

Question 1: Are there training materials for staff in long-term care facilities to understand how to address and respect trans individuals?

Answer: SAGECare provides a number of trainings including a session on Transgender Aging. You can learn more about SAGECare training [here](#). The SAGE National Resource Center on LGBTQ+ Aging has two new guides that are useful in developing a greater understanding about how to best support older transgender people. You can view and download the following guides: [Person-centered, Trauma-informed Care of Transgender Older Adults](#) and [How to Be an Ally to Transgender Older Adults](#) – the guides are available in English and Spanish.

Question 2 : *Apologies for this medical question, but I'm a trans person who does not receive HRT. What, if any, changes in HRT dosing do trans folks expect or experience in later life?*

Answer: We aren't clinical healthcare researchers, and WPATH standards of care do not include information about trans people as we age, so it's difficult to find the answers to this question, but we have seen this study: Libby V, Lee M, Liu JH. Transgender health: Hormonal management at 50 years and beyond. *Maturitas*. 2019 Aug;126:34-37. doi: 10.1016/j.maturitas.2019.04.220. Epub 2019 May 1. PMID: 31239115.

Question 3: What work has been done regarding services for solo seniors in our community... with no family of origin or close friends, may be low income and unstably housed, forced to return to the closet, dealing with rejection.

Unfortunately, some of our community are aging alone/in isolation. What resources are available for solo agers if they need legal or other support and don't have community available to step in?

Answer: We recommend that people check to see if there is a SAGE partner organization where they live through [SAGECollab](#), as well as finding the local [Area](#)

[Agency on Aging](#), who often have LGBTQ+ programming. Many local [LGBTQ+ centers](#) also have programming for older adults. SAGE also maintains a phone-buddy program called [SAGEConnect](#) that matches volunteers with LGBTQ+ older people for regular phone check-ins.

For legal services, we recommend checking for a nearby [LGBTQ+ community health center](#), who sometimes offer sliding-scale legal services through an arrangement called medical-legal partnership. Some [legal aid or legal services organizations](#) offer assistance with benefits and advance directives, some even tailored for LGBTQ+ legal issues. Another resource is the local [LGBTQ+ bar association](#) who may be able to help you locate the right lawyer for your legal issue. Finally, there may be an organization nearby like [The Care Plan](#) in Chicago that offers culturally-informed advance care planning services for LGBTQ+ people and people of color, including paid healthcare agents.

Question 4: How do we become better advocates for the LGBTQ+ community within long-term care. I feel as though sometimes their feelings and needs are important to many people. My husband is transgender and doesn't always get respected within his wants and needs.

Answer: It is always appropriate to schedule in advance a tour with a long-term care facility where you can ask questions about how they handle LGBTQ+ issues like equal visitation and gender-affirming services and supports. You can also use the search function of the [Long-Term Care Equality Index](#) to look for residential facilities near you that have LGBTQ+ inclusive policies. Many [long-term care ombuds programs](#) have been trained about how to resolve care issues like ensuring that LGBTQ+ residents are respected and that their needs are met.

Question 5: How can we build more intergenerational spaces to help aging community members build more connections?

Answer: [SAGE Table](#) is a program that helps communities host an intergenerational LGBTQ+ meal. Some local [LGBTQ+ centers](#) as well as local [Area Agencies on Aging](#) also have programming that brings younger and older LGBTQ+ people together. It is important to develop and sustain meaningful relationships that don't feel transactional to either younger or older people, and one of the benefits of such intentional relationship-building can be finding a younger person who can serve as a healthcare agent or healthcare power of attorney for an older

LGBTQ+ adult. The only thing limiting creation of intergenerational spaces is our imagination!

Question 6: Many of my patients cannot identify a POA, what steps can we take as providers to protect these individuals. Many have trauma associated with their biological families and I do not want their care to be determined by these individuals.

Answer: Many LGBTQ+ older adults don't have extensive social networks, but that can be remedied by intentionally forming and sustaining deep relationships in the LGBTQ+ community over time. You or your social work department can help connect your patients to social networks such as local [SAGECollab](#) partners, as well as local [Area Agencies on Aging](#) and local [LGBTQ+ centers](#) who often have programming for older adults. There may be an organization nearby like [The Care Plan](#) in Chicago that offers culturally-informed advance care planning services for LGBTQ+ people and people of color, including paid healthcare agents.

The best way to protect patients from non-affirming family members is to follow the lead of the patient about who they want to be involved in their care and provide as much autonomy as possible in that process. [Medicare](#) provides reimbursement for thirty-minute advance care planning sessions with Medicare-eligible patients. You can also ask your patient if they have signed [HIPAA authorizations](#) for you to speak with people they designate.

Question 7: Are there any resources or "experts" who can address trans and non-binary folks' concerns in the realm of Adult Protective Services. I would like to bring resources to my (very conservative) state for my program and am not sure on whom we can call...

Answer: We recommend that you check out some of the educational webinars offered by the [National Center on Law & Elder Rights](#) and [Justice in Aging](#), who have addressed LGBTQ+ concerns related to elder abuse, guardianship and conservatorship, and Adult Protective Services. [FORGE](#) is a non-profit that offers training and technical assistance for professionals working with transgender and nonbinary survivors of violence. Additionally, some local [SAGECollab](#) partners and state LGBTQ+ equality organizations are working directly with state agencies on aging, sometimes including educational content on LGBTQ+ vulnerable adults.

Question 8: We typically have our local health system come in to present on Advance Care Planning, but if our organization would want to host a day of Advance Care Planning for Transgender and Non-Binary people, is there a list/resource or suggestion of where to start for contacting someone in our area that could be the expert to assist/lead with presentation of these documents?

Answer: If you want attorneys to lead a workshop or clinic, you could check with the local [LGBTQ+ bar association](#), who sometimes facilitate educational sessions on LGBTQ+ advance care planning. They may also facilitate legal clinics for transgender and nonbinary people to update their name and gender marker on identification documents, which sometimes also include advance directives. You could also check with the LGBTQ+ student association at local law schools for similar content.

While it is a good idea to have attorneys on hand, more transgender and nonbinary people may attend if the session is led by trusted community-based organizations. For example, some local [LGBTQ+ centers](#) and/or [LGBTQ+ community health centers](#) sponsor clinics for the transgender and nonbinary community. These sessions are sometimes better attended if they are held off-campus from the hospital and out in the community.

Question 9: Are there any exemplars from organizations/groups that are addressing lifelong care for transgender and non-binary people? I familiar with many orgs helping with social determinants (housing, access to care, services) but less with advance care planning. Research on this and best practices seems really important.

Answer: One organization seeking to help fill the gaps with life care planning for LGBTQ+ people is [The Care Plan](#) in Chicago. The Executive Director Jacqueline Boyd wrote this resource in the National Resource Center on LGBTQ+ Aging: [Create Your Care Plan](#). There is ongoing research about advance care planning in transgender and nonbinary communities by Lauren Catlett at University of Virginia and Nik Lampe at University of South Florida, and hopefully others seeking to produce research-validated tools. Research on how dementia and gender identity interact is also greatly needed to inform best practices for advance care planning with transgender and nonbinary people.

Question 10: Are there any advocacy efforts to elevate the access of chosen family, whether in getting these documents or in working around them?

Answer: The following is legal information but does not constitute legal advice; you should consult with a local attorney to get legal advice tailored to your specific situation. Generally speaking, the best way to ensure that chosen family can make healthcare decisions when the patient is not able to do so is for the patient to specify a chosen family member as their healthcare agent.

Additionally, the best way to ensure that chosen family have access to protected health information is for the patient to execute a [HIPAA authorization](#) to disclose protected health information to that chosen family member in advance of a hospital stay. A chosen family member serving as the patient's healthcare power of attorney has the right to protected health information by virtue of being the patient's [personal representative](#) under HIPAA, but it is always better to backstop that right with an explicit HIPAA release.

It is more difficult for chosen family members to get access to documents after the fact, particularly if the patient is deemed not to have the capacity to execute a new HIPAA authorization during their hospital stay. A potential workaround could be the [exception to HIPAA](#) that allows a healthcare provider to disclose limited information to family, friends, or others involved in their care or payment for their care, but it's best not to rely on that exception if family of origin is involved that are not supportive of chosen family and may raise objections. [Pod mapping](#) is one way to plan in advance for community support in times of emergencies.

The National Resource Center is grateful to Ames Simmons for his thoughtful responses in answering the questions related to this webinar.