



Transgender Aging Project

Minnesota Transgender Aging Project Community Report: Focus on Providers

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Introduction

Old age has come to the first generation of transgender (or trans) people who physically and/or socially transitioned in the United States.¹ Today's older adults who transitioned in younger and middle adulthood were often acculturated by medical providers and other trans people to disappear into mainstream society and begin new lives.^{2,3} Many older adults are transitioning in old age and navigating the accompanying changes to their support networks. Trans older adults are often isolated from one another, with less social support than cisgender lesbian, gay and bisexual people in the same age group.⁴

Trans older adults have shown higher rates of depression, stress, disability and poor physical health than their cisgender counterparts who are gay, lesbian or bisexual.⁵ Despite their greater need for care, trans older adults may avoid essential medical and aging services and hide their gender identity when they do access care.⁶ This population has reported biased treatment when receiving services,^{7,8} and trans people expect discriminatory and inappropriate care from providers in old age.^{9,10}

1 Williams, M.E., & Freeman, P.A. (2007). Transgender health: Implications for aging and caregiving. *Journal of Gay & Lesbian Social Services*, 18(3/4), 93-108.

2 Denny, D. (2006). Transgender communities of the United States in the late twentieth century. In P. Currah, R.M. Juang, & S.P. Minter (Eds.), *Transgender Rights* (pp. 171-191). Minneapolis: University of Minnesota Press.

3 Stryker, S. (2008). *Transgender History*. Berkeley, CA: Seal Press

4 Fredriksen-Goldsen, K.I. Cook-Daniels, L., Kim, H.J., Erosheva, E.A., Emlet, C.A., Hoy-Ellis, C.P., Goldsen, J., & Muraco, A. (2014). Physical and mental health of transgender older adults: An at-risk and underserved population. *The Gerontologist*, 54(3), 488-500.

5 Ibid

6 Espinoza, R. (2014). *Out and visible: The experiences and attitudes of of lesbian, gay, bisexual and transgender older adults, ages 45-75*. New York, NY: SAGE.

7 Fredriksen-Goldsen, K.I. Cook-Daniels, L., Kim, H.J., Erosheva, E.A., Emlet, C.A., Hoy-Ellis, C.P., Goldsen, J., & Muraco, A. (2014). Physical and mental health of transgender older adults: An at-risk and underserved population. *The Gerontologist*, 54(3), 488-500.

8 Rainbow Health Initiative (2015). *Voices of health: A survey of LGBTQ health in Minnesota*. Minneapolis, MN.

9 Croghan, C., Moone, R., & Olson, A. (2012). *Twin cities LGBT aging needs assessment survey*. Minneapolis, MN: Greater Twin Cities United Way and Pfund Foundation.

10 Espinoza, R. (2014). *Out and visible: The experiences and attitudes of of lesbian, gay, bisexual and transgender older adults, ages 45-75*. New York, NY: SAGE.

Research on trans aging remains sparse and the voices of trans older adults are rarely included in these studies. The Minnesota Trans Aging Project (MTAP) is the first systematic examination of trans older adults' experiences with medical care and aging services in Minnesota. It is also the first research in Minnesota to survey providers of both medical and aging services about their experiences and needs in providing care to trans older adults. It is intended in part to create a foundation for future community-based research.

This study focused on the Twin Cities Metro and Arrowhead region. It addressed two questions:

How do trans older adults experience the quality and welcome of health services and aging services?

What do health services and aging services need in order to provide effective, appropriate care to this population?

The Minnesota Trans Aging Project is a collaboration between the Rainbow Health Initiative and Abel Knochel (University of Minnesota Duluth Social Work Department), with active support from community and academic partners (see page two). It was funded through the Clinical and Translational Science Institute and the University of Minnesota Office of the Vice President for Research.

The term trans is used throughout this report to mean people whose gender identity differs from that which was assigned to them at birth, including people who identify as transgender or nonbinary. The term provider is here defined to include those who provide medical, social, housing, or aging services, those who assist with the provision of these services, and those who set appointments, greet service users, and complete other intake.

Methodology

Interviews: Semi-structured interviews were conducted in person in 2016 with 25 trans older adults to explore their experiences and expectations of medical and aging services. All but one interview was completed. Participation was restricted to trans older adults who lived in either the Arrowhead or Twin Cities Metro regions of Minnesota or received services in these areas. The interviews lasted sixty to ninety minutes on average. Participants were recruited through community partners, providers who serve this population, trans social and support groups, a story in the Duluth News Tribune, and Facebook.

The interviews were audio recorded and transcribed, then analyzed using NVIVO. The co-PIs shared and revised their coding on the first six transcripts to develop a common set of themes. The co-PIs divided up the remaining transcripts and applied this coding scheme, meeting several times to share new insights and to make revisions. Finally, the transcripts were coded across interviews to analyze themes related to provider experiences (i.e. negative provider experiences, positive provider experiences, long-term care, aging services, and social services).

Interview participants were invited to meet in Duluth and Minneapolis in Fall 2017 to discuss the findings. Half of the interview participants attended. Each group lasted for two hours. The participants confirmed the co-PIs' findings and offered additional insights that are included in this report.

Survey: A brief online survey was disseminated in 2016 to health care providers and providers of aging-related services in the Metro Twin Cities and Arrowhead regions of Minnesota to identify where providers are serving trans older adults and to examine what those providers say they need to provide effective, appropriate, quality care to this population. Participants were recruited through the Minnesota LGBTQ Provider Directory, Leading Age MN, Care Providers of MN, the Minnesota Medical Association, Arrowhead Area Agency on Aging, Metropolitan Area Agency on Aging, the Opportunity Conference on Advancing LGBTQ Health, Pride events, and providers sharing the survey with their colleagues.

Providers were asked questions about what types of services they provide, the geographic areas they cover, and how many trans older adults they have served. Providers

who had current or past experience with trans older adults were asked to rate their level of skills, knowledge, and resources to adequately serve this population, with room to explain their rating. Experienced providers were also asked to identify from a checklist the things they need to deliver quality care to trans older adults, including an Other category and room to explain their response. Finally, providers who serve trans older adults were asked an optional open-ended question: “What is important for us to understand about trans older adults and the services you provide?” Data from the providers who have served or are currently serving trans older adults were analyzed in Excel using frequencies. The responses to the open-ended question were coded for themes using Word.

Demographics of Interview Participants

Twenty-four trans older adults completed individual interviews. One-fourth of the participants were in the Arrowhead region. Three lived in Duluth, two lived in towns in other parts of the Arrowhead region, and one traveled to the Twin Ports from rural Wisconsin for some services. Three-fourths of participants were in the Twin Cities Metro, including Minneapolis, St. Paul, and some rural areas, small towns, and suburbs in the greater metropolitan area; one participant traveled to the Twin Cities from rural Wisconsin for services.

Most of the interview participants identified themselves on the gender binary. Three-fourths of the participants identified as transwomen (6), MTF (6), female (5), or transwoman MTF (1). Five participants identified as a transguy (2), FTM (1), FTM transmasculine (1), or a transgender man/man/FTM (1). Two participants identified outside of the gender binary, including one who identified as nonbinary and one who identified as 60% transwoman and 40% gay male. Participants ranged in age from 56 to 73, with a mean age of 63.

Nearly all of the participants indicated that they have physically and/or socially transitioned or they are in the process of physically and/or socially transitioning. One participant was still deciding and another hoped to resume a paused transition. Two-thirds of the participants began their transition in or after 2000, while one-third began to transition between the 1970s and the 1990s.

Interview Findings

Nearly all of the interview participants described both positive and negative experiences with providers. All of the participants had experiences with medical providers to share, while fewer of the participants had used social services and less than a handful had used aging services. None of the participants had experienced long-term care as residents, but they shared deep concerns and sometimes striking plans for avoiding or surviving it.

Positive Experiences

The positive experiences were most commonly characterized as those that met basic levels of service and decency or that provided supportive and respectful care. Interview participant often characterized provider experiences as positive when the providers knew how to relate to them as trans people and were able to meet their trans-specific care needs.

Basic level of service and decency: Most participants described experiences in which providers were willing to work with them, did not shame them, and treated them as human beings. They described this basic level of care as “No small thing!”

I had a hip placement...I was crashing a bit and needed to get a catheter inserted. And I had to let them know that I was trans in case they found some anatomy that didn't match what they were used to...Nobody was spooked...I mean, they were just fine with everything...given that, boom, I just dropped the bomb on them that I was transgender. [trans woman, hospital, Twin Cities metro, 58]

I see a social worker, every time I go in a different one. And they've just been all fantastic, and I don't get funny glance or that look...in there. [trans woman, food shelf, Twin Cities metro, 60]

Supportive and respectful care: Participants commonly described positive encounters in which the providers made eye contact, treated them respectfully in exams and conversations, and welcomed them. These providers were also open to being educated or corrected about gender identity.

They were so uplifting and positive. You know, they made it a positive setting. And I could talk about how I felt and stuff.

[trans woman, mental health therapist, Twin Cities metro, 67]

It's a dentist that we have been using for probably 25 years...They listened with great intent and really seemed to care...they went out of their way to make sure that I knew that they were okay with this...I feel very comfortable going there and being able to bring up something in my life that's related to being transgender and I don't feel like I can't. [transwoman, dentist, Twin Cities metro, 62]

Knew how to relate to trans person: Many participants recounted one or more experiences with providers who operated from an understanding and sensitivity to trans identities and experiences. For instance, these providers asked for and used the older adult's name and pronoun. They were aware that this name and set of pronouns might not match the name and gender marker on the trans older adult's legal documents, insurance card, or system records. Providers anticipated the uncertainty and fear of trans older adults in approaching services and took measures to reassure them that they would help them obtain needed care.

Somebody on the phone gently talked me through coming in to see them. They were really, really patient on the phone and getting me there. [nonbinary person, Arrowhead region, contacting therapist in Twin Cities Metro that specializes in trans care, 60]

And they never slipped with a pronoun. They always understood.

[transwoman, hospital in Twin Cities metro, 60]

Knew how to meet trans-specific care needs: Some participants shared experiences with providers who had the knowledge, skill, and ability to provide them with appropriate care. Providers in this group understood the protocols around hormone replacement therapy and knew what preventive care trans older adults might need. They also understood how to process the referrals and letters needed for transition-related medical interventions and how to navigate insurance to maximize payment for transi-

tion-related services. Trans older adults expressed loyalty to these particular providers, even if their location or available hours were not convenient.

My physician has worked with transgender clients and patients for longer than I've been out. When I first came out, she was actually one of the first people I spoke with... and I have been with her ever since.

[trans woman, Twin Cities Metro, primary care provider, 62]

The insurance company called me up and said we have identified you as a high impact user who is having trouble getting the services you need...We're offering a concierge service...[W]e're just here to help you...get you through it as efficiently as possible... The focus is on getting you the right service, and then we learn how to give service better. [60 year old nonbinary person, insurance company, Arrowhead area]

Knowing that he came recommended by...other trans folks and...had credibility with them, and the sense that I wouldn't have to educate him as I was trying to educate myself, was important to me as I went in...He was good at communicating with my therapist at the time, and he knew what needed to be done and how to get it done. (61, transguy, Twin Cities metro)

Negative Experiences

Trans older adults in the study shared many negative provider experiences related to their gender identity. They were frequently misgendered by providers. Many experienced substandard care. Providers expressed overt discomfort or ridiculed a number of the participants. Some of the trans older adults had been denied care.

Misgendering: Interview participants were frequently misgendered when seeking and using services. Most commonly, this occurred when they were called by the wrong pronoun, name, or form of address (i.e. sir, ma'am). Participants frequently faced this type of misgendering on the phone or when providers did not look at what was written on the intake form or in the electronic records.

So this nurse: I'm there, I'm in a skirt and pantyhose... I mean, I don't look much like a male and she referred to me with male pronouns. It's like –What are you thinking? [trans woman, eye surgery center, Twin Cities metro, 63]

But as far as social services go, they're okay until we talk on the phone. If I'm talking to somebody and I let it slip and I laugh like a guy or...I don't answer the phone like this [Using a falsetto voice] then they're like, "Excuse me, sir, is [name of interviewee] available?" [trans woman, social services, Twin Cities metro, 60]

[W]hen I was very early in my transition, I was misgendered during a mammogram, which you sort of want to say you hardly blame them at that point, but it was on the piece of paper. [64, transgender man, Twin Cities metro]

Participants also discussed the times that they were questioned about their requests for gender-specific care on the phone or in the waiting room (e.g. prostate exam for a transwoman, gynecological exam for a transman). They also recounted experiences with providers who made errors about their gender while caring for them.

I am constantly switched out of the woman's clinic because they'll perceive that I'm a guy and you're in the wrong department...[I]t's like primary care is primary care but not for me. It's, "Oh my goodness! He's in the wrong department!" [trans woman, primary care, Twin Cities metro, 60]

I had a hematoma...after one of the surgeries...[S]he obviously didn't read the chart, and it was very awkward, because...she'd had cancer and had had a mastectomy, so she knew I had had a mastectomy and she thought it was for that...[A]nd then she touched my arm to say it'll be all right...This whole time it's getting worse, and deeper and deeper, and I'm finally like, "You know...my surgery's not quite what you think it is."...And then the surgeons were kind of dumb, because they came in, again, not having read. And so you kind of had to explain...too much to them...And they thought I had breasts...Again, it's that not reading ahead of time and it's not knowing who you're dealing with. (63, transguy, Twin Cities metro)

A number of trans older adults described the negative feelings from being asked to complete a form that did not match their body or that was labeled for a gender that was not theirs. They identified a need to redesign the forms to contain all of the possible questions along with a "not applicable" option so that everyone can complete the same form.

Finally, a couple of participants described being assigned to a room with someone of a different gender but the same legal sex (e.g. transwoman placed in a hospital room with a man).

And they put me in a room...and then they were gonna give me a roommate --and this guy had a swastika--'cause I hadn't had the final surgery yet at that point... I was not gonna go in there... I mean, it's like, I have boobs you know.

[trans woman, mental health inpatient hospital, Twin Cities metro, 58]

Substandard care: Providers failed to provide appropriate, quality care to many of the interview participants due to their lack of knowledge about gender identity, trans bodies, and transition and due to frequent turnover. Interview participants also raised issues of mental health providers who are using outdated standards of care, such as considering their gender presentation as part of diagnosis and treatment.

When I decided to transition, I went to a therapist... the one my insurance company said... That person's specialty was male sexual dysfunction... and he had no experience with trans people at all...He was, like, talking about how I felt about my genitalia.

[trans woman, mental health therapist, Twin Cities metro, 56]

I just see her for my meds. And she didn't know what strength of estrogen to put on me. In fact, she tells me..., "You probably won't be on estrogen very long because you're older and you probably won't need it after a while. You'll probably have no use for it." [trans woman, PCA, Arrowhead, 67]

Trans older adults discussed times that their providers were confused about their physical bodies, such as recommending a pap smear when they did not have a vagina.

I had huge problems when I had to go in and have a colonoscopy. They had no idea. It's like you're a butt pilot, you can't tell the difference between a butt and a vagina? I mean come on. [trans woman, primary care, Twin Cities metro, 60]

I was lucky enough to hook up with a PCA. She doesn't know anything about trans health care. She didn't know I needed a mammogram because I've had breast augmentation now. [trans woman, PCA, Arrowhead, 67]

Finally, some participants shared issues related to provider turnover.

There were some other aspects I didn't appreciate very much, like being shunted from one to the next. I would always get the person who had just come...I would like to have some stability. [trans woman, primary care, Twin Cities metro, 63]

Overt discomfort and ridicule: A number of trans older adults had received services from visibly uncomfortable providers. Several participants recounted times that they were ridiculed when seeking care or services. One participant referred to the impact as *a dagger to the heart*.

Providers demonstrated discomfort in their reluctance to touch trans older adults during exams, their inability to make eye contact, and their uneasiness in acknowledging or hearing about gender identity.

I forget what their specialty is, but they do the scope. They had to do the scope down my throat, and the other one [endoscopy or colonoscopy]... They just shy away from you... In fact, you know, most of the doctors I see up here act like that. [trans woman, specialist, Arrowhead, 67]

I could tell that one of my physicians was very uncomfortable with me when I went to have a prostate exam... This was just last week. [trans woman, primary care, Twin Cities metro, 56]

The primary doc I have now - she doesn't talk much about the trans stuff. I don't think she's real comfortable with [it]. (61, transguy, Twin Cities metro)

Interview participants described times when they were ridiculed by front desk staff, treated as objects of curiosity, or otherwise put down in an explicit way by providers.

I could hear the ER nurses laughing. And I didn't call them on it...I mean I'm there seeking their treatment. If I annoy them, there's a risk. I think there was a decision on the part of the healthcare providers that they had the right to ridicule a patient based on their perception of their gender identity. And I don't think they put it in such fancy

terms. I think they just thought this is silly: we're gonna laugh at it.

[trans woman, emergency services, Twin Cities metro, 62]

I had not had a surgery of any kind. The only thing I had done was laser. So when I first walked into the doctor's office,...the receptionists started laughing at me. One had to excuse herself and go in the other room because she was laughing so hard.

[trans woman, primary care, Arrowhead, 67]

I get a lot of looks [from other food shelf customers]...I get stares...If I go by them...I say hello to them. I...want them to understand that I'm not gonna bite them.

[trans woman, food shelf, Twin Cities metro, 63]

He just flat out said, "Yeah, I've seen this before. Your marriage might last two years at the very most"...He was kinda like joyful that he'd figured out the puzzle, and didn't try to maintain my dignity in this discovery. And was just very, very invalidating... He fought hard to figure out what I was hiding...[When] he figured it out, he laughed about it in my face... That was a really invalidating medical care experience.

[nonbinary person, psychiatrist, Arrowhead, 60]

Well, they put me in a room, and what I noticed was there was a steady stream of people going by that were rubbernecking...to look in at and see what a trans person looked like...I just felt very conspicuous and there was not a whole lot I could do about it. I mean, if I wanna beat myself up, I'm saying they...came for the freak show.

[trans woman, hospital, Twin Cities metro, 62]

He scowled at me the whole time. He showed overt contempt. But he passed me.

[trans woman, Social Security Office, Twin Cities metro, 62]

Denial or delay of care: Many trans older adults were turned down for medical care or social services. Sometimes this refusal was explicit, while other times they waited for care that did not materialize. A couple of interview participants recounted experiences in which they were overlooked or served last from the waiting room or for surgery.

I'd go in and get a Novocain shot before electrolysis. And one day there was a substitute dentist, and I explained what I was doing, and he just sort of sneered at me, and wrote on the chart, "Please do not schedule me for any more of these."

[trans woman, dentist, Twin Cities metro, 62]

The endocrinologist...basically let me know, "We're done. I don't do this."... "I can't help you" was his phrase. That was such a kick in the stomach because he was looking across the desk in a manner that was very likely judgmental and very likely confidently so... He'd gotten his professional act down well enough to just put up the fence and say, "You can't get past; I'm not gonna help you."
[nonbinary person, endocrinologist, Arrowhead, 60]

I had a doctor for my shoulders for the last 25 years, 1991 till now. They've known me even when I switched over [physically transitioned]. I've had bad shoulders. I even heard a doctor once say, "She's trans. Give me somebody else to look at right now." But I didn't acknowledge that I heard him.
[trans woman, orthopedic specialist, Arrowhead, 62]

They told me I couldn't get any [transition-related] support – medical or counseling. But that wasn't true. I could get that much, those two things. But they lied to me.
[trans woman, state health care coverage, Twin Cities Metro, 63]

Aging Services and Long-Term Care

Few of the interview participants had used aging services and none had used long-term care. Most participants explained that they do not need aging services, expressing that they were *too healthy for that*, were very active, or were *sort of on the young end of old still*. The underlying sentiment was that aging services were for people with less capability to care for themselves.

Many of the trans older adults indicated that they would make use of Meals on Wheels if they needed assistance in the future. Several participants explained that they would access aging services to avoid long-term care, although they were reluctant to attend senior centers, and expressed hope that they would be treated well. They also identified dynamics of gender presentation and passing.

Will I be welcome at the senior center in a dress? No. I think nobody will play chess or checkers with me. I don't think anybody will invite me to go fishing with them, you know. I'll just be that oddball that nobody really wants to be seen as friends with.
[Non binary, senior center expectations, Arrowhead area, 60]

I expect if I look okay, I won't run into a problem...If I go bald or I have to live on donated clothes...I might have a problem.

[trans woman, aging services expectations, Twin Cities metro, 60]

I don't particularly foresee issues...because, when I'm out and about...interacting with people, I'm just some geezer, you know.

[transgender man, aging services expectations, Twin Cities metro, 64]

Many interview participants had interacted with long-term care through parents, spouses, or other loved ones or through their own employment. Most participants relayed positive experiences in interacting with long-term care staff, but this did not translate into positive expectations for the care they would receive as residents. This was a difficult topic for participants. Participants expressed concerns about denial of their gender identity and fear of mistreatment. They identified ways to avoid long-term care, including suicide.

Participants were concerned they would not be permitted to maintain their gender identity and presentation in long-term care, including access to hormones and shaving. Those who had given care to others discussed how gender segregated the facilities are in terms of housing, activities, and clothing.

Nursing homes segregate by sex, including for daily activities. So the men go out and eat steak on the patio or the women are getting their nails done.

(63, female, Twin Cities metro)

They're going to call me sir and they're gonna treat me like one of the guys and I'm gonna have to complain. And I don't know how effective I'll be, but I expect to fight a lot. I already told my daughter, "Expect me to get kicked out of every nursing home from Maine to Baja and then start in Washington and go to Florida because I'm not gonna put up with it." But I expect it's gonna be a nightmare and the only hope I have is if I have another heart attack that's fatal before I end up having to be in a nursing home." (60, trans woman, rural WI using services in Twin Cities Metro)

They better not put me in some little female nightgown-type crap, ya' know, 'cause that would be demoralizing to end my life that way. (60, FTM, Arrowhead)

Trans older adults were also concerned that staff or other residents would abuse or mistreat them. Some participants talked about lack of training for direct care workers and their worry that direct care workers from conservative cultural backgrounds will mistreat them. A few participants discussed the role of passing, including gender confirmation surgery or detransitioning, to help them stay safe in long-term care.

I don't think I'll have trouble because, as I said, things have smoothed out, And people nowadays take me as female. (62, female, Arrowhead)

I'm hoping that by then...I'll have had all my surgeries...I worry about, how will the staff treat me? Will I be sexually abused, you know?...I worry about that...You would be completely taken advantage of, just because of who you are...And what if you're immobile? (58, MTF transwoman, Twin Cities metro)

And you know how people are at other people's mercy, not just the staff, but other things too...I'm a little bit anxious, you know, about something like that. So I'm hoping I'll [snaps] just go. Not going to land in one. (63, transguy, Twin Cities metro)

I think in situations where other people have care and control over you, whatever biases they are carrying they can bring to you in that setting and you're not able to do much to protect yourself. (69, transwoman, Twin Cities metro)

Most trans older adults were adamant about avoiding long-term care, including a number of participants who mentioned the possibility of suicide.

I've contemplated simply stepping in front of a bus or something rather than going into a nursing home. (63, female, Twin Cities metro)

*It's not too late for me to take up hang gliding.
(60, 60% transwoman and 40% gay male, Arrowhead)*

I refuse to even entertain the idea of having to live in a nursing home or an assisted living facility. I'm firmly committed to the idea of – of committing suicide before that happens. And with no compunction at all. (69, Female, Twin Cities metro)

Participants identified family, friends, and aging services that might help them avoid long-term care.

I told my daughter...when I have to go into a nursing home, if I have any money, let's put it in your account and I'll come stay with you. I'll try to be quiet, but I'm not going to a nursing home. (60, transwoman, rural WI using services in Twin Cities Metro)

There is an age gap [in my new relationship]. It's an advantage for me, at my age, 'cause I may have a caregiver that loves me...that would take care of me that way until I passed. (60, FTM, Arrowhead area)

A couple of participants mentioned that they hope for dementia before they enter long-term care so that they don't know what is happening to them. Multiple participants discussed their hope that society will be further along on trans inclusion by the time they need to access care. Several participants spoke of wanting the community (trans or LGBTQ) to come together to care for its members in old age, including assisted living, support for aging in place, and a network of people to make sure trans older adults are cared for safely and appropriately in assisted living and long-term care.

Provider Survey Demographics

The provider survey yielded 119 responses. Twenty blank or incomplete surveys were omitted along with four complete surveys from providers that are located outside of the Arrowhead area or Twin Cities Metro. Of the 95 usable surveys, 53 respondents (55.8%) provide medical services, 35 (36.8%) provide aging services, 32 (33.7%) provide social services, and 17 (17.9%) provide housing services. Respondents could select more than one area of service. Thirty-eight providers had served trans older adults, including 30 respondents who were currently serving trans older adults.

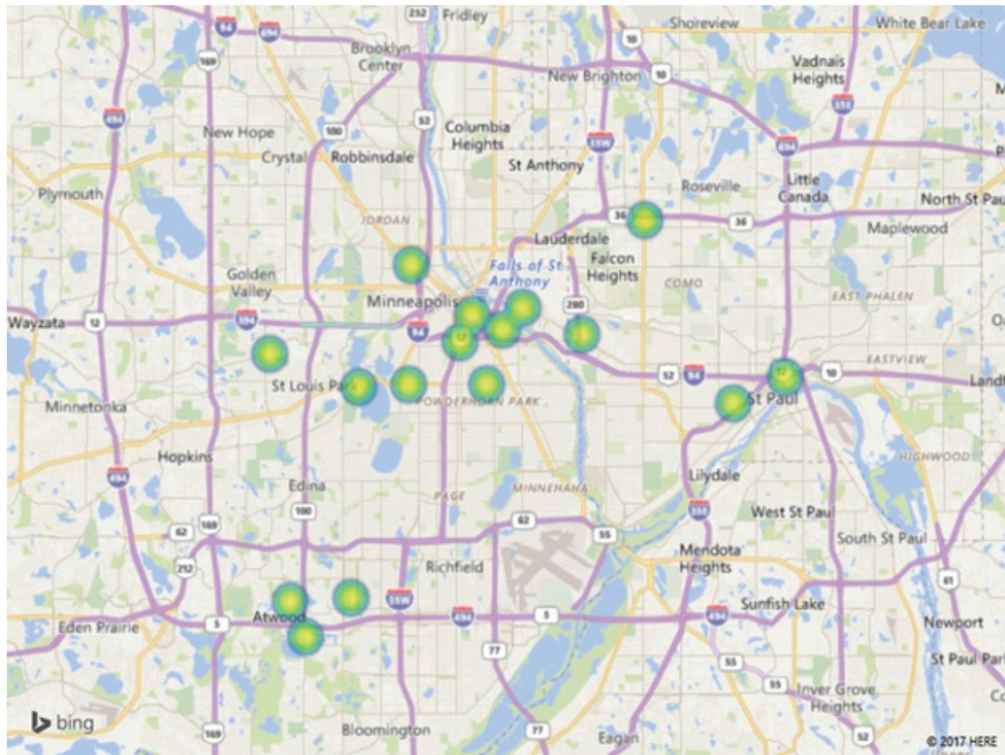
Respondents who have served trans older adults by location and service type			
	Arrowhead (n=6)	Twin Cities Metro (n=32)	Total (n=38)
Medical Services	0	81.3% (26)	68.4% (26)
Housing Services	0	6.3% (2)	5.3% (2)
Social Services	33.3% (2)	25% (8)	26.3% (10)
Aging Services	100% (6)	6.3% (2)	21.1% (8)

Respondents were asked to identify how many trans older adults they have served by selecting a range of clients. Roughly half of all respondents have worked with between one and five members of this population. In the Arrowhead region, providers typically have worked with between one and five trans older adults. There was a greater range in the number of trans older adults served in the Twin Cities Metro, with some providers reporting serving 50 or more members of this population.

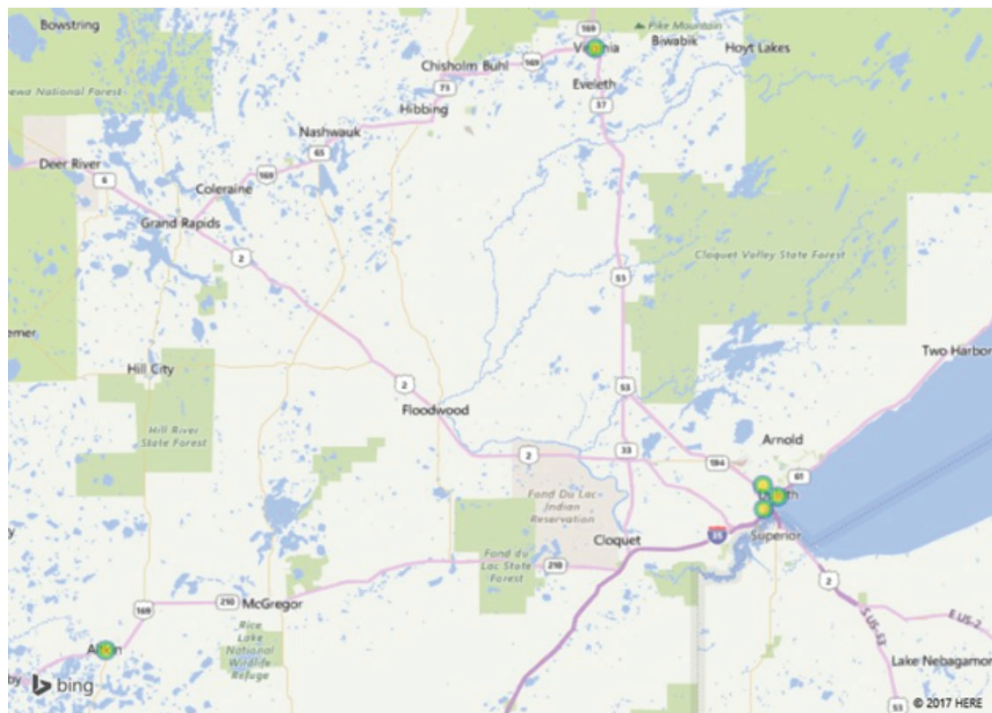
Number of trans older adult clients	Arrowhead Region Providers (n=6)	Twin Cities Metro Providers (n=32)	All Providers (n=38)
1-5	83.3% (5)	40.6% (13)	47.4% (18)
6-10	16.7% (1)	18.8% (6)	18.4% (7)
11-15	0	6.3% (2)	5.3% (2)
16-20	0	12.5% (4)	10.5% (4)
21-25	0	6.3% (2)	5.3% (2)
26-30	0	3.1% (1)	2.6% (1)
36-40	0	3.1% (1)	2.6% (1)
46-50	0	3.1% (1)	2.6% (1)
50+	0	6.3% (2)	5.3% (2)

Thirty-eight providers had served trans older adults, including 30 respondents who 19 were currently serving trans older adults. Providers were mapped by zip code, when provided, or if they didn't provide a clinic zip code were assigned a zip code based on their response to "what geographic area do you cover?" Six of these providers were located in the Arrowhead region and 32 were in the Metro area. (See map) Fourteen of the providers located in the Twin Cities metro indicated that they serve trans clients from Greater Minnesota and surrounding states.

Providers who have served trans older adults in the Twin Cities Metro Area:



Providers who have served trans older adults in the Arrowhead area:



Survey Findings

This section describes findings from the thirty-eight providers who served trans older adults at the time of the survey or in the past.

Providers were asked to define their ability to serve trans older adults. Nearly three-fourths of the respondents indicated they had most or all of the necessary skills, knowledge, or resources to adequately serve this population. However, only two respondents said they had all of the skills, knowledge, or resources to serve trans older adults with excellence.

Which of the following best describes your experience of serving transgender older adults?	Number of Respondents (n=38)
Respondent left blank	7.9% (3)
I do not have any of the skills, knowledge or resources I need to adequately serve this population.	0
I have some of the skills, knowledge, or resources I need to adequately serve this population.	15.8% (6)
I have most of the skills, knowledge or resources I need to adequately serve this population.	36.8% (14)
I have all of the skills, knowledge or resources I need to adequately serve this population.	34.2% (13)
I have all of the skills, knowledge or resources I need to serve this population with excellence.	5.3% (2)

In order to gauge what gaps providers perceive in care for trans older adults, the 38 respondents who have worked with trans older adults were asked, “What do you need to provide the quality of care you would like to provide trans older adults?”

The top four responses were: knowledge about aging-specific needs of transgender people, policies that protect transgender people from discrimination, training on how to talk to transgender people about aging, and training for other staff and supervisors. Very few respondents said they needed knowledge about being transgender/ having a transgender identity or knowledge about living in the world as transgender. Ten respondents didn’t select any option. Providers who only served between one and five transgender older adults tended to select more responses, compared to providers who had worked with more transgender older adults.

Number of respondents (n=38)	What do you need in order to provide the quality of care you would like to provide to transgender older adults?
42.1% (16)	Knowledge about aging-specific needs of transgender people
36.8% (14)	Policies that protect transgender people from discrimination
31.6% (12)	Training on how to talk to transgender people about aging
26.3% (10)	Training for other staff and supervisors
21.1% (8)	Knowledge about transgender-specific care needs
21.1% (8)	Practices that are inclusive and welcoming of transgender people
18.4% (7)	Training on how to talk to transgender people about gender identity/their bodies
13.2% (5)	Training on creating a safe, welcoming environment
13.2% (5)	Knowledge about being transgender/having a transgender identity
13.2% (5)	Knowledge about living in the world as a transgender person
10.5% (4)	Training for residents/clients

Eight respondents marked “other.” One respondent wrote in “none.” Two providers identified a need for resources:

I am new to Minnesota...so I'm still learning the resources available to various populations, including those for older trans people.

I need more current information on legal, financial and housing resources for GLBT older adults.

Two respondents need referrals and coordinated care:

Integration with/ability to coordinate better with other providers.

Social services and trans competent providers for referral when patients need them.

One respondent cited a need for more experience (*more experience with specific surgical and medical care, including hormones*), while another respondent asked for *more social opportunities for older adults with gender concerns*.

Several themes emerged from the open-ended comments that providers left in the survey. Multiple respondents expressed a desire to integrate or coordinate care across medical and social service providers. A couple of providers identified a need for local, comprehensive sets of medical and social services for trans older adults. Some providers expressed that they were being asked to provide care and resources that were outside of their scope of training or practice.

Discussion and Next Steps

Quality and Welcome: Quality of care varies for trans older adults in the Twin Cities metro and Arrowhead area. Issues with quality of care are often due to providers’ lack of understanding of trans identities, transitioning and transitioned bodies. This is sometimes due to lack of training and sometimes due to gaps in the research.

Welcome of trans older adults also varies among providers in the Twin Cities metro and Arrowhead area. It is notable that trans older adults are grateful for access and

basic decency in treatment. These minimal expectations are required by the Minnesota Human Rights Act (MHRA), which prohibits discrimination based on “sexual orientation,” which is defined broadly in the MHRA to include what is often referred to as “gender identity” or “gender expression.” However, many providers who treated trans older adults lacked awareness of the law (more than one-third identified a need for a nondiscrimination policy) and many of the interview participants had experienced overt discrimination or denial of service when seeking care. Increased awareness and broad enforcement of this statewide public policy is needed. Explicit addition of gender identity and expression to providers’ nondiscrimination policies will also provide a greater framework for supporting trans older adults.

Welcoming providers expressed respect and support for trans older adults even when they lacked knowledge about trans identities. Provider systems can set an expectation for such treatment by their staff through written policy, enforcement of that policy, and inclusion of this expectation in new employee orientation.

Interview participants spoke enthusiastically about providers who knew how to welcome them in ways specific to their trans identity. More than one-fifth of providers who served trans older adults identified a need for trans-inclusive and trans-welcoming practices. A variety of trainings are available around trans identities and experiences and ways to provide trans-welcoming services; a few are complimentary and most charge a fee. See the Selected Resources list for information on several available trainings.

Provider Needs: Interview participants recounted many instances of substandard care due to a provider’s lack of knowledge about trans bodies and identities. Experiences such as prescribing the wrong dose of hormones and failing to provide needed preventive screenings often put the trans older adult’s health in danger. Trans older adults expressed relief when they worked with providers who had the skill and knowledge to address their trans-specific needs and help them navigate systems to access trans-related care and services.

Providers who completed the survey confirmed this need for trans and aging specific knowledge to provide better quality of care. They most frequently identified a need for knowledge about aging-specific needs of trans people and one-third of providers requested training on how to talk to trans people about aging.

Few medical, counseling, or social work programs educate students about working with trans people and content on trans aging is rare. These future providers need education about trans aging while they are earning their professional degrees and current providers would be well served by continuing education in this area. Some of the required knowledge, however, has yet to be developed. Protocols continue to be refined for meeting the mental and physical care needs of trans people, but these require revision to address age-related considerations such as preventive screenings, the cumulative effects of bias, and transitioning in older age. Some of the basic research necessary to inform these protocols is missing or in its infancy.

Several providers described their need to know about and coordinate with resources and other providers to meet the full set of needs of trans older adults in their care. A couple of providers who serve multiple trans older adults from a broad geographic area expressed the need for local sets of trans-competent services. It will be important to develop opportunities for providers to network across types of service and geographic area.

MTAP Next Steps: The Minnesota Trans Aging Project will continue to analyze the collected data and disseminate findings about trans older adults' support networks and the ways that they navigate biased systems. MTAP will also explore the interview data for variations in experiences and expectations between those who transitioned in younger adulthood and those who are transitioning in midlife or old age.

MTAP will offer opportunities for trans older adults to build community. Interested interview participants are receiving a contact list of other trans older adults in the Twin Cities Metro and the Arrowhead area. Interview participants have gathered together once to weigh in on the analysis and they will be invited to do this again in 2018. MTAP's next project will bring midlife and older trans people together in a series of ongoing focus groups to share their experiences and identify what they need in order to age well.

Providers are not well-networked with one another across systems of care. The community meetings associated with the release of this report provided an initial opportunity for medical providers and providers of aging services to connect around their care

of trans older adults. More opportunities need to be created for providers to connect with one another to learn of available services, share notes, and work together to improve the coordination and quality of their care for trans older adults.

Selected Resources

Minnesota Transgender Health Coalition

www.mntranshealth.org

Offers support groups and other free services, including a shot clinic, food shelf, gender gear program, and gender lending library. Located at 3405 Chicago Avenue, Minneapolis.

National Resource Center on LGBT Aging

www.lgbtagingcenter.org

The National Resource Center on LGBT Aging is the country's first and only technical assistance resource center aimed at improving the quality of services and supports offered to lesbian, gay, bisexual and transgender (LGBT) older adults. The website offers a wealth of resources on transgender aging. They also offer free LGBT aging webinars and free in-person introductory LGBT Aging trainings through Minnesota-based Volunteer Education Ambassadors. One of the Twin Cities-based Ambassadors is certified to provide more comprehensive training throughout the state.

Rainbow Health Initiative

www.rainbowhealth.org

RHI is a community-based statewide organization that advances the health and wellness of the lesbian, gay, bisexual, transgender and queer communities through research, education and advocacy. RHI offers online e-learning in addition to a range of in-person presentation, training sessions, and tailored consultations.

Northland LGBT Elders

gatespea@centurylink.net

Arrowhead area organization of LGBT older adults that holds events, provides education, and holds monthly meetings

MN LGBTQ Provider Directory

www.mnlgbtqdirectory.org

Consists of providers who have self-identified as LGBTQ competent and friendly. It is searchable by provider type, specialty (including trans-related care) and geography.

SAGE-Care Training

www.sageusa.care

SAGECare Credential Program offers a variety of digital and in-person trainings and consultations for a fee, including a unit geared specifically to serving trans older adults.

Training to Serve

www.trainingtoserve.org

Provides education, tools and resources to improve the quality of life of LGBT people as they age. Training to Serve offers one - four hour in-person trainings for a fee. They maintain an LGBT Aging Resources Guide for the Twin Cities metro on their website.

Trans-Plus

www.transplus.org

TRANS+ is a social, support, and advocacy group for trans and gender diverse people in Northern Minnesota and Wisconsin. They run a support group for trans and gender diverse people and a second support group for trans family, friends, and allies. Their website also includes a list of trans-welcoming resources, including local medical providers.