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Gender Minority Elder Care

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There is a minority in Rhode Island, a minority based not on religion or ideology but on biological composition. If this comes as a surprise, it is perhaps even more surprising that that minority is the transsexual, transgender, gender variant, and intersex (TGI) population. Many people believe they can tell if a person is TGI and/or do not know the difference between points on the TGI spectrum or between the TGI spectrum and the fetish transvestism, in which typically heterosexual men dress in women's clothing for sexual pleasure, or the performance art of drag, in which typically gay men dress in women's clothing as entertainers. Garrity & Ansara (frth) explain the potentially invisible status of transsexual, transgender, and gender variant people below.

> Actually, you have probably interacted with someone who was trans this week without knowing it. Trans people are nurses, attorneys, professors, authors, athletes, teachers, artists, mothers, fathers, and students within your school. They ride buses, fly on airplanes, walk down the street, sit in coffee shops, shop in stores, and carry on with life like everyone else. Yet if you had known that the lady you chat with at the bus stop or the new boy in your class were trans, you might have judged them for not feeling connected to the bodies they had at birth or for stepping out of their birth gender assignments and living in different genders. If interacting with a trans person makes you uncomfortable or if you hold negative attitudes, you are not alone. Anti-trans sentiments are pervasive in the US, and they are fiercest among those who have never had personal contact with a trans person. Personal contact, however, is unlikely for most people, as many trans people choose to be invisible for multiple reasons (some of which we will

explain in the next section). Thus, many of us never get to know anyone with trans life experience or don't know if we do know someone who is trans.

TGI people who "pass" as the gender in which they are comfortable may be invisible, as can TGI people who have not yet affirmed their gender. It was mentioned earlier (p. 1) that TGI is different from transvestism and drag. Despite them being very different concepts, there is some overlap for some individuals. TGI people can be drag performers, because it fun or exciting or because it is the only job a person can get due to not passing (Lifelines Rhode Island, personal communication, 2007). Trans people who have not yet affirmed their gender may resort to cross-dressing as a sexual aid (transvestism), because they have no other outlet for dressing and behaving in their identified gender. This may be particularly true for elders, who may have had to live for many years playing a part to which they do not fully relate. Brian Kovacs, a sociologist and board member of Lifelines Rhode Island, relates, "… phenomena like transvestism, genderqueering, and drag may align more closely with trans. These social roles evolved long before modern understandings of TGI. An awful lot of research in the area is hopelessly out of date … How many trans people ended up in marginal communities defined by the dominant culture because that was their only 'safe harbor' (mentally, emotionally, socially, etc.)? We're still learning. The elderly are the most likely to be excluded from modern standards of care, as they have been all their lives. They are the most vulnerable population. And because they spent most of their lives on the margins, they will be invisible to most care-givers."

People who are beginning affirmation or who have seen years of the wrong hormones deciding the structure of their bodies may not pass as their stated gender and have the potential to receive the worst mistreatment and embarrassment in social, healthcare, employment, and other

situations. In Rhode Island, “gender identity or expression” is a protected status and is afforded the same protection as religion, national origin, marital status, and sexual/affectional orientation. This obliges healthcare providers to provide equal access to care and treatment to TGI patients, regardless of whether a person passes. This is not possible, though, if providers are not aware of basic background information on these conditions or if their staff is ignorant of how or unwilling to treat these patients with dignity. There is a growing interest in providing safe and appropriate care in hospitals, clinics, and private practices to clients and patients who are gender minorities. However, there has been very little work in elder care, possibly because of age and gender minority stereotypes. In this paper, a number of challenges that face elders and TGI people, and most importantly the compounded challenges for TGI elders, will be discussed. Actions that can be taken to help meet the needs of TGI elders as well as some of the people and organizations that offer these services will then be covered. Healthcare issues reported for TGI people will be mainly from professional experience, because there is a lack of published research in this area. Citations will be given where appropriate and available.

While terminology is becoming more exact in common practice and in literature, variations still exist in some geographic areas and fields. Additionally, the nature of lay language is one of growth and change, and it is best to use the language people use to refer to themselves rather than to impose terms from the outside. Female designation at birth will be used in the following examples, although people designated male at birth can have similar experiences (with reversed ‘direction’, i.e. male designation to female/woman affirmed gender). A transsexual person is one whose body concept and psychological gender differ from their genital sex. Affirmation for them includes adjustment of social roles (which includes pronouns, name, and

attire), hormone treatment, and possibly surgery, all in the direction of the body concept and psychological gender. For instance, a person who was designated female at birth and identifies as male and takes on a man's social role and appearance. A transgender person is one whose body concept does not necessarily differ from their genital sex but whose psychological gender does. Affirmation for them includes adjustment of social roles and possibly hormone treatment and/or surgery. For instance, a person who was designated female at birth and identifies as a man but not male and takes on a man's social role, but not necessarily in all aspects of his life. A gender variant person is more elusive to define. This person may identify as a manly woman, neither a man nor a woman, or both a man and a woman. A gender variant or transgender person may have a non-standard body concept, while transsexual people tend to have either entirely male or entirely female body concepts. Note that someone who is born intersex, or having physical characteristics of both sexes, can also have these experiences. They can be classified under the above definitions only when they are making a social affirmation or have a non-standard gender. Intersex people reared as one gender, who do not experience such incongruity, are never classified as trans. (Ansara, 2007)

Individuals whose gender identity, brain sex (including neurological "hard-wiring" and body concept), primary sexual attributes (genital sex), and/or biochemical attributes differ from the standard male/female dichotomy include transsexual, transgender, and intersex (TGI) individuals. Some non-trans, non-intersex people may exhibit minor characteristics of other sexes, such as low testosterone in men who have prostate disease, and there is variation in standard male/female individuals. This paper, however, will be limited to the discussion to TGI people, as many medical and mental healthcare providers are not prepared to effectively treat

these patients. There is a demonstrated deficiency in the quality and quantity of treatment that they receive. Many resort to self-medication or denial of illness, because they are abused, neglected, or simply misunderstood by healthcare providers. Access to quality medical care is associated with longer life expectancy (Bunker, Frazier, & Mosteller, 1994) and greater quality of life (Kobau et al, 2004).

Recent estimates put the prevalence of individuals across the TGI spectrum at approximately 1:100 (e.g. Blackless, Charuvastra, Derryck, Fausto-Sterling, Lauzanne, & Lee, 2000; Conway, 2002; Kelly, 2001; c.f. Olyslager & Conway, 2007). Lifelines Rhode Island, based on new contact rates and the population of Rhode Island estimates that the prevalence in Rhode Island is approximately 1:50. With the population of Rhode Island at 1,067,610, according to the most recent United State Census estimate (U.S. Census Bureau, 2006), that would put the TGI population of Rhode Island between approximately 10700 and 21400, not taking into account social factors that may draw TGI individuals to relatively progressive locales such as Providence. The US Census estimated that the percent of people over 65 years of age in Rhode Island was 13.9%, which would give between approximately 1500 and 3000 TGI elders in Rhode Island. Note, however, that Blackless, et al. estimate 1:100 just for genital variation more than is standard, which would put these figures much higher that have been listed, as these people may not seek services or identify themselves as TGI to organizations. Estimates tend to show low prevalence also because many trans people do not identify themselves as TGI to surveyors. Garrity and Ansara (frth) explain:

> One reason why statistics on trans people are believed to be underreported is that fact that many people of trans experience are stealth, a word that is often

> used among people in trans social networks to describe people who do not disclose their trans status or history to others. People may chose to be stealth for many reason: social stigma; fear of violence, inability to have a legal marriage with the partner of choosing; loss of health insurance coverage; loss of family or friends; or simply the desire to live in the gender that feels comfortable and right for them wihout having to answer invasive questions or face inaccuarte assumptions about thier past.

Garrity & Ansara (frth) go on to discuss negative perceptions of trans people and list some notable trans people in history:

> Trans people are often portrayed as victims or freaks. Talk shows and news stories sensationalize their lives by depicting trans people as strange and disturbed individuals. Yet many trans and gender variant people have made positive contributions to society and their accomplishments actually make them healthy role models for all children and youth. *Trans men* are men who were designated female at birth, while *trans women* are women who were designated male at birth.
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> - **Dr. M. Edward Walker**, a trans man, became the first and only doctor to win the Congressional Medal of Honor, which he received in 1865 for his courage serving as a field surgeon near Union front lines during the Civil War. The US Postal Service commissioned a 20 cent stamp to honor him. …
> - **Georgina Beyer** is a trans woman of *Màori* heritage (the name for the indigenous Polynesian people of New Zealand in the Màori language) who

became the world's first openly transsexual person to be a Member of Parliament when she was elected as a Labour Party MP in New Zealand in 1999. She served until her retirement from political office in 2007, earning the respect and admiration of colleagues from all political affiliations. ...

- **Hosteen Klah** was one of the most famous artists of the Diné people (referred to in English as the Navajo Nation) and a respected medicine nadle. Born in western New Mexico, Klah lived from 1867-1937. During adolescence, Klah began to identify as a nadle, a Diné word that means "one who is transformed" and which refers to a gender that is not man or woman, but its own unique category. Unfortunately, most historical records in English refer to Klah using inaccurate male language. Klah filled the roles of weaver, hatali or chanter, and sandpainter. In Diné culture, weaving is traditionally a women's craft, yet as a nadle, Klah was able to be both a weaver and a hatali, learning skills of women as well as those of men. A multi-talented and widely respected figure, zie (an English "third gender" pronoun used for people of non-binary gender identity) left an impressive legacy as a role model for future nadle who came after hir ("third gender" pronoun).

Disparities and Challenges Facing Elders

Elder abuse, ranging from verbal to physical and/or sexual assault, is perhaps the most appalling challenge facing elders, but it is not the only one by far. Socioeconomic challenges that many elders face can contribute to higher rates of disease and lower treatment rates. Many elders are additionally faced with living alone or in an institutional setting, and loneliness and inactivity may result in a decreased life expectancy, particularly for widows and widowers. Sensory changes, loss of taste and smell, can also lead elders to eat less and thereby slowly and unintentionally starve themselves. Finding a physician as well as staff who understand – whether primary care, hospital, or residential – is a major challenge that elders must face.

Healthcare providers do not always take complaints seriously. They may attribute hearing, sight, or memory loss or even pains to ageing rather than rule out other causes. Alzheimer's disease was originally only diagnosed in patients 45-65 (Boller & Forbes, 1998), because it was expected that elders would inevitably become "senile." This attitude can lead to undiscovered diseases taking their toll without the person being treated. All possibilities should be ruled out before an unspecified diagnosis is given. Unfortunately, in the case of Alzheimer's disease, treatment is currently limited. Thanks to the growing awareness, research is ongoing in finding better treatments and a potential cure.

Disparities and Challenges Facing TGI People

TGI people need providers who understand and take seriously their ailments just like anyone. Unfortunately, trans people in particular are often prejudged by physicians to be mentally ill and consequently their health concerns unfairly regarded as psychosomatic or hypochondriatic. Trans people may be diagnosed as clinically depressed by providers who are not qualified to diagnose mental illness (i.e. primary care physicians) rather than suffering from a legitimate illness, particularly those who have not yet affirmed their gender or are in the process of affirming their gender.

In addition to being misdiagnosed, trans and intersex patients often fear the medical establishment in general due to rampant patient abuse, particularly in emergency wards. Harassment and gawking is typical, and while this is troubling and can cause psychological damage, there is also far greater abuse of TGI people. The abuse that is perpetrated against TGI people in medical establishments typically is sexual assault ranging from inappropriate comments or touching to blatant torture. An example of the latter is a horrific tale of something that happened to a deaf trans woman at an emergency ward in Rhode Island. Her female partner took her to a local emergency ward for an ailment completely unrelated to her torso or genital area. Once she was taken back, she was strapped to a hospital bed with the door open as staff would come by to gawk and fondle her genitals. This went on for several hours. Her partner was not allowed to see her, and she was denied a sign language interpreter. She had no idea what was going on, when she would be treated, who was saying what to whom, or when she would be released. (Lifelines case, personal communication, 2007)

Unfortunately, similar situations are all too common. A caring and sensitive primary care physician can help a patient recover from trauma or fear of being traumatized at the hands of medical personnel. Primary care physicians with whom I am acquainted administer urgent care whenever possible, sometimes through a trusted nurse or colleague, rather than relying on emergency wards for similar treatment.

Trans patients who have insurance face a particularly troublesome prospect with providers who are not versed in trans healthcare issues. Insurance companies in the United States do not cover gender affirmation-related healthcare, and many TGI people have found themselves without health insurance entirely after their trans status is disclosed to their insurance companies. The San Francisco Department of Public Health found that 51% of trans people in San Francisco, a relatively trans-friendly city, did not have health insurance (1999). It is common practice for insurance companies to claim that non-affirmation related procedures (such as having a broken bone set) are "Sex Reassignment Surgery-related." One online forum poster was seeking health insurance coverage for a woman of trans experience and her two children following a divorce:

> User Becoming EHEALTHy (May 2, 2006):
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> Am assisting in seeking coverage for 39 year old central florida female (mtf srs in october 2005) and two daughters asap. If anyone has suggestions as to what health insurers will underwrite, please post reply. Have been refused blue cross and humana. Need coverage asap...Divorce will be final and will lose benefits. Thank you.

> If the folks in colorado need to ask that question they 1) probably don't cover folks in florida and, 2) they probably don't cover folks having had that that type of surgery. Fyi mtf srs is male to female, sex reassignment surgery. There is a wonderful hospital in colorado (marci bowers). This individual, however, went to bangkok, thailand for the best and least expensive surgery. If, on the outside chance, this company in colorado will underwrite a woman and her two kids in florida ...Post reply and we'll get going on an application. Divorce was final today and need coverage to start asap. Thank you for the reply.
>
> From (http://ehealthforum.com/health/topic62129.html)

The above excerpt illustrates very well the kind of discrimination that TGI people face when seeking and maintaining health insurance. Should a provider write the reason for a hormone prescription, for example, as transsexualism, gender affirmation, transition, etc., in many cases the insurance company will discontinue coverage, not only of visits to that physician and for that medication but also for other medical expenses, regardless of whether the patient is trans or intersex. If the physician instead writes the reason for the prescription as endochrine disorder not otherwise specified or as hypogonadism, both legitimate reasons for TGI patients, the patient is much less likely to be scrutinized and have their coverage revoked. Similarly, medical staff must be sensitive to issues of gender markers in paperwork. Most insurance companies will not cover, for example, gynecological treatments for people whose gender marker is male, and this can be another tip off that the patient is trans. Many trans patients choose to self-pay for treatment that could potentially cause problems for insurance coverage. Some even choose to be treated anonymously at clinics such as Planned Parenthood.

Discrimination on the basis of trans status ('gender identity or expression') by insurance companies that operate in Rhode Island is absolutely illegal, given the anti-discrimination laws in place in the state. Because of political dynamics in Rhode Island within the medical-insurance relationship, it has been very difficult to counter this. However, campaigns are in place in an attempt to remove the *trans exclusion clauses* of Rhode Island insurance companies.

Disparities and Challenges Facing TGI Elders

One can easily see how the combined perception of elders as incompetent complainers and TGI people as mentally ill can lead to double discrimination. The potential for abuse is also greater. TGI elders have the additional problem of, should their status be disclosed, having a much harder time integrating with peers. This is especially problematic in residential settings, where most social interaction is with other residents rather than friends or family who live elsewhere.

Many trans elders have not transitioned and never will. However, there are some who after 'doing their duty' of raising a family and working a lifetime, finally feel able to dedicate their energy to themselves. It is not uncommon for people to affirm their gender after their children have moved out or when they retire. They then must go through puberty and experience being a teenager in the right body (Y. G. Ansara, personal communication, November 24, 2006). In addition to these adjustments, one must deal with family and friends and their reactions. Imagine if your father suddenly disclosed to you that he had decided to affirm his gender as a woman. Would you automatically start referring to her as Mother, as Catherine, as she? Would

you believe her or think it a whim? Didn't Dad go by Pete and join the army at 18? But he was so macho! How would family gatherings be? Would there be tension between family members who accept her and family members who don't? Would she be allowed to see the grandchildren? These are some of the many questions people who affirm their gender as older adult face. Trans adults, especially trans women, may hold on to very stereotypical gender roles, such as being a Marine and working on cars, in order to suppress their feelings of discontent. Often this translates into an extreme on the other end when they affirm their gender, with people who portray themselves as macho policemen now portraying themselves as dainty ladies in an attempt to wash away the "old life" and the mask they used for so many years. This is something to which that family members and friends may have difficulty adjusting, and both reactions are normal. Family therapy may be able to help with these adjustment issues, but it is ultimately the responsibility of the person who has the issue to overcome it and love and respect their trans family member or friend how she now presents.

The issues facing TGI elders are mainly combinations of issues facing TGI people in general and elders in general as well as with the additional social challenges such as described above. It is therefore important to address both social and professional factors in making plans to meet the needs of TGI elders in an elder care or medical establishment.

Ways to Accommodate

A few simple ways in which providers can provide quality care to TGI patients or residents are:

- If you are unsure of a client's *preferred name or pronoun*, ask.
- Allow TGI clients access to changing rooms, bathrooms, segregated halls, etc. according to their *stated* gender.
- Ask, do not assume, what gender person the client wishes to bathe, toilet, etc. them.
- Ask what style bedpan/urinal the client would be most comfortable using.
- Avoid using gendered language to refer to TGI people's genitals; ask for the client's terminology and use it.
- Do not make remarks such as "It's so big!" or "Wow, are those real?" in reference to TGI people's body parts.
- Use gender-neutral and TGI status-neutral language for insurance billing and inter-office communication as well as any communication that those who do not need to know may overhear.
- Do not disclose a client's TGI status, former (or sometimes currently legal) name, genital configuration, etc. without proper cause.
- Ensure that anyone ho will see the client undressed knows their stated gender and preferred name/pronoun (and will respect them!)
- Do not tolerate TGI jokes or any behavior that you would not tolerate regarding other underprivileged populations.

What Can Be Done to Meet the Needs of TGI Elders

Legal protection in the form of anti-discrimination laws has previously been discussed briefly (pp. 2, 9). A slightly more in-depth discussion will now be offered. With anti-discrimination laws in place, TGI people have more leverage in negotiating with agencies. The threat of law suits and closure of facilities adds to that leverage and to preventative measures, much like health codes function. However, just like with health codes, one cannot expect facilities to use 'up to code' practices all the time or when the threat of inspection or discovery is not imminent. Government and non-government organization supervision is not consistent or constant, and the likelihood of getting caught and punished is not very great. Additionally, laws and policies must be reasonable to the people who must follow them, or corners may be cut. If providers do not realize the extent to which TGI people permeate society or the effects their actions have on TGI people's lives, they may not even follow simple rules such as using preferred names and pronouns. Laws and policies alone do not change attitudes, and institutional change and personal relevance are necessary for long term results (Parry, Friedman, Jones, & Petrini, 1990).

Because simply telling people to do things is not necessarily effective, Lifelines Rhode Island has always had a significant focus on provider education. This can be accomplished through group trainings at agencies for medical, direct service, and/or administrative staff or with individual providers who may disseminate their knowledge to others at the site or do their best to serve the TGI patients they have in an environment that is not necessarily ready for training. Individual provider training often goes hand in hand with advocacy for a patient, and providers

are able to learn the exact issues that hinder their relationship with that patient, such as using inaccurate terms for body parts. This unique opportunity to correct behaviors can lead not only to an enhanced relationship between the patient and provider but also a desire for further learning and to help other patients who are in need of a TGI-friendly provider.

Further forms of education include peer-reviewed journal articles, of which there are few, public media (e.g. brochures), books, and book chapters. Whilst these are indirect means, they are an important resource for the TGI advocacy organization, which is the main player in increasing awareness and educating providers. Not only do these sources inform the reader, but they act as advertisement for professional networking and site training purposes.

Difficulties

One of the goals of this project was to assess the effects of a direct care staff training program delivered by Lifelines Rhode Island on the topic of TGI elder care in the State of Rhode Island. The goal was not reached due to lack of financial and human resources. Lifelines Rhode Island was forced to expand its Advocates program as well rather than focus on trainings, due to the extremely high need for direct service during crises, medical visits, and legal situations (e.g. filing discrimination and hate crimes reports). This is an example of the kind of sacrifices organizations such as Lifelines must make in order to meet the most pressing needs of its constituents.

In addition to resource allocation difficulties, it should be noted that there is a lack of receptivity at many locations due to the perception that no training is needed to assist TGI patients. Some of the most common arguments Lifelines encounters are:

- "We already know all we need to know"
    - because the facility or provider has received a general "LGBT" (Lesbian, Gay, Bisexual, and Trans) training. Despite the apparent inclusion of "T" in "LGBT," these trainings typically cover only gay and lesbian issues with minimal coverage of trans or even bisexual issues by someone who is usually not trans or intersex. Obviously, intersex issues are not typically covered by "LGBT" trainings, and as discussed earlier, TGI people don't necessarily have anything to do with 'Queer' or "LGBT" communities or issues.
    - because the facility or provider treats TGI patients. Treating trans patients doesn't necessarily mean that providers 'get' trans patients or how to treat them. It just means that compared to other providers, some TGI people feel more comfortable at that facility. This is especially common at "LGBT" specialized clinics, and some trans patients may also be gay, lesbian, bisexual, or queer and thus feel better in those settings than a mainstream clinic. It is possible as well that a TGI person may go because other TGI people go to this facility, under the assumption that because TGI people already go there, it must provide quality care to TGI people. This logic can thus perpetuate a cycle of insensitive care with no desire or recognition for training in TGI medicine.

- "There are not enough TGI people"
    - because the facility or provider believes they have not encountered a TGI person. Chances are they have and were unaware. It is not uncommon for trans people in particular to have a primary care physician to whom they go for colds and such and another physician from whom they receive affirmation-related care, pelvic exams, etc. This may be due to insurance issues discussed earlier in this essay (pp. 7-9).
    - Because the facility or provider compares estimates of TGI people to the population in general or assumes that there are very few TGI elders. The number of TGI people in Rhode Island is approximately the same as the number of multi-racial people in the state and is more than Native Americans or Native Hawaiians/Pacific Islanders in the state (U.S. Census Bureau, 2006). Imagine the legal and social uproar that would ensue if healthcare providers did not know how to treat these populations and did not want to be trained "because there are not enough Native Americans [et al.] in Rhode Island for it to make a difference."

The Role of Advocacy

As discussed earlier in this essay (pp. 11-12), advocacy can play an important role in educating providers and building relationships with them and between them and the patient. It can play a similar role with administrators and direct care workers in settings such as group homes, assisted living residences, and nursing homes. In addition to helping build relationships and stop discriminatory practices, advocacy has helped some constituents to have better self-

esteem and self-determination, including one person with a developmental disability preparing himself for and applying to college.

TGI Education/Advocacy Organizations & Educators

So far, Lifelines Rhode Island has been the focus of discussion as services are concerned. Lifelines Rhode Island began as a result of the hard work of an individual educator, Mr. Y. Gavriel Ansara. In addition to Mr. Ansara and other Lifelines trainers in Rhode Island, there are individual educators in nearby states, such as Jesse Pack of Worcester, Massachusetts. Lifelines is the only organization of its type in the world, with a direct service Advocates program found nowhere else. It has set an example in its field, and interest in forming similar organizations and programs in other parts of the world has been expressed.

The success of Lifelines Rhode Island lies in that it is entirely focused on TGI constituents and is not a project of an "LGBT" umbrella organization. It does not have to compete with other projects for resources or engage in intra-organizational politics including ignorance and gay transphobia. Intra-organization politics add additional layers to resource acquisition that would not be present if trans projects were independent organizations. Because there are more gay people than trans people (Hite, 1991; Janus & Janus, 1993; Kinsey, Pomeroy, & Martin, 1948), trans projects in "LGBT" umbrella organizations may have lower priority despite more pressing issues at hand (e.g. medical attention in emergency rooms vs. marriage equality). Despite the more direct access to resources, TGI-specific organizations still have to compete for grants, donations, and other direct resources.

In addition to its focus on TGI issues, Lifelines does not seek to define its constituents. Rather, Lifelines Rhode Island is "accepting people as we find them" and constantly updates its terminology and training courses to reflect the people it serves. Inclusion of intersex constituents is easier in independent organization due to possible fear or discomfort of being thought of as 'Queer' or "LGBT". It is much easier to distinguish between transgender, transsexual, intersex, and gender variant individuals' identities when not under the "T" in "LGBT."

Some of the progress Lifelines Rhode Island has made in Rhode Island since its inception in October 2006 that has not already been mentioned includes filing of the second discrimination claim (and subsequent claims) since the 'gender identity or expression' anti-discrimination law was passed in 2001. Mr. Y. Gavriel Ansara, Dr. Norman Spack, and Dr. Jody Rich conducted a grand round training on TGI healthcare at Rhode Island Hospital to a full auditorium.

Conclusion

The challenges facing elders and TGI people are many, and the challenges are compounded for TGI elders. However, through provider education, legal progress, and institutional change, steps can be taken to lessen the burden with which this population is faced. Lifelines Rhode Island has made great strides in propelling these forward, and through community cooperation and relationship building, these efforts can flourish.

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