Creating a Medical Home for Transgender Older Adults: Challenges, Education, and Best Practices

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Transgender patients over the age of 65 reported:

- **70%** delaying gender transition secondary to fearing employment discrimination
- **22%** needing to see a doctor, but not being able to afford it
- **16%** attempted suicide at least once in their lives
- **13%** used alcohol or drugs to cope

A 2006 study found that providers who care for older adults were more intolerant towards the LGBT population than providers who care for other populations.

A 2005 Study in Philadelphia: Found that a THIRD of trans patients had no regular doctor.

Improving the Lives of Transgender Older Adults: Recommendations for Policy and Practice. SAGE (Services and Advocacy for GLBT Elders) and National Center for Transgender Equality (NCTE). 2012.
FROM A SURVEY OF PRIMARY CARE PROVIDERS AND STAFF (N=57)

40% witnessed discrimination towards LGBT patients, families or staff

21% did not consider their workplace to be LGBT friendly

49% were not confident managing HIV medication

Our practice is not explicitly LGBTQ friendly (with demonstrated allyship/symbols that indicate to patients it is a safe place).

We do minimal education/patient care pertaining to hormone therapy. Even PreP is something we seek out on our own but isn't regularly incorporated into care.”
I would like to be more confident in communicating with people in a manner that makes them most comfortable. My comfort level is not the same as my staff’s.

"We don’t have the appropriate tools to document gender and identity in the EMR. I think most of the clinicians are not trained in management of patients on hormone treatment or requesting planning for gender reassignment. Additionally, we don’t have the adequate social support to expand this offering."

"I feel comfortable taking a comprehensive social and sexual history and counseling on screenings pertaining to LGBTQ populations. However, I have a knowledge gap when it comes to trans care."
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**SAGE Training**
SAGE (Services and Advocacy for GLBT Elders) will provide dedicated online training for primary care providers and office staff on the care of LGBT older adults.

**Connecting Providers to Resources**
A half-day training session focused on addressing current gaps in medical knowledge (including discussion of hormone therapy) and educating providers of the available educational online resources (TransLine, UCSF guide, etc.)

**LGBT Elder Initiative:**
The primary care team will continue to partner with the LGBT Elder Initiative (a Philadelphia-based LGBT senior advocacy group) who provide workshops geared toward LGBT older adults and local health resources.
Challenges and Barriers of Creating a Medical Home for Transgender Older Adults

**COVID-19**

The recent coronavirus epidemic has negatively affected the geriatrics practice in the form of time delays, institutional budgetary shortfalls.

Additionally, patients have experienced increased social isolation.

**OFFICE TRANSITION**

The geriatrics practice where the intervention will take place is moving to a new location in a larger family medicine office.

**POLITICAL LANDSCAPE**

There is increased polarization in the political landscape and persistent social injustice.

**ACCESS TO HEALTHCARE**

There are current attempts to remove protection of access to healthcare for LGBT patients.

Recently, a federal judge blocked the HHS from lifting anti-discrimination protections for LGBT patients.

**IMPLEMENT**

Other possible barriers include provider discomfort and a current lack of awareness of the local available support resources.
References:

1. SAGE (Services and Advocacy for GLBT Elders) and National Center for Transgender Equality (NCTE). (2012). Improving the Lives of Transgender Older Adults: Recommendations for Policy and Practice, 3-8.

