

Transgender Residents: Creating a Welcoming Atmosphere

Approximately [2.4 million](#) individuals over the age of 65 identify as lesbian, gay, bisexual or transgender (LGBT). As the last of the baby boom generation reaches retirement age, that figure is expected to double by 2030, notes the advocacy organization [SAGE](#) (Services and Advocacy for Gay, Lesbian, Bisexual and Transgender Elders). Although transgender individuals constitute only a small proportion of this group,¹ their number and visibility are growing within aging services facilities. Transgender residents, like all others, enjoy the right to safe and humane care, and providers must be prepared to foster a welcoming atmosphere and accommodate their special needs.

A [prior edition](#) of *AlertBulletin*® addressed regulatory and liability exposures – including civil rights litigation, termination of federal funding, and allegations of negligence and abuse – relating to discrimination against transgender patients by hospitals and other healthcare organizations. That earlier issue also proposed a range of general policies and procedures to help cultivate a more inclusive institutional environment. This issue focuses on aging services settings, indicating potential problems in caring for transgender residents and suggesting measures to reduce risk in such areas as staff policies and training, marketing, admissions and social/recreational programming.

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ADOPT AN UNEQUIVOCAL ANTI-DISCRIMINATION POLICY

The groundbreaking report [LGBT Older Adults in Long-Term Care Facilities: Stories from the Field](#) revealed that approximately 90 percent of surveyed respondents – consisting of LGBT residents of senior living communities – believed that staff members would discriminate against anyone who “came out” in a facility, while 80 percent would expect mistreatment or bullying from other residents in such a situation. In addition, one third of LGBT older adults are concerned [they may need to “re-closet” themselves](#) in an aging services setting. These findings emphasize the need for the aging services industry to evaluate its practices and attitudes, and take measures to ensure that gay and transgender residents feel secure and accepted as they are.

To dispel negative perceptions by current and prospective LGBT residents, which can have both business and liability consequences, aging services leaders must expressly prohibit discriminatory acts by staff members. They also must emphasize that any violation of these rules and expectations will have significant repercussions, up to and including termination of employment. (See “Common Examples of Discriminatory Acts Against Transgender Residents” on [page 2](#).)

¹ According to one study, 0.3 percent of the U.S. population (approximately 700,000 people) identify as transgender. See Gates, G. “[How Many People are Lesbian, Gay, Bisexual and Transgender?](#)”, Williams Institute, April 2011.

Aging services communities can promote a more inclusive and affirming environment by referring explicitly to gender identity and expression in their non-discrimination policy. Consider incorporating a statement similar to the following into the facility's handbook:

This organization does not discriminate against any person on the basis of gender identity, gender expression, sexual orientation or domestic partner status. Residents' gender preference and sexual orientation will be respected, and residents will be referred to by their name and pronoun of choice, whenever such a request is made.

Prominently post the anti-discrimination policy statement on the organization's website, in advertising materials and employment contracts, and on the walls of both high-traffic staff areas and resident gathering places. The policy also should be underscored in admission agreements, which should state clearly that residents who mistreat other residents based upon sexual orientation or gender identity/expression may be subject to discharge or transfer.

COMMON EXAMPLES OF DISCRIMINATORY ACTS AGAINST TRANSGENDER RESIDENTS

- **Failing to address residents by their chosen name** or otherwise slighting, denying or discrediting their identity.
- **Using transphobic terms**, such as "tranny," "shemale" or "misgender."
- **Not assigning rooms based upon residents' gender self-identification** or refusing to permit same-sex or transgender partners to live together.
- **Routinely declining assignments to care for residents** based upon their gender identity or expression.
- **Excluding non-biological family members from care planning sessions**, family forums and the medical decision-making process.
- **Disregarding advanced healthcare directives** or other requests and instructions.
- **Requiring staff approval for visits** from other transgender individuals.

To discourage these and other forms of discrimination, implement formal, confidential reporting mechanisms for residents and others who witness or experience bullying or biased behavior. Employees who are skilled in resident relations and have received relevant cultural competency training should be assigned to investigate reported occurrences and address any underlying patterns of discrimination or disrespect aimed at LGBT residents.

UPDATE MARKETING MATERIALS

The commitment to inclusivity starts with marketing strategy. Advertisements, brochures and websites should incorporate actively non-discriminatory language. In addition, marketing graphics should depict not only racial and ethnic diversity, but also different types of gender expression. If input about communicating with and marketing to the LGBT community is needed, consider consulting with local advocacy organizations and/or human relations agencies.

PROVIDE SENSITIVITY TRAINING

The belief that transgender residents are extremely rare or nonexistent can create barriers to safe and affirmative care. In fact, many transgender individuals conceal their gender preference within senior living communities, for fear of rejection by or hostility from employees and other residents. The stress of disguising one's identity can lead to depression and anxiety, affecting the emotional and physical well-being of transgender residents.

To ensure that staff members do not harbor harmful misconceptions regarding gender identity and sexual orientation, as well as to prevent insensitive or offensive behavior, offer ongoing cultural competence training. Sessions should focus on identifying common stereotypes, instilling respect and acceptance, and encouraging positive communication skills, such as the following:

- **Address residents by their chosen name** and refer to them by their preferred pronoun.
- **Use appropriate terminology** – such as "partner" or "life/domestic partner" – when addressing or describing residents and their significant others, as "husband," "wife," "spouse" or other traditional labels may not accurately describe transgender relationships.
- **Ask factual questions in a straightforward, nonjudgmental manner**, such as "Whom do you consider family?" or "Who in your life is especially important?"
- **Relate to residents in terms of the entirety of their varied experiences**, including family life, cultural background, career and education. Do not assume that all transgender residents share common histories, attitudes, and internal and external characteristics.
- **Do not single out obviously transgender residents for inquiries about sexual orientation and gender identity**, which could be seen as hostile. If such conversations are necessary, they should be conducted in a tactful, discreet manner.
- **Remember that all residents possess certain essential privacy rights**, and gender identity questions and other sensitive issues should never be discussed in public places.

Relevant staff training publications and online modules are available through the [National Center for Assisted Living](#), [SAGECare](#) and the [Transgender Aging Network](#), among other agencies and associations. To further support and educate staff members involved in day-to-day care of transgender residents, consider designating an onsite LGBT specialist to answer questions and address concerns.

REVIEW AND REVISE INTAKE FORMS AND PROCESSES

The admissions process is an opportunity to identify transgender residents, establish a welcoming and accepting tone, and initiate a solid and trust-based relationship. Screening documents, applications and other forms – including general demographics, medical history and emergency contacts – should be sensitively and inclusively worded, which involves reviewing the following elements of the intake process, among others:

Name confirmation. The identification documents of many transgender residents list birth names, even if these names are no longer used. To prevent later errors or misunderstandings, include an optional “Name in use” field.

Insurance/billing name. Transgender residents may enter a name in the demographic section of intake forms that differs from the name on their health insurance policy or Medicare/Medicaid records. For this reason, it is sound practice to note in application forms that the name appearing on the insurance card will be used for billing purposes, even if another name is used in personal interactions with the resident.

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Gender identity and sexual orientation. The National Resource Center on LGBT Aging recommends integrating questions regarding gender identity and sexual orientation into the general demographics section of intake forms. (Keep in mind that while it is acceptable to ask about gender identity and sexual orientation, applicants and residents cannot be required to answer these queries.) Suggested questions include the following:

Gender identity:

What is your current gender identity?

(Check all that apply.)

- Male
- Female
- Female-to-male (FTM)/transgender male/trans man
- Male-to-female (MTF)/transgender female/trans woman
- Not listed above (Please specify: _____)
- Decline to answer

What sex were you assigned on your birth certificate?

(Check one.)

- Male
- Female
- Decline to answer

Sexual orientation or preference:

What is your sexual orientation or preference?

(Check one.)

- Lesbian or gay
- Straight (i.e., neither gay nor lesbian)
- Bisexual
- Transgender
- Not listed above (Please specify: _____)
- Not sure
- Decline to answer

Pronoun use. Include a pronoun option on admission and intake forms, as well as in resident care information records. All staff members should be trained to use chosen pronouns, even when out of the hearing of the residents in question.

Relationship terms. Substitute “relationship status” for “marital status” in forms and applications, and include options such as “partner,” “spouse,” “unmarried partner,” “life partner” and “domestic partner.”

ENSURE RESIDENTS' PRIVACY

All residents – including transgender individuals – may be understandably reluctant to share sensitive information without formal assurances that their privacy will be respected. The organization's confidentiality policy should serve to ...

- **Define sensitive data** that must be protected against unauthorized disclosure.
- **List parties with authorized access to protected data**, such as providers, administrators, insurers and decision-makers.
- **Describe special circumstances when information may be made available to third parties**, such as medical emergencies and natural disasters.

Under HIPAA privacy laws, identifiable statements about transgender status constitute protected health information. Therefore, residents' sexual orientation and gender identity should not be discussed with family, friends or others without written permission.

Finally, it should be remembered that all residents, including transgender ones, have a right to privacy in their room during visits with relatives, partners or spouses.

INCORPORATE SPECIAL NEEDS INTO CARE PLANNING/DELIVERY

It is important to be aware of residents' family arrangements, in order to ensure that all members of the resident's support circle are included in the care planning process.² Policy statements should define "family member" to include domestic or life partners, primary caregivers and close friends. If a resident becomes incapacitated, surrogate health-related decisions should be honored when made by a non-biological family member or significant other within the context of a legally valid advanced healthcare directive.

Some transgender residents may have special medical needs, such as hormone therapy, that require ongoing monitoring and knowledge of past treatments and surgical operations. Regular, comprehensive assessment of residents' health status and treatment progress is essential to providing appropriate maintenance and preventive care. In addition, caregivers should be trained to provide bathing and personal hygiene assistance to residents whose bodies do not conform to their gender expression or identity.

If a resident becomes incapacitated, surrogate health-related decisions should be honored when made by a non-biological family member or significant other within the context of a legally valid advanced healthcare directive.

² As LGBT people are four times more likely than others to be childless and twice as likely to age alone, they are more apt to receive care from friends and non-family networks than their heterosexual peers.

OFFER LGBT-FRIENDLY SOCIAL PROGRAMS

Inclusive facilities provide varied social and recreational programming opportunities designed to appeal to the interests, affinities and preferences of all residents. The following actions indicate that the organization is comfortable with and willing to accommodate a wide range of lifestyle choices:

- **Encourage formation of support or affinity groups** and designate a space for such groups to meet and share their experiences, questions and concerns.
- **Invite outside speakers** to present topics of interest to subgroups of residents, including transgender individuals.
- **Include transgender residents in intergenerational programs** and invite younger LGBT people to participate and socialize, subject to background checks and other standard security measures.
- **Offer life enrichment courses and discussion groups on relevant topics**, such as how to navigate the “coming out” process later in life.
- **Collaborate in community events**, such as offering to cosponsor a “pride parade” and arranging for interested residents to participate.

Aging services facilities must be aware of and responsive to the needs, concerns and lifestyles of all of their residents, in order to maximize quality of life and prevent complaints, lawsuits and sanctions. The strategies and suggestions noted within this resource can help ensure that transgender residents feel both secure and welcome. To evaluate the quality of LGBT-related services and programming, include questions about inclusivity in resident satisfaction surveys, and promptly follow up on any issues that may emerge.

QUICK LINKS

- [“The Facts on LGBT Aging,”](#) from SAGE.
- [Featured Resources,](#) from the National Resource Center on LGBT Aging.
- [“Inclusive Questions for Older Adults: A Practical Guide to Collecting Data on Sexual Orientation and Gender Identity,”](#) from the National Resource Center on LGBT Aging and SAGE, 2016.
- [“Inclusive Services for LGBT Older Adults: A Practical Guide to Creating Welcoming Agencies,”](#) from the National Resource Center on LGBT Aging and SAGE, 2012.



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