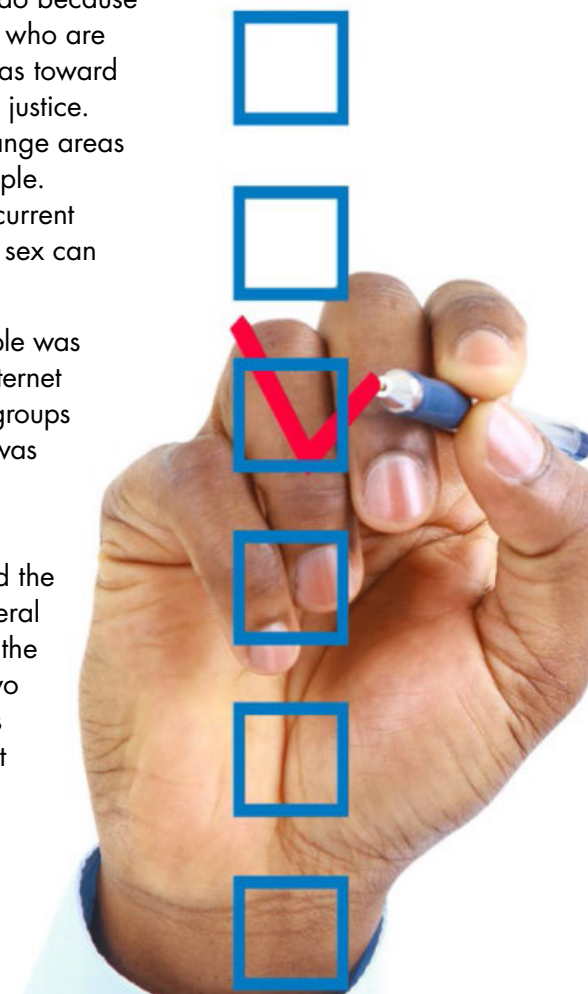
The *Colorado Transgender Health Survey* allowed us to look at transgender health in a new light; however, as with any research, there are limitations.

Our sample may not accurately reflect the transgender population of Colorado because it was not randomly selected. Therefore, the sample is partial toward people who are connected to the transgender community in some way. There may also be bias toward inclusion of people who are connected to academia, health care, and social justice. Furthermore, outreach efforts were stronger in the metro Denver and Front Range areas than in other parts of the state, which resulted in a predominantly urban sample. However, random sampling of any subpopulation is often not possible, and current surveillance systems cannot be used to describe transgender Coloradans, as sex can only be reported as male or female in most public health surveys.

This survey was web-based. Although paper surveys were available, our sample was likely biased toward those demographic groups that are more likely to have Internet access. In addition, while our sample was fairly large, most subdemographic groups had sample sizes that were smaller than anticipated. Specifically, the sample was predominately white, meaning that we cannot generate information about the experiences of transgender people of color in Colorado.

Data from the 2013 *Colorado Behavioral Risk Factor Surveillance System* and the 2010-2011 *National Survey on Drug Use and Health* are provided as a general guide to point out large disparities between the transgender community and the general population. We did not run statistical comparisons between these two groups because they were surveyed differently. Any comparisons used in this report are intended as general observations, and not a statistically significant differences, between our sample and the general population.

<sup>1</sup>BRFSS is an ongoing telephone health survey system designed by the Centers for Disease Control and Prevention and implemented by the Colorado Department of Public Health and Environment. BRFSS records respondents' sexual orientation but does not ask for respondents' gender identity; thus this data does not accurately describe transgender people.



## DEFINITIONS

**Access:** The ability of LGBT Coloradans to utilize health care services to achieve the best possible health outcomes.

**Affordability:** The ability of LGBT persons in Colorado to afford health care, and the degree to which this impacts their utilization of health care services.

**Bilateral Mastectomy:** Removal of both breasts, also known as top surgery.

**Bilateral Salpingo-Oophorectomy:** Removal of both ovaries and both Fallopian tubes, also known as bottom surgery.

**Breast Reconstruction:** Rebuilding of the breast, also known as top surgery.

**Cisgender:** A term used to describe someone who is not transgender.

**Gender Binary:** A traditional view of gender that includes only men and women.

**Gender Confirmation Surgeries:** The term used to describe the group of surgery options that can align a person's physical body with their gender identity. Also known as sex reassignment surgery (SRS).

**Gender Expression:** An individual's characteristics and behaviors, such as appearance, dress, mannerisms, speech patterns, and social interactions, that are perceived as masculine or feminine.

**Gender Identity:** A person's internal, deeply felt sense of being either a man, a woman, something else, or in between. It's important to understand that sexual orientation and gender identity are two different things. Not all transgender people identify as gay, lesbian, or bisexual. Not all gay, lesbian, and bisexual people display gender nonconforming characteristics.

**Health Care Providers:** All current and future health care providers, medical doctors, nurse practitioners, physician assistants, pharmacists, alternative medicine providers, mental health practitioners, and their staffs.

**Health Care Systems:** The network of facilities, organizations, public and private insurance carriers and administrators, health professional training and educational institutions, professional health and health care associations, and government and regulatory agencies.

**Hormone Replacement Therapy (HRT):** Refers to the medical treatment in which a patient receives hormones as supplement to or replacement for naturally occurring hormones.

**Hysterectomy:** Removal of all or part of the uterus, also known as bottom surgery.

**LGBT Community:** Individual community members and community organizations that work to improve the health and health care of LGBT Coloradans, including those identifying as lesbian, gay, bisexual, or transgender, and their heterosexual and nontransgender allies.

**Orchiectomy:** Removal of one or both testicles, also known as bottom surgery.

**Phalloplasty:** Surgery performed to create or repair a penis, also known as bottom surgery.

**Quality:** The extent to which health care services in Colorado are culturally responsive and clinically competent regarding LGBT people, and how this affects the use of health care systems by LGBT Coloradans.

**Sexual Orientation:** A person's emotional and sexual attraction to other people based on the gender of the other person. People may identify their sexual orientation as heterosexual, lesbian, gay, bisexual, or queer.

**Transgender:** Someone whose sex at birth is different from who they know they are on the inside. Many transgender people are prescribed hormones by their doctors to change their bodies. Some choose to undergo surgery as well. Others do not undergo any medical treatments to change their bodies.

**Transgender-Inclusive:** Refers to health care systems, providers, communities, and individuals who are or are perceived to be welcoming, acknowledging, friendly, and accommodating of the transgender community.

**Vaginoplasty:** Surgery performed to create or repair a vagina, also known as bottom surgery.

## TRANSGENDER UMBRELLA TERMS

**Agender:** A person who identifies as genderless or not having a specific gender.

**Bigender:** A person whose gender expression varies between traditionally “woman” and “man” and may identify with both genders (and sometimes a third gender).

**Gender Queer/Gender Fluid:** A blanket term used to describe people whose gender falls outside of the gender binary (man/woman), or a person who identifies as both, all or no genders.

**Gender Nonconforming:** A person who has or is perceived to have gender characteristics and/or behaviors that do not conform to traditional or societal expectations. Gender nonconforming people may or may not identify as lesbian, gay, bisexual, or transgender.

**Third Gender:** A person who does not identify within the gender binary.

**Transgender Woman:** A person who is assigned male at birth but identifies as a woman.

**Transgender Man:** A person who is assigned female at birth but identifies as a man.

**Transsexual:** A person whose gender identity does not match their sex that was assigned at birth. Some use transsexual to signify someone who has taken medical steps toward aligning their body with their gender identity.



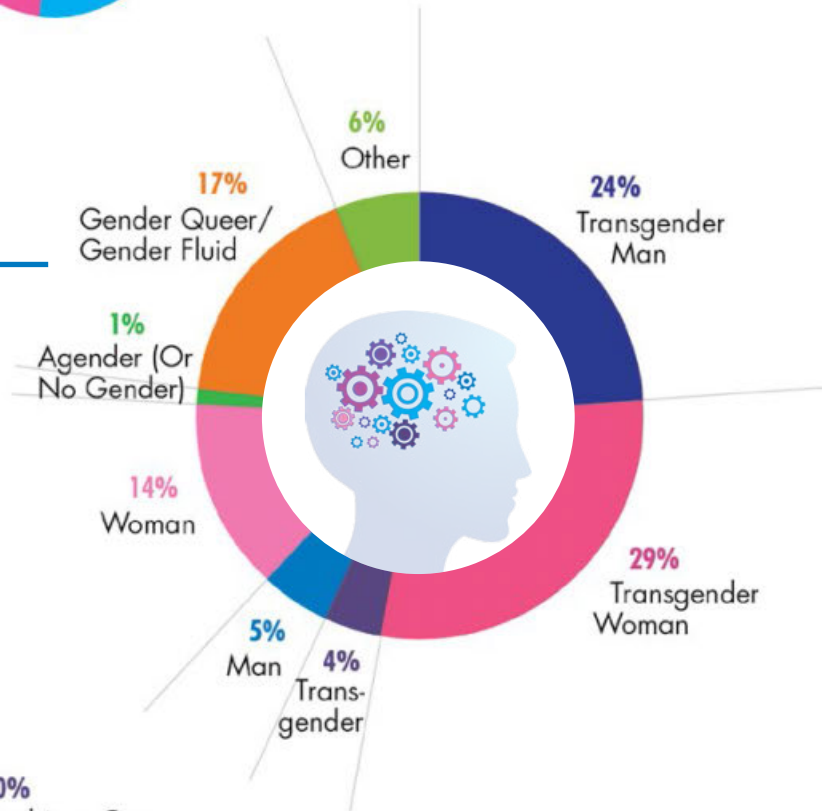
# RESULTS OF THE COLORADO TRANSGENDER HEALTH STUDY

## DEMOGRAPHICS

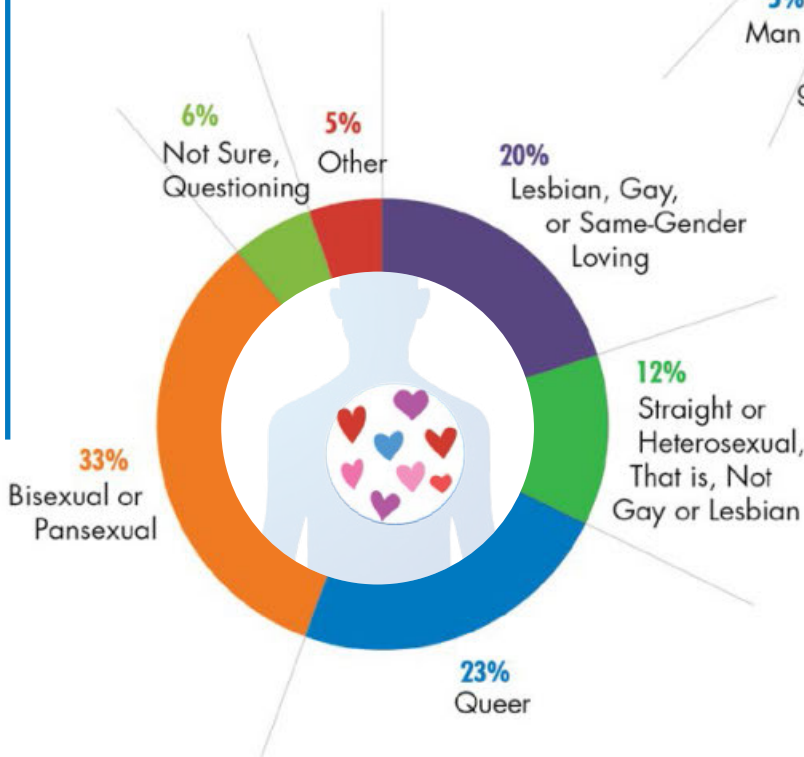
### Sex Assigned at Birth



### Gender Identity



### Sexual Orientation



When it comes to sexual orientation, just as with their cisgender or nontransgender counterparts, transgender Coloradans identify with a wide spectrum of sexual orientations, such as straight, gay, lesbian, queer, and bisexual. Sexual orientation refers to a person's romantic and sexual attraction to other people. Sexual orientation is distinct from a person's gender identity. Transgender is a gender identity, not a sexual orientation.



# TRANSITION-RELATED CARE

Being transgender means different things to different people. There is no right or wrong way to be transgender. Some transgender people choose to take hormones prescribed by doctors, others wish to access various surgeries, and still others choose not to access transition-related medical treatments at all.

In Colorado, finding a transgender-inclusive provider may be a challenge, and not all health plans cover hormones, surgeries, and other transition-related care. This forces many transgender Coloradans to pay out of pocket or not be able to access medically necessary care.

## Have Ever Used Hormone Replacement Therapy



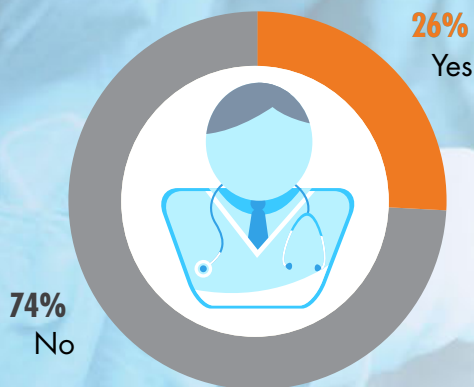
## Currently Taking Hormones



## Plan to Take Hormones in the Future



## Have Had Transition-Related Surgery



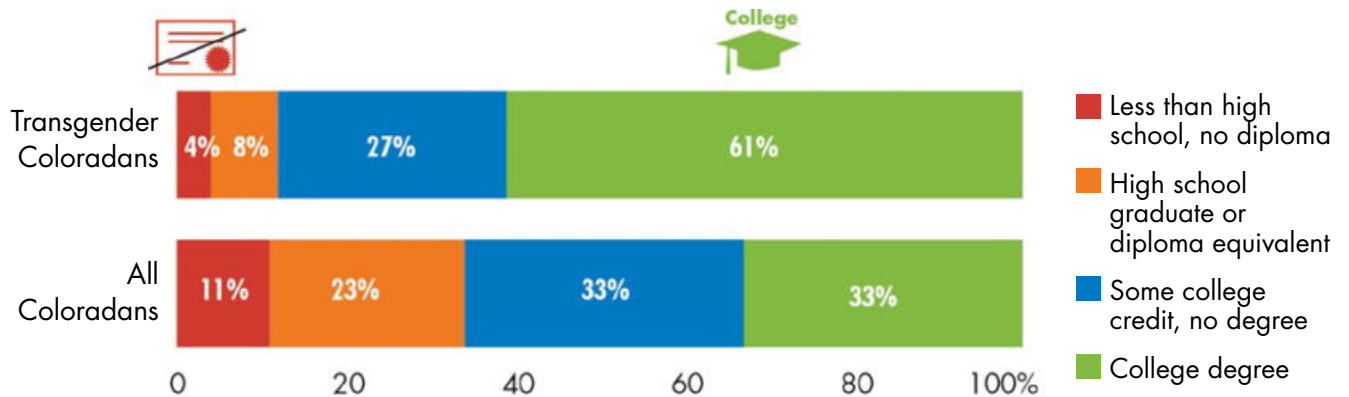
|                                    |     |
|------------------------------------|-----|
| Bilateral Mastectomy .....         | 61% |
| Bilateral Salpingo-Oophorectomy .. | 7%  |
| Breast Reconstruction .....        | 16% |
| Hysterectomy .....                 | 17% |
| Orchiectomy .....                  | 9%  |
| Phalloplasty .....                 | 1%  |
| Vaginoplasty .....                 | 24% |

Note: Respondents were able to select more than one answer.

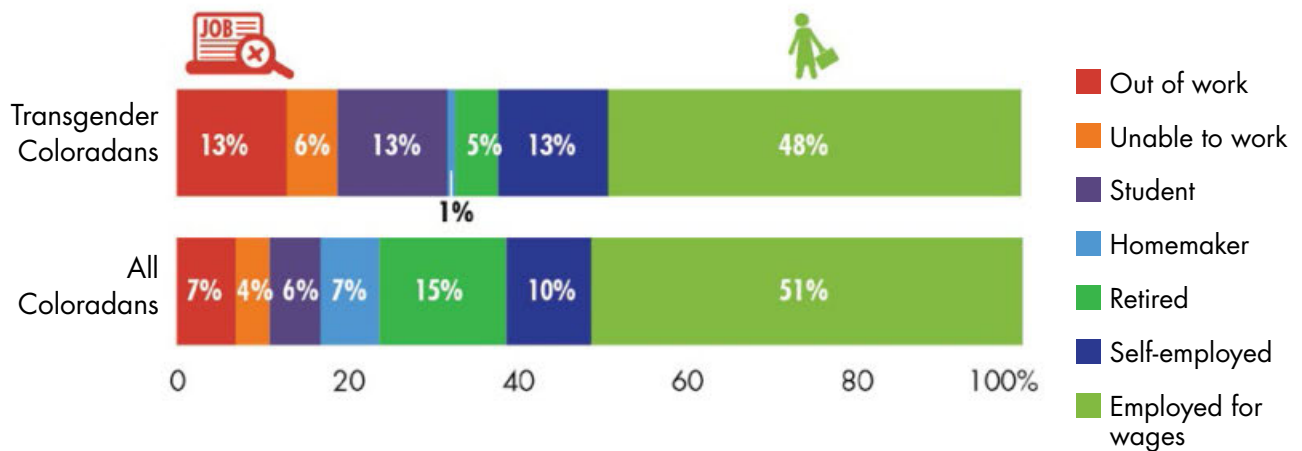
## EDUCATION, EMPLOYMENT, AND INCOME

Three out of five transgender Coloradans have a college degree, which indicates that the survey sample was highly educated compared to Colorado’s general population. However, transgender Coloradans are almost twice as likely as the general population to be unemployed and have a lower household income. Thus, this report highlights staggering income inequities faced by transgender Coloradans.

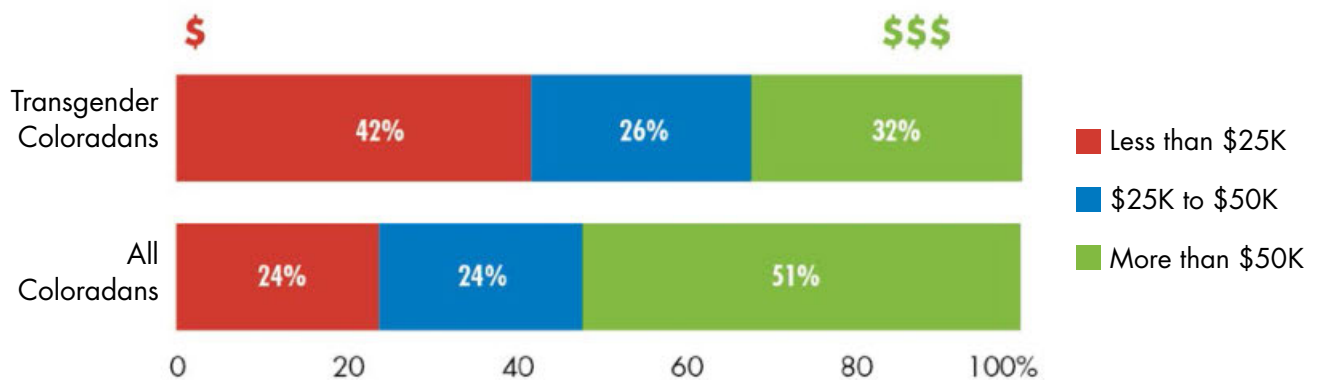
### Education



### Employment



### Income



## COVERAGE

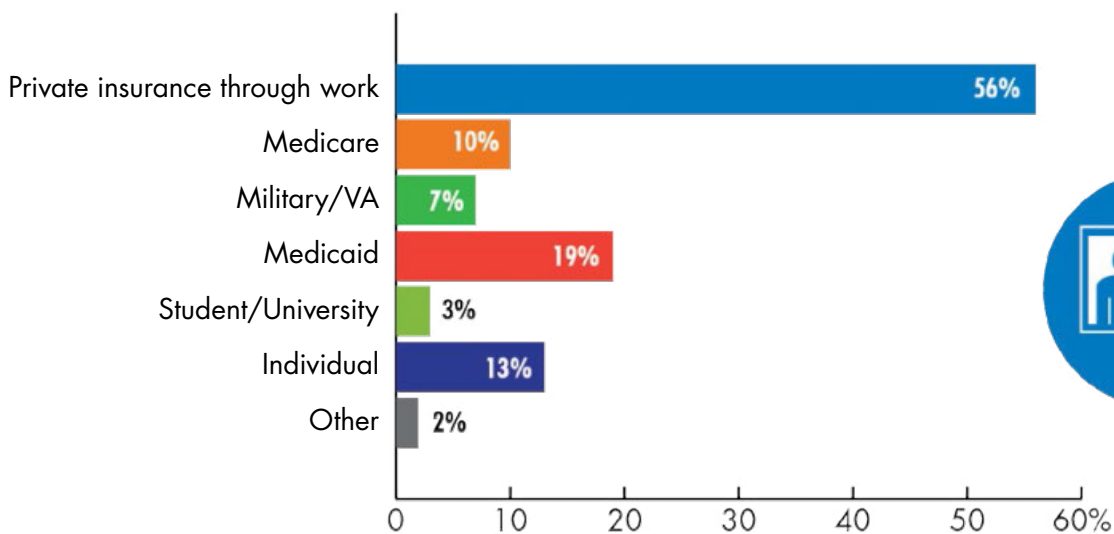
Colorado has seen incredible progress with transgender-inclusive insurance coverage due to the implementation of the Affordable Care Act (ACA), the expansion of Colorado Medicaid, and the Colorado Division of Insurance Bulletin B-4.49, which prohibits discrimination based on transgender status in Colorado private insurance plans.



As anticipated with the implementation of the ACA in recent years, the transgender community in Colorado reported having a much higher rate of insurance coverage than seen in past surveys done by One Colorado. Nearly 86% of the survey respondents reported having some type of insurance coverage, compared to 73% in One Colorado's *Invisible Survey*. According to Gallup, 11% of Coloradans are still uninsured compared to 14% of transgender Coloradans.

Income disparities and reduced access to gainful employment are major issues faced by transgender Coloradans. Due to these barriers, transgender Coloradans are less likely to have employer-sponsored health coverage (56% versus 72%) and are more likely to rely on Medicaid (19% versus 8%) than Colorado's general population.

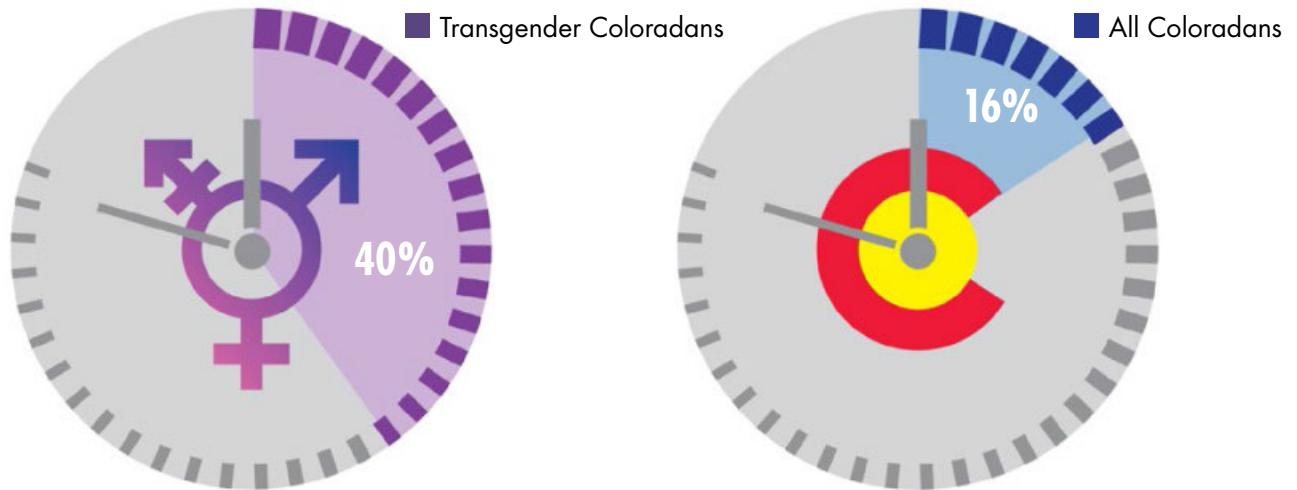
### Health Care Coverage



Note: Respondents were able to select more than one answer.

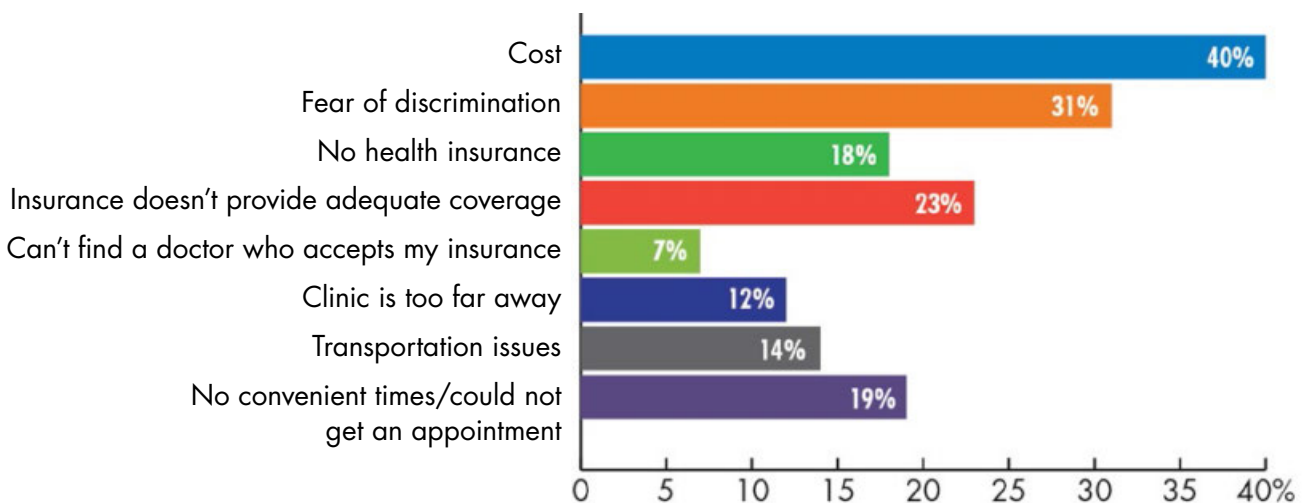
## ACCESS TO CARE

### Delayed Accessing Health Care



“I have been openly discriminated against by the health care providers at the discount clinic to which I go. I only go when I have no other choice.”

### Barriers to Accessing Care



Note: Respondents were able to select more than one answer.

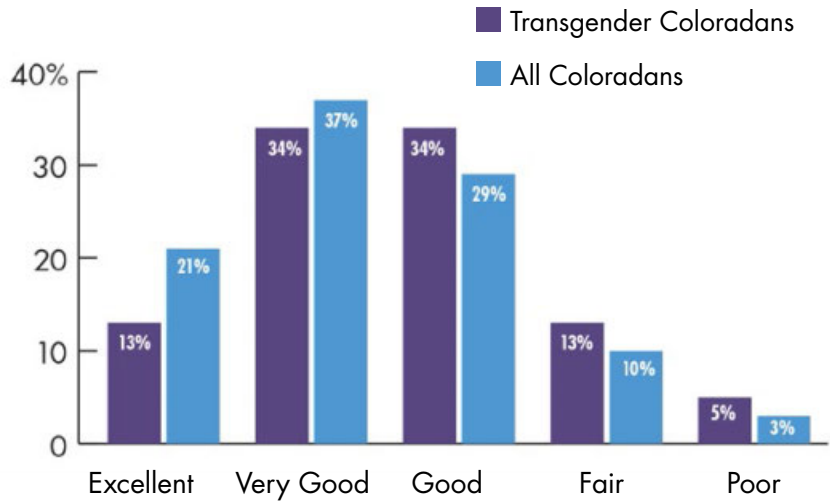
“Doctors insist all of my medical problems are a result of my transition (i.e., testosterone replacement), even though the medical problems predate my transition by 8-plus years.”

# GENERAL HEALTH OF THE TRANSGENDER COMMUNITY

The overall health of the transgender community was comparable to, but slightly lower than, the general population.

Strikingly, transgender Coloradans reported almost twice the number of days with poor physical or mental health. Additionally, 47% of transgender Coloradans reported having limitations due to physical, mental, or emotional problems in the past month.

## General Health Status



## Quality of Life



■ Transgender Coloradans    ■ All Coloradans

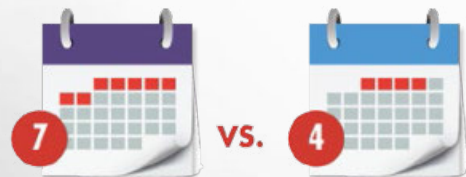
Number of days **physical health was not good** in past 30 days



Number of days **mental health was not good** in past 30 days

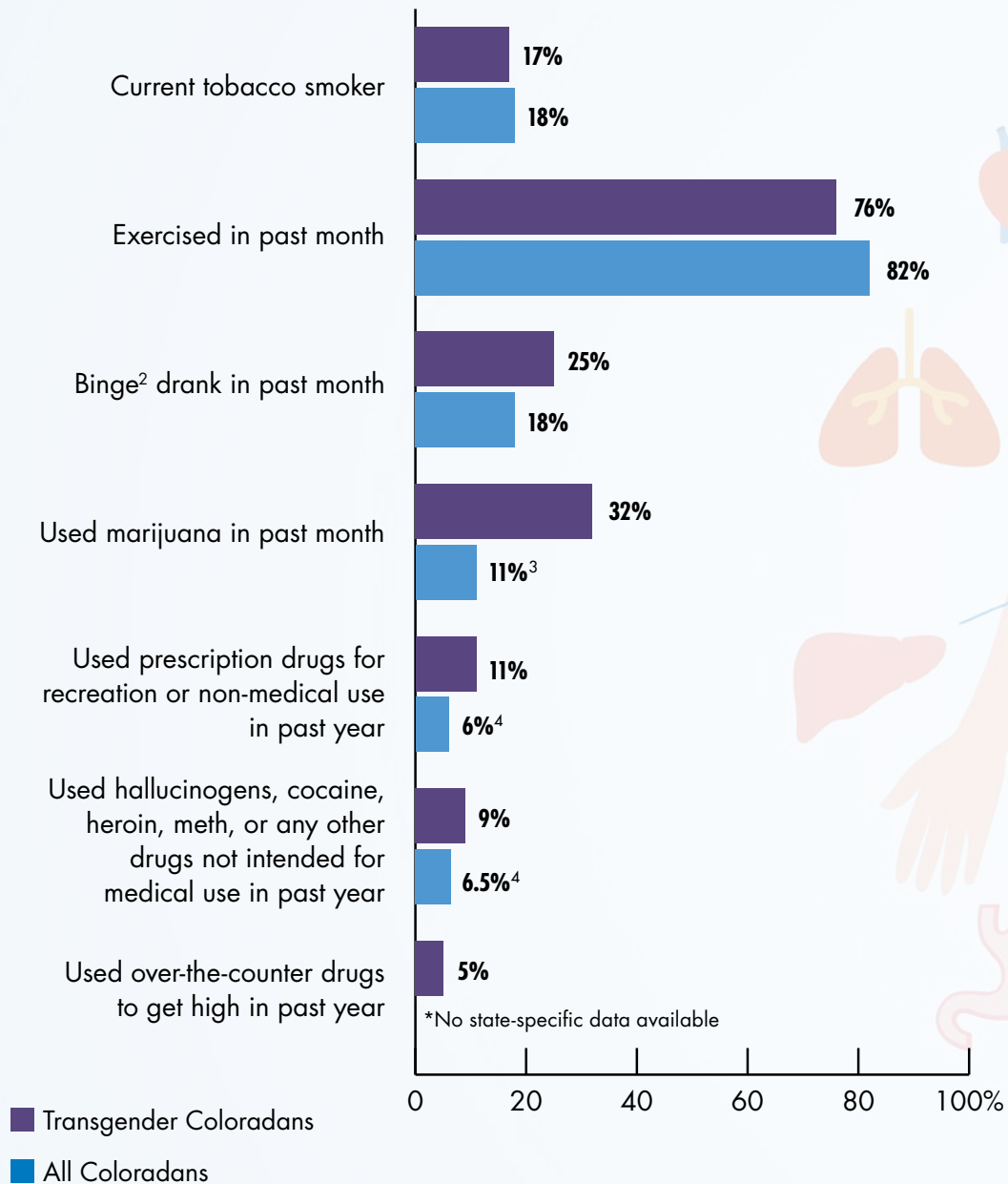


Number of days **poor physical/mental health kept you from usual activities** in past 30 days



## GENERAL HEALTH OF THE TRANSGENDER COMMUNITY (CONT.)

### Health Behaviors



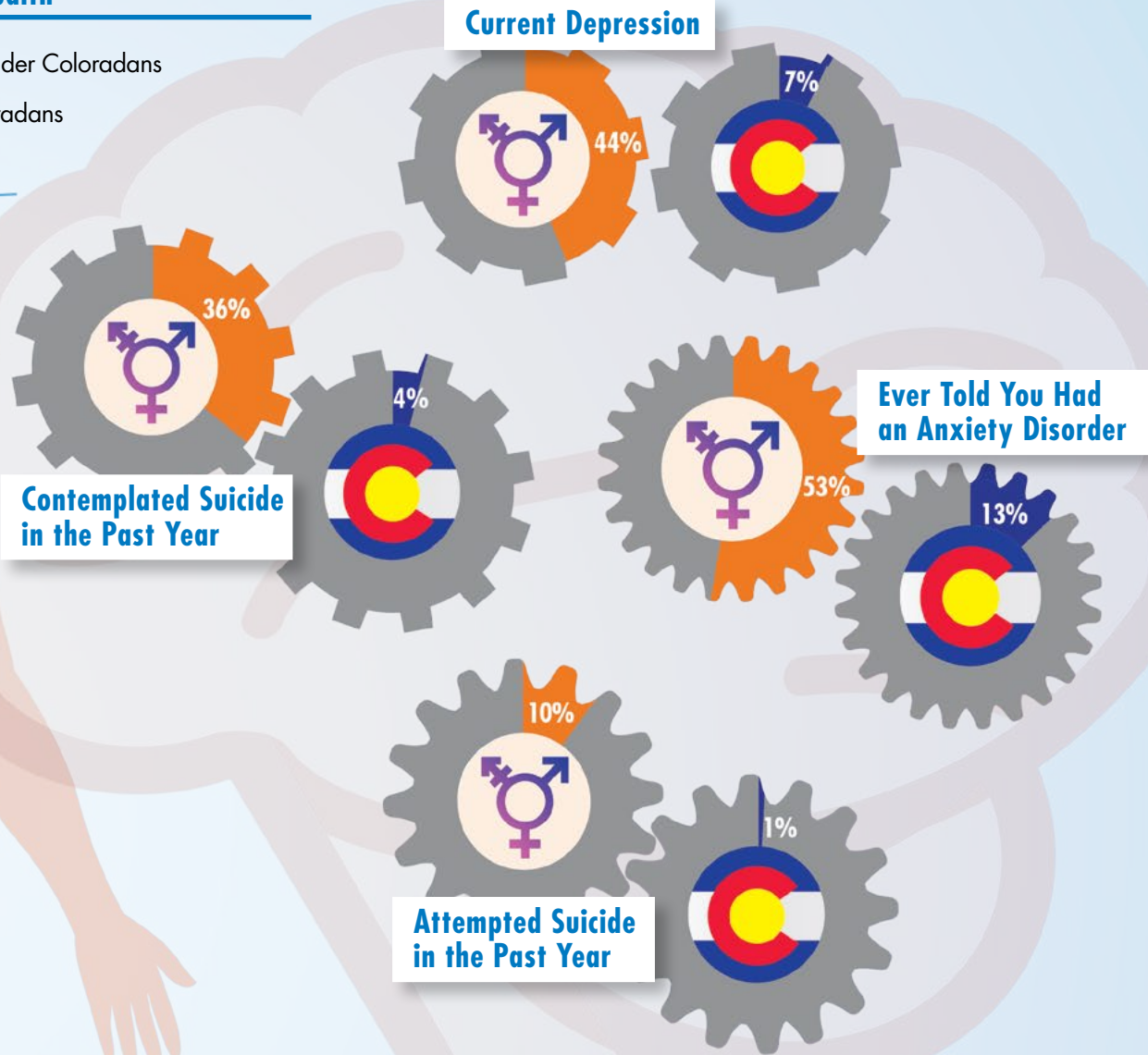
<sup>2</sup>Binge drinking determined using sex assigned at birth. Current definition for binge drinking is 4-plus drinks for females and 5-plus drinks for males on a single occasion.

<sup>3</sup>The Colorado Transgender Health Survey was conducted in 2014, after recreational marijuana use had been legalized in the state of Colorado.

<sup>4</sup>The National Survey on Drug Use and Health (NSDUH) provides national- and state-level data on the use of tobacco, alcohol, and illicit drugs (including nonmedical use of prescription drugs) and mental health in the United States. NSDUH is an annual nationwide survey involving interviews with approximately 70,000 randomly selected individuals aged 12 and older.

## Mental Health

- Transgender Coloradans
- All Coloradans



**Transgender people face a constant experience of discrimination and injustice on a daily basis.** This occurs during the school day, while at work, with law enforcement, on public transportation, at the grocery store, and even at home. These experiences also occur in health care settings such as the doctor's office. Therefore, it's not necessarily a surprise that transgender Coloradans report alarmingly high rates of depression, anxiety, and suicidal thoughts.

Compared side by side with the general population, the drastic differences in mental health are devastatingly clear. Transgender people have much higher rates of depression and anxiety than the general population. In Colorado, transgender people are almost six times more likely to report current depression and four times more likely to report ever having an anxiety disorder than the general population.

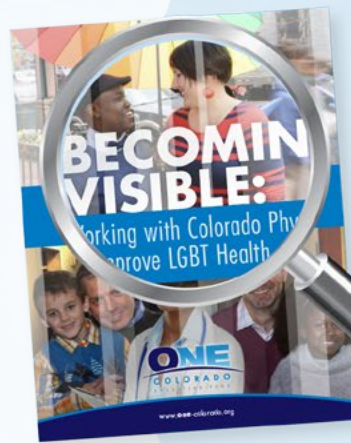
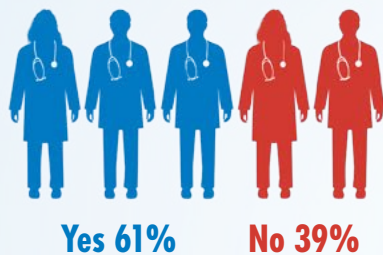
Having a transgender-inclusive provider helped reduce the occurrence of depression, suicidal thinking, and suicide attempts. However, this didn't bring numbers down to the general population levels, and transgender people still felt their mental health was not good at least 10 days a month.

## THE IMPORTANCE OF HAVING A TRANSGENDER-INCLUSIVE PROVIDER

It is well known that when a patient perceives their provider to be someone they can trust, the likelihood that they will receive quality care is higher. This is clearly demonstrated by the *Colorado Transgender Health Survey*. There are drastic differences in health behaviors between transgender Coloradans who report having an inclusive provider (61%) and those who report not having an inclusive provider (39%).

According to *Becoming Visible*, most Colorado physicians indicate comfort treating transgender patients. However, according to transgender Coloradans, physicians are missing the mark.

### Primary/Regular Provider Provides Transgender-Inclusive Care



#### *Becoming Visible* Survey Insight

In the *Becoming Visible* physician survey, we saw that 88% of Colorado physicians report feeling “pretty comfortable” or “totally comfortable” serving transgender patients.<sup>5</sup>



“[My provider is transgender-inclusive because] the office staff is welcoming and knowledgeable about trans issues.”

| My Provider...  | With Transgender-Inclusive Provider | Without Transgender-Inclusive Provider |
|---|-------------------------------------|--|
| My provider is knowledgeable about transgender health     | 75%                                 | 41%                                    |
| My provider is uncomfortable with transgender patients    | 13%                                 | 28%                                    |
| My provider addresses transgender-specific medical needs  | 76%                                 | 50%                                    |
| My provider’s office is welcoming to transgender patients | 69%                                 | 69%                                    |
| My provider has inclusive policies and forms              | 52%                                 | 55%                                    |

<sup>5</sup>Becoming Visible: Working with Colorado Physicians to Improve LGBT Health



| Transgender-Inclusive Providers Can Impact Whether or Not Transgender Coloradans... | With Transgender-Inclusive Provider | Without Transgender-Inclusive Provider |
|---|-------------------------------------|--|
| Have excellent, very good, or good health   | 84%                                 | 75%                                    |
| Delay care because of fear of discrimination  | 24%                                 | 42%                                    |
| Delay care because they can't find a doctor who accepts their insurance             | 4%                                  | 11%                                    |
| Delay care because of an issue with insurance or services not covered by insurance  | 20%                                 | 27%                                    |
| Have received a physical or wellness exam in the past year                          | 76%                                 | 48%                                    |
| Have received a blood cholesterol check in the past year                            | 81%                                 | 50%                                    |

**Having a transgender-inclusive provider helps reduce the occurrence of depression, suicidal thinking, and suicide attempts.**

| Mental Health                     | With Transgender-Inclusive Provider | Without Transgender-Inclusive Provider |
|-----------------------------------|-------------------------------------|--|
| Current depression                | 38%                                 | 54%                                    |
| Contemplated suicide in past year | 29%                                 | 48%                                    |
| Attempted suicide in past year    | 7%                                  | 15%                                    |

| Quality of Life   | With Transgender-Inclusive Provider | Without Transgender-Inclusive Provider |
|---|-------------------------------------|--|
| Number of days physical health was not good in past 30 days                               | 5                                   | 6                                      |
| Number of days mental health was not good in past 30 days                                 | 10                                  | 12                                     |
| Number of days poor physical/mental health kept you from usual activities in past 30 days | 5                                   | 9                                      |

**According to the Colorado Transgender Health Survey, what sets transgender-inclusive providers apart from noninclusive providers is having real or perceived:**

- Knowledge about transgender health-related needs.
- Comfort with patients who identify as transgender.
- Skills to address transgender-specific medical needs, as well as other medical needs.
- Ability to provide care to transgender patients, or a reputation in the transgender community for providing culturally responsive care.

# RECOMMENDATIONS FOR ADVANCING TRANSGENDER HEALTH IN COLORADO

The research in this report clearly demonstrates the inequalities and inequities that exist for transgender Coloradans in various aspects of their lives, but specifically in accessing health care coverage and services.

As seen in the One Colorado Education Fund's *Invisible* report, there is not just one sweeping solution to addressing transgender health disparities in Colorado. It is imperative that large systems and policies, providers and advocates, communities and individuals all work collaboratively to advance transgender health in Colorado.

## CULTURALLY RESPONSIVE CARE AND SERVICES

- Educate the public, providers, communities, and individuals about transgender people, health disparities, and how to achieve health equity for transgender Coloradans.
- Take an integrated care approach to health care, especially for transgender people, by recognizing the relationship between physical health and mental health.
- Continue to connect providers with training and education about cultural responsiveness and clinically competent transgender care.
- Have brochures, handouts, and other resources that are either about transgender health issues or include images of transgender people.
- Collect and analyze transgender health data on a continual basis so as to measure physical and mental health changes among the transgender community.

## TRANSGENDER-INCLUSIVE HEALTH CARE POLICIES AND LAWS

- Ensure that the Affordable Care Act and Medicaid expansion continue to be implemented to the fullest extent possible.
- Advocate for transgender-inclusive laws, policies, and practices at all levels of government, employment, health care, and community.
- Collect more data—our health systems, behavioral surveillance systems and providers need to and should be collecting data that affects the health of all people, which includes data on gender identity. This should be at all levels, from doctor's offices to designing new health information technology systems that are inclusive of the needs of transgender people.
- Health care systems and provider practices must include gender identity in their nondiscrimination policies.
- Health care systems and provider practices must ask about gender identity and sexual orientation in health records and forms.

## RECOMMENDED QUESTIONS FOR HEALTH CARE SYSTEMS AND PROVIDERS TO USE:

### Sex Assigned at Birth:

- Male
- Female

### Current Gender Identity:

- Male/man
- Female/woman
- Trans male/trans man/FTM
- Trans female/trans woman/MTF
- Gender queer/gender nonconforming
- Different identity: \_\_\_\_\_



## TRANSGENDER HEALTH RESOURCES

- One Colorado  
[www.one-colorado.org](http://www.one-colorado.org)
- Training from the Colorado Medical Society, "Health and Health Care for the LGBT Community: Identifying and Minimizing Disparities," 2013  
[www.cms.org/resources/health-and-health-care-for-the-lgbt-community](http://www.cms.org/resources/health-and-health-care-for-the-lgbt-community)
- Gay and Lesbian Medical Society (GLMA)  
[www.glma.org](http://www.glma.org)
- The National Coalition for LGBT Health  
<http://lgbthealth.webovolutionary.com>
- World Professional Organization for Transgender Health (WPATH)  
[www.wpath.org](http://www.wpath.org)
- Center of Excellence for Transgender Health  
<http://transhealth.ucsf.edu>
- The Fenway Institute  
<http://thefenwayinstitute.org>
- For more information about the Affordable Care Act  
[www.healthcare.gov](http://www.healthcare.gov)
- To access the Colorado Transgender Health Survey questions:  
[www.one-colorado.org/wp-content/uploads/2014/02/Transgender-Health-Survey-2014\\_02182014.pdf](http://www.one-colorado.org/wp-content/uploads/2014/02/Transgender-Health-Survey-2014_02182014.pdf)

