



Another potential medical risk is long-term hormone treatment, the effects of which are unknown. Although older adults receive many treatments and medications that have not been studied longitudinally, some transgender men are particularly worried about testosterone. Rene Hickman, 48, of Denver, has been on “T” for more than 15 years; though he hasn’t experienced any problems yet, he’s unsure of what the future holds. “Nobody really knows what the long-term effects of testosterone use are,” says Hickman, a former health technician now in social-work school. His concern is due in part to seeing a friend develop complications after being on testosterone for decades.

And should complications arise for Hickman, he fears their treatment won’t be covered by insurance. “All the policies I’ve dealt with in the past denied any type of service related to SRS,” he says, referring to “sex reassignment surgery,” the clinical designation for a range of gender-altering procedures that insurance companies typically consider elective. “The wording is so general that anything can be applied to it.” Until that wording is changed, Hickman, a single parent, will continue to pay himself for medically necessary health care. Such expenses have already taken a toll on his personal finances. “I’ve had to do everything out of pocket,” including chest and genital surgeries and a hysterectomy. Altogether, Hickman’s health-care costs have “affected my ability to retire.”

## A ‘Lost Generation’ of Transgender Elders

Max Fuentes Fuhrmann, 52, has been on testosterone twice as long as Hickman, having begun his transition more than three decades ago at age 20. Like other transgender pioneers of the pre-AIDS era, he still carries the stigma of a time when prejudice against gender-nonconforming people was appreciably more virulent than it is now.

“I’m part of a generation of people who transitioned back in the day who are cut off from a lot of the newer advocacy,” says Fuentes Fuhrmann, a clinical psychologist who lives in the Los Angeles area. “When I transitioned I could have been thrown out of university. I had no civil rights. I couldn’t travel to other countries when I was in graduate school because I couldn’t get a passport without having had genital surgery.” In that hostile legal and social environment, Fuentes Fuhrmann was told by his transgender mentors “to transition and never talk about it.”



Photo above: Rene Hickman, 48  
Denver, CO; right: Max Fuentes Fuhrmann, 52  
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He calls this cohort of “stealth” elders a “lost” generation—contemporary examples of figures like jazz musician Billy Tipton, discovered to be biologically female at his death in 1989. Because of such early stigma and advice, many people who transitioned a long time ago remain isolated, both from the wider LGBT community and from the medical establishment. “You were viewed as mentally ill, which obviously sticks with you,” Fuentes Fuhrmann says.

Consequently, there's an untold number of transgender older adults who are “terrified” of receiving routine medical care, like a pap smear. “These folks are dying from potentially treatable medical conditions because they haven't had the bridges to feel comfortable enough to access services.” For those who don't die outright, their treatable illnesses can turn into chronic ones, putting them at greater risk for long-term care. “People in their 50s” can wind up in care facilities, Fuentes Fuhrmann says, because of never seeing a doctor when they needed to.

Residing in a long-term-care setting creates a host of problems on its own for transgender older adults. “When you have a gender-variant body and need physical care, like having a shower, being dressed, or being fed, you can see how you're really at risk for physical abuse,” says Fuentes Fuhrmann, whose specialty is gerontology. “It's a whole other level of safety. Most of the people who work in these facilities are paid minimum wage, and they're often not real LGBT-friendly.” On top of that, “there's great resistance to any kind of sensitivity training, at least in California. The attitude is, ‘We're not going to spend the money to train our staff unless the state comes in and sanctions us.’” State budget trouble makes cultural competency even less of a priority, he adds.

And yet despite these and the myriad other difficulties they face, transgender older adults seem to

agree on a key point: things can only get better. “We're always making advancements,” says New York's Stone, who has sat on the board of a number of LGBT organizations. “In the last fifteen years, the trans community has gone from horse and buggy to rockets. We'll be up to interplanetary travel pretty quick.”

After all, the more visibility transgender issues in general gain, the more visibility transgender aging issues will receive, too. “We're working on policy and we're banging on doors in state capitals and Washington,” Stone says. “We're going to increase our well-being and decrease our discrimination exponentially.”

“You were viewed as mentally ill, which obviously sticks with you.”

— Max Fuentes Fuhrmann



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Improve the Lives of Transgender Older Adults\***

\* In 2011 SAGE and the National Center for Transgender Equality launched a historic Transgender Aging Advocacy Initiative to outline the many policy and practice barriers facing transgender and gender non-conforming older adults, as well as some key solutions for addressing these barriers. To help inform and create this advocacy roadmap, we brought together a diverse committee of leading experts from around the country. The Advisory Committee of the Transgender Aging Advocacy Initiative (listed on page 2) identified several immediate policy and practice priorities to improve the lives of transgender older adults. While all of the issues outlined in the full report are important, the priorities listed here were identified based on their expected impact if accomplished, as well as the expected feasibility of accomplishing them within the next 1-2 years.



October 2011 meeting of the Advisory Committee for the Transgender Aging Advocacy Initiative, Washington, DC. Photo, from left to right: Earline Budd and Barbara Satin, GLBT Generations and National Gay and Lesbian Task Force.







# Detailed Recommendations

## Aging Services Network

The Older Americans Act (OAA) is the nation's largest vehicle for funding and delivering services to older adults. It created the country's Aging Services Network, which includes the Administration on Aging at the federal level, as well as hundreds of state and area agencies on aging (AAAs) and thousands of service providers and Tribal organizations. Through this network, older adults have access to a wide range of services, including meal programs, social and educational activities, health promotion and disease prevention, legal help, transportation, in-home supportive services and elder rights education. Because this network encompasses so many programs that reach older adults, it is critically important that it be accessible to all older people. Unfortunately, research and experience indicate that today's aging services network is frequently unprepared to provide competent and nondiscriminatory services to transgender older adults, as well as to address the unique challenges faced by this population.<sup>63</sup> For example, transgender older adults might show up for a congregate meal or a legal intake only to be told to come back dressed in "gender-appropriate" clothes, harassed for using public restrooms, or asked humiliating questions. In many cases, transgender older adults choose not to seek services out of fear of encountering biased treatment.

The OAA places particular emphasis on meeting the needs of older adults with the "greatest social need" and other vulnerable populations, but neither the Act nor the regulations issued under it have clarified that transgender and LGB older adults constitute a group with the "greatest social need." Researchers, however, are beginning to recognize the distinct vulnerabilities of transgender older adults, including the Institute of Medicine, which concluded in a recent report that "LGBT elders experience stigma, discrimination, and victimization across the life course."<sup>64</sup>

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<sup>63</sup> Knochel, K.A., et al. (2010). *Ready to serve? The aging network and LGB and T older adults*.

<sup>64</sup> National Academy of Sciences. (2011). *The health of lesbian, gay, bisexual, and transgender people: Building a foundation for better understanding*. Washington, DC: Institute of Medicine of the National Academies.

The following policy steps should be taken to ensure that OAA programs adequately serve all older adults:



The Administration on Aging (AoA) should clarify, through agency guidance, that LGBT older adults constitute a group with “greatest social need,” and that federally-funded service providers should not exclude LGBT older adults from programs and services.



Congress should reauthorize and fully fund the Older Americans Act (OAA), and should include LGBT older adults in its data collection, project assessment and reporting requirements; explicitly include LGBT older adults in the definition of greatest social need; and permanently establish the National Resource Center on LGBT Aging to ensure cultural competence training for generations to come.

It is also crucial that providers throughout the Aging Services Network understand—and are prepared to meet—the needs of transgender older adults. A recent survey of 230 area agencies and state units on aging found that more than one in four reported that transgender older adults would either not be welcomed by local service providers or the agency was unsure of how welcome they would be.<sup>65</sup> Therefore, cultural competence training and technical assistance for these providers is essential.



The AoA should continue to support the development and promotion of LGBT competence training and tools for area agencies on aging (AAAs) and aging service providers, including the training and educational resources created by the National Resource Center on LGBT Aging.



State and local transgender and LGBT organizations should partner with AAAs and aging service providers to improve access to welcoming services and opportunities for transgender older adults.



AAAs and aging service providers should use resources such as the National Resource Center on LGBT Aging’s *Inclusive Services for LGBT Older Adults: A Practical Guide to Creating Welcoming Agencies* to improve their training, policies and services.

Finally, the National Family Caregiver Program, funded by the OAA, is an important resource for people providing unpaid care for transgender older adults, particularly because so many transgender older adults rely on networks of friends and loved ones for support. The program offers counseling and other services and supplies to help relieve the emotional, physical and financial hardships of providing continual care. Community organizations should help ensure that LGBT older adults and their companions are aware of these benefits.

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<sup>65</sup> Knochel, K.A., et al. (2010). *Ready to serve? The aging network and LGB and T older adults.*



Community organizations should educate LGBT older adults about the resources available under the National Family Caregiver Program and should apply for caregiver support funding to assist LGBT people through AAAs and state aging units.

## Improving Health

Transgender older adults face numerous barriers to accessing quality health care. These include financial barriers, a lack of appropriate cultural and clinical competence among providers, the discomfort experienced by many older transgender people regarding physical exams and conversations about their bodies and the fear and reality of bias and discrimination in both insurance and the provision of care. These barriers all work to prevent individuals from accessing quality care.

The Joint Commission, which accredits hospitals, requires hospitals not to discriminate on the basis of gender identity or sexual orientation, and has put out a guide to making facilities culturally competent to provide care to LGBT patients.<sup>66</sup> To be accredited under these standards, hospitals cannot refuse to admit or treat patients because they are transgender or cross-dressing, and they cannot, for example, refuse to provide the same medically indicated gynecological services for transgender men that they provide to non-transgender women. Likewise, the Veterans Health Administration has issued a directive to its health centers to ensure the provision of appropriate and nondiscriminatory care to transgender veterans, as well as veterans with intersex conditions.<sup>67</sup> Federal, state and local governments should incentivize the creation and implementation of similar policies, and they should be adopted by all health care facilities.



All health care facilities should adopt nondiscrimination policies that include gender identity and sexual orientation.



Health care facilities should use resources such as the Joint Commission's *Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care for the Lesbian, Gay, Bisexual and Transgender (LGBT) Community: A Field Guide* to develop comprehensive policies and procedures for serving transgender patients.



Health care providers should be trained on the identities, needs, rights and health disparities of transgender people, including transgender older adults, and clinical guidelines for caring for transgender people.

<sup>66</sup> The Joint Commission (2010). *Advancing effective communication, cultural competence, and patient- and family-centered care: A roadmap for hospitals*. Oakbrook Terrace, IL: The Joint Commission.

<sup>67</sup> Petzel, R.A. (2011). *Providing health care for transgender and intersex veterans*. Retrieved from [http://www.va.gov/vhapublications/ViewPublication.asp?pub\\_ID=2416](http://www.va.gov/vhapublications/ViewPublication.asp?pub_ID=2416).



Federal, state and local governments should provide incentives and, where appropriate, requirements for LGBT training for health care providers.



Professional training programs, including programs in gerontology, should incorporate discussion of the identities and needs of transgender older people into their curricula.

If health care providers receive Medicaid, Medicare or other federal funding, consumers are protected under the Affordable Care Act of 2010, which prohibits sex discrimination by health care providers that take federal funding. Courts and federal agencies have consistently interpreted sex discrimination laws like this one to prohibit discrimination against transgender people.<sup>68</sup> This critical feature of the health care reform law, and its potential to offer rights and remedies for transgender consumers, has so far received little attention.



The U.S. Department of Health and Human Services Office for Civil Rights should issue guidance making clear that discrimination against health care consumers because they are transgender or fail to conform to gender stereotypes is unlawful under the Affordable Care Act if a health care provider receives federal financial assistance.

Medicare covers much of the health care costs of millions of older adults and people with disabilities. Although it covers many of the medical needs associated with transition, including hormone replacement therapy, it still excludes coverage for sex reassignment surgery. Regulations governing the U.S. Department of Veterans Affairs include a similar ban. These exclusions are based on a decades-old determination that such procedures were experimental. Today, however, leading medical and mental health associations including the American Medical Association, American Psychological Association and American Academy of Family Physicians widely recognize these treatments as safe, effective and medically necessary and recommend that they be included in public and private health coverage.<sup>69</sup> Eliminating limits on these earned benefits that target transgender older adults is both smart health policy and a matter of basic fairness.



The Centers for Medicare & Medicaid Services (CMS) should eliminate the arbitrary exclusion of transition-related surgical care from Medicare.

<sup>68</sup> National Center for Transgender Equality. (2012). *Health care rights and transgender people*. Retrieved from [http://transequality.org/Resources/HealthCareRight\\_March2012\\_FINAL.pdf](http://transequality.org/Resources/HealthCareRight_March2012_FINAL.pdf); and *Macy v. Holder*, EEOC No. 0120120821 (2012).

<sup>69</sup> Lambda Legal. (2012, Jan. 9). Professional organization statements supporting transgender people in health care. New York, NY: Lambda Legal. Retrieved from: [http://www.lambdalegal.org/sites/default/files/publications/downloads/fs\\_professional-org-statements-supporting-trans-health\\_1.pdf](http://www.lambdalegal.org/sites/default/files/publications/downloads/fs_professional-org-statements-supporting-trans-health_1.pdf); and National Center for Transgender Equality. (2012). *A blueprint for equality: A federal agenda for transgender people*. Retrieved from [http://transequality.org/Resources/NCTE\\_Blueprint\\_for\\_Equality2012\\_FINAL.pdf](http://transequality.org/Resources/NCTE_Blueprint_for_Equality2012_FINAL.pdf).





The Department of Veterans Affairs (VA) should amend regulations to eliminate the arbitrary exclusion of transition-related care from health benefits for veterans and dependants.

Dramatic numbers of transgender people are affected by HIV and AIDS, particularly transgender people of color.<sup>70</sup> Because so many people living with HIV/AIDS are living longer and healthier lives thanks to developments in antiretroviral medications, increased funding for prevention and treatment is critical to the successful aging of many transgender people.



Federal, state and local governments should increase funding to prevent and treat HIV/AIDS, including developing and implementing prevention strategies tailored to transgender and older populations.



The definitions of “greatest social need” in the OAA should explicitly name older adults living with HIV, recognizing the growing number of older adults living with HIV—including transgender older people—and the related health disparities, discrimination and stigma.

## Long-Term Services and Supports

All older adults should have the supports they need as they age. They should also have the freedom to be who they are and to live their lives as they choose. Transgender people deserve to have their identities respected, regardless of the level of care they need. That basic dignity is too often denied to a growing population of transgender older adults.

The research shows that most older adults prefer to receive the services and supports they need at home or in a community setting, rather than in an institutional setting such as a skilled nursing facility.<sup>71</sup> While public funding for home- and community-based care is expanding, explicit protections for the rights of individuals receiving care are often lacking or unenforced. Explicit nondiscrimination protections for transgender consumers are a critical missing piece. Currently, providers may be covered as health care providers under the Affordable Care Act or as housing providers under the Fair Housing Act. Both of these federal laws prohibit sex discrimination, including discrimination on the basis of gender identity or failure to conform to gender stereotypes (see discussion above). This means that, for example, it is unlawful to deny housing to a person because the person is transgender, to permit a pattern of harassment of a transgender resident or

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<sup>70</sup> National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention Division of HIV/AIDS Prevention. (2011). *HIV infection among transgender people*. Retrieved from <http://www.cdc.gov/hiv/transgender/pdf/transgender.pdf>; and Herbst, J.H., et al. (2007). *Estimating HIV prevalence and risk behaviors of transgender persons in the United States: A systematic review*.

<sup>71</sup> AARP Public Policy Institute. (2009). *Profiles of long-term care and independent living*. Washington, DC: AARP.

to evict a resident because the resident cross-dresses or is beginning a gender transition. However, these laws do not cover all situations—and facilities, consumers and even local and state officials today are largely unaware that these laws protect transgender people. To ensure that violations of the rights of transgender individuals in home- and community-based care are recognized and remedied, we recommend that:



The Centers for Medicare & Medicaid Services (CMS) should revise federal Medicaid conditions of participation to explicitly prohibit discrimination based on gender identity and sexual orientation in home- and community-based services.



Federal and state agencies should develop training, technical assistance and public education programs to educate long-term care providers and consumers about the rights of LGBT individuals, with particular attention to transgender older adults.

Transgender older adults may feel they have particular reason to fear entering a nursing home because of potential discrimination, hostility and violence from staff and other residents, and the possibility of receiving unequal care; yet health disparities and social isolation may put many at greater risk for requiring more intensive care. The federal Nursing Home Reform Act (NHRA) guarantees rights of privacy, dignity, autonomy and freedom from restraint and abuse in facilities that accept Medicaid and Medicare funds. Facilities violate these rights when they refuse to respect the identities of residents, such as by refusing to permit or assist them in wearing clothing consistent with that identity; when they deny hormone medication or refuse to provide personal care because staff are uncomfortable with a resident's body; when they isolate transgender residents; and when they fail to prevent routine harassment by residents or staff.<sup>72</sup> Facility managers and even state officials might not recognize that such practices are illegal. To ensure that violations of the rights of transgender nursing home residents are recognized and remedied, we recommend that:



The Centers for Medicare & Medicaid Services (CMS) should revise federal nursing home surveyors' guidelines to clarify the rights of transgender residents to respect for their gender identities, autonomy in their gender expressions, privacy regarding issues related to transgender status and freedom from bias-related harassment, discrimination and abuse.

In addition to clearer nondiscrimination protections, cultural competence training for long-term care staff is imperative to improving the experiences of transgender older adults in long-term care. The National Resource Center on LGBT Aging—seeded by

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<sup>72</sup> For more information, see: Chin, N., Chiplin Jr, A.J., Dayton, K., & Rowen, M. (2010). Asserting choice: Health care, housing, and property—planning for lesbian, gay, bisexual, and transgender older adults. *Clearinghouse Review Journal of Poverty Law and Policy* 43 (11-12): 522-533.

the U.S. Department of Health and Human Services (HHS) and the Administration on Aging in 2010—trains hundreds of aging providers nationwide on cultural competence and LGBT elders, and is a great resource for implementing a rigorous, comprehensive and evaluated training on these issues. Additionally, CMS has taken a lead on this issue and is creating LGBT training for facilities and state surveyors, and other agencies should follow suit.



Long-term care facility administrators, staff, surveyors and ombudspersons, as well as home health care providers, should be trained on the identities, needs, vulnerabilities and rights of LGBT residents, working with the National Resource Center on LGBT Aging.



Federal and state agencies and community organizations should develop and/or promote LGBT cultural competence training, best practices and tools for long-term care facility staff, surveyors and ombudspersons, working with the National Resource Center on LGBT Aging.



Long-term care facilities should adopt policies to ensure fair and appropriate treatment of transgender residents.

## Ending Violence and Abuse

Transgender people face higher levels of abuse of all kinds throughout their lives, and later life is no exception. As with all elder abuse, the abuse of transgender older adults can be mental, financial, physical or sexual, and it can take place in the home, in a hospital, in a long-term care facility or any other setting. While abuse can be perpetrated by direct care workers, research suggests that violence and abuse are more frequently committed by family members and in social settings.<sup>73</sup> The bias and stigma facing transgender people—which are compounded by both ageism and the challenges of social isolation and aging—embolden abusers and deter transgender older adults from reporting their abuse. In some cases, having physical features that might not appear congruent with their gender identities can also contribute to transgender older adults' vulnerability (as well as their reluctance to report abuse or seek medical care or other services).

State adult protective services agencies, long-term care ombudspersons and surveyors and direct care workers all play important roles in preventing and responding to elder abuse, and each of these groups need tools and incentives to effectively protect vulnerable transgender elders.

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<sup>73</sup> Witten, T.M. (2003). Life course analysis-The courage to search for something more: Middle adulthood issues in the transgender and intersex community.



The Elder Justice Act, part of the Affordable Care Act of 2010, creates a comprehensive set of programs and resources to combat and prevent elder abuse and neglect, both within and outside of long-term care facilities. Unfortunately, implementation of these programs has not subsequently been funded by Congress.

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Congress should appropriate funds to fully implement the Elder Justice Act.

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The U.S. Department of Health and Human Services (HHS) should take appropriate steps to ensure that grant recipients under the Elder Justice Act are made aware of the prohibition of discrimination based on sex under section 1557 of the Affordable Care Act and its applicability to transgender people.

25

Federal, state and local agencies should support the development and implementation of transgender-inclusive cultural competence training for adult protective services and elder abuse, neglect and exploitation forensic centers.

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Adult protective services agencies and elder abuse, neglect and exploitation forensic centers should make efforts to enhance their ability to serve and protect transgender older adults through training, outreach and agency policies.

Additionally, the Violence against Women Act (VAWA) funds state and local efforts to address domestic violence, sexual assault and other forms of abuse against people of all ages. Unfortunately, the programs supported by VAWA have not been made consistently available to LGBT people, with individuals often being refused services, shelter or protective orders.<sup>74</sup> As in homeless shelters, discrimination has been particularly common in programs aimed at women. In 2011, lawmakers proposed to include new provisions in VAWA's reauthorization to prohibit discrimination against LGBT people in VAWA-funded programs and activities. These protections are essential for ensuring VAWA's effectiveness for all people who experience gender-based violence and abuse.

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Congress should reauthorize the Violence against Women Act (VAWA) and expressly prohibit discrimination in VAWA-funded programs based on gender identity and sexual orientation.

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The Department of Justice should issue program guidance to clarify the application of the Violence against Women Act (VAWA) and the Victims of Crime Act to transgender people, as well as the applicability of prohibitions on gender discrimination to transgender people, so that local agencies understand their obligations to serve transgender people.

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<sup>74</sup> National Coalition of Anti-Violence Programs. (2011). *Lesbian, gay, bisexual, transgender, queer, and HIV-affected intimate partner violence in the United States in 2010*. Retrieved from [http://www.avp.org/documents/IPVReportfull-web\\_000.pdf](http://www.avp.org/documents/IPVReportfull-web_000.pdf); and Grant, J.M., et al. (2011). *Injustice at every turn: A report of the national transgender discrimination survey*: p. 134.



The Office on Violence Against Women should, through guidance or regulation, mandate that the programs they fund not discriminate on the basis of gender identity or sexual orientation. Additionally, the Office on Violence Against Women should fund training and technical assistance programs specific to LGBT people, as well as require that its grantees receive cultural competency training on LGBT people.

## Creating Equal Employment Opportunities

According to the National Transgender Discrimination Survey—which interviewed 6,450 transgender people—90 percent of respondents experienced transphobic discrimination at work, and 26 percent lost their jobs because of anti-trans bias. Respondents were unemployed at twice the national average, and those who lost jobs due to discrimination were four times as likely to be homeless.<sup>75</sup> Besides making jobs difficult to obtain and keep for transgender people, including many older adults who experience the age-related difficulties of job insecurity and unemployment, this discrimination creates a ripple effect in the health and economic security of transgender communities as they age. For those who transitioned earlier in life, years of unemployment or underemployment can hinder the ability to save sufficiently for retirement and often make age-related supports such as long-term care unaffordable. Because Social Security benefits are based on one's lifelong earnings, those who have been unable to contribute significantly in Social Security taxes on earnings are left with disability or retirement payments that are not enough to meet basic medical or housing costs. And for those transitioning later in life, job discrimination, ageism and transphobia can disrupt careers and pose multiple barriers to finding new employment and their income can be dramatically reduced. The challenges associated with employment and economic insecurity experienced by many older people are even more pronounced for transgender older adults.

There is no federal law explicitly prohibiting job discrimination based on gender identity, and currently only 16 states and the District of Columbia have laws explicitly banning such discrimination. Explicit job protections are a critical first step to ensuring employment opportunities for older transgender people.



Federal, state and local lawmakers should expressly prohibit employment discrimination based on gender identity and sexual orientation by passing the Employment Non-Discrimination Act (ENDA) and equivalent state and local legislation.

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<sup>75</sup> Grant, J.M., et al. (2011). *Injustice at every turn: A report of the national transgender discrimination survey*: p. 3, 66.

Additionally, a growing number of courts and federal agencies have recognized that sex discrimination laws already protect transgender and other gender non-conforming people (including many lesbian, gay and bisexual people) from discrimination based on their gender identity or expression.<sup>76</sup> Even without congressional action, then, federal and state agencies can protect transgender people from discrimination in employment.

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Federal, state and local agencies should use existing authority under sex discrimination laws to address discrimination against transgender people in employment, housing, lending, health care and other areas.

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Federal, state and local agencies should use outreach and public education activities to increase awareness among workers, employers and service agencies of existing protections for transgender workers.

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Federal, state and local governments should fund research on workforce challenges facing transgender people.

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Career centers and job training programs should make efforts to promote inclusion and prevent discrimination against transgender workers, including transgender older adults, through training and agency policies.

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Federal, state and local governments should bring together experts on workforce development, older workers and transgender issues to identify promising strategies to employ and retain transgender workers, including older transgender workers.

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Federal, state and local governments should support the development and expansion of model projects to increase employment opportunities for transgender people, including trans older adults.

## Housing

A growing number of older adults are homeless, with Baby Boomers having an elevated and sustained risk for homelessness.<sup>77</sup> Because transgender people are more likely to age without children to help support them and manage their care, and because they often experience dramatically lower incomes than either the general population or the LGB population, access to affordable housing is a significant problem for transgender older adults. Housing discrimination against transgender people of all ages is also widespread, and can combine with other barriers that older adults might face seeking access to housing to create a double barrier for transgender older adults.

<sup>76</sup> See, e.g. *Macy v. Holder*, EEOC No. 0120120821 (2012).

<sup>77</sup> The Corporation for Supportive Housing. (2011). *Ending homelessness among older adults and elders through permanent supportive housing*. Retrieved from [http://www.chapa.org/sites/default/files/ELI\\_policypaper\\_final.pdf](http://www.chapa.org/sites/default/files/ELI_policypaper_final.pdf).