NURSES HEALTH EDUCATION ABOUT LGBT ELDERS
A TEACHING GUIDE

MODULE 5
TRANSGENDER ELDERS
Intervene
Seek to end the harassment (physical or verbal) immediately.
Create a physical barrier (including standing between) or distance between the harasser and the harassed.

Follow Up
Don’t try to collect information while you try to de-escalate the situation as it will only increase the escalation.
Gather information using open-ended questions.
Provide reality check’s based on what you observed and heard.

Prompt participants with questions found in the discussion guide (1-14) and ask them to discuss with 1-2 people sitting near them.

Welcome! Before we begin,

Let’s discuss the packet of papers you have in front of you. You should have one sheet that is a pre-test and post-test. Copies of the slide content and the last page is an evaluation.

I’m going to ask you to take the pre-test NOW. This will tell me what you know now, then after our discussion I will ask you to take it again. This measures how well I am able to teach you.

Then, at the end of the session, I will ask you to fill out the evaluation. This information is very important to us so I want you be honest, tell us what you like and dislike, do you think it was relevant and helpful. We use this information to edit the content as seems necessary. Also, ask any questions that you may be shy about asking in front of your peers. Then I will return next week and answer your question, keeping the person who asked the question confidential. If one person has a question, probably someone else does too!

Our time together is casual, if you have a question, put your hand up and I’ll be happy to answer for you.
Describe the grant project.

Started in 2009 and followed these steps...through 2012.

- Curriculum research/development
- Pilot presentations to academic settings, community-based clinics and long-term care facilities
- Evaluation by like minded peers in the field of Geriatrics and Gerontology
- Revision in content
- Creation of online products
- Establishment of website for dissemination
- Presentation of findings

Howard Brown Health Center is the Midwest’s premiere provider of health care and community services to the LGBT community since 1974.

*Howard Brown Health Center exists to eliminate the disparities in health care experienced by lesbian, gay, bisexual and transgendered people through research, education and the provision of services that promote health and wellness.*
We offer this training with no commercial bias, I am not trying to sell you anything, I don't work for a pharmaceutical company, I don't even want you to come at work at Howard Brown, even though it's a great place to work. All nurses will receive 1 continuing education unit for each module you attend.

And, more importantly, I am not here to dissuade anyone from their personal beliefs. I acknowledge that we are all different, I am here to provide you with information that will allow you to be better informed, more sensitive caregivers for your LGBT Elders.

I am here to present this information, all 6 hours, in the context that nurses and health care professionals we strive to have as much knowledge as possible, to better serve our patients. I will say for the first time of many, that personal bias has no place in the medical encounter.

We became nurses, providers, to promote the health of our patients and do it in a caring effective way. That is the focus of bringing you this information. So as we go along, always keep in the back of your mind, our ultimate goal is excellent patient care.
We will cover these topics in the next hour...

FIRST, Let’s do this exercise together, take off your shoes and put them on the opposite feet... Left to Right, Right to Left... **How does this feel?....**

We need to have this fundamental understanding, being born as a M or F, as a Transgender individual, understands their biology to be incorrect, to be unhealthy, unnatural,

**And,** is coupled with an obsessive conviction that they need to live their life as the opposite sex!

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We will go over these objectives...

In evaluation comments we receive, often the question arises, “Why do I need to know all this information”? The answer is simple. It takes only one person can be instrumental in protecting an LGBT elder who is in a crisis situation. Remember the story of Janis Lengbehn and Lisa Pond, the two women in Florida? All it would have taken was one person to stand up for them in that emergency room. **YOU can be that one person!**

And, be aware that what you know about these concepts will be helpful with future LGBT elders.

**Today we are addressing the transgender elder community, let me introduce you to Christine Jorgensen...**
Christine Jorgensen began her life as George Jorgensen, was drafted into the Army in 1945.

At that time, without the help of the internet, she located a sympathetic physician/surgeon who provided comprehensive care to transexuals, an antiquated term we no longer use.

In Denmark she began hormone therapy and had a bilateral oophrectomy, removal of the testes.

In 1952, upon returning from Denmark, she wrote her parents and said, “I’m the same “Brud” but nature made a mistake, which I have now corrected and I am now your daughter.” In the newspapers headlines read EX-GI BECOMES BLONDE BOMBSHELL

Later she had further surgeries, an extensive surgery vaginoplasty that converted her penis into a vagina.

She led a very public life, performed and lectured on stage, was an author, she was an international celebrity. There are some incredible recordings of her being interviewed on the internet. Worth looking at!

Later in life she was interviewed and said, “It’s very hard to speculate on whether what I did was brave, but if I hadn’t done what I did, I may not have survived. I may not have wanted to live. Life simply wasn’t worth much. Some people may find it easy to live a lie, but I can’t. And that’s what it would have been, telling the world I’m something I’m not.”

She was an avid smoker and died from bladder and lung cancer in 1989.

The rainbow flag most people know, showing that lesbian gay bisexual community cuts across all the spectrum of humanity.

The transgender flag represents the stereotypical colors of little boys and girls, bands of lt. blue and pink, also, white, a neutral area, to show transition from one to the other, the intersex community and any other unidentified gender. It signifies transpeople “finding their correctness”.

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**SLIDE 8**
We touched briefly when discussing barriers to health care that fear of discrimination keeps trans patients from coming into care. And what happens if someone waits to come into care? Take this example... Why do we go to visit doctors? We’re sick, injured – vulnerable. How do we feel? Afraid, vulnerable.

For eg. You feel like you’re catching a cold, What do you do? Self-medicate, right? What if you wait?

You have a cold that is now bronchitis? Or a sinus infection? What do you do? Prescription for antibiotics. But, what if you wait?

Now you have pneumonia, fever, pass out on your way to work and... end up in the ER.

This is a true story: In a small hospital in the country 2 hours from Chicago, a transgender woman ended up in the ER with, what they found later was pneumonia. For 3 hours she sat in the ER. During that time she had visits from what she thought was every single person that worked in that hospital. After a very long 3 hours, she called a friend and drove to Chicago to another hospital where she finally got the care she needed.

The transgender community is easily the most discriminated against, from sandbox to adulthood. They have reason to be distrustful.


Not only do elder transgender patients experience or fear discrimination, there is an astonishing lack of competent care available for them due to lack of training and research. **A UNTRAINED PROVIDER MAY NOT BE ABLE TO TELL A TRANSGENDER PERSON IN AN INTERVIEW OR EXAM.**

Disclosure of a transgender person’s status, and safe housing contribute to continuity of care which is critical for the transgender elder.

We must think of their perspective, to a transgender individual, the body they live in is neither normal nor healthy and they need our help.

Let’s be clear, **this is not something that a person would do on whim.** Actual statistics of people who have undergone transition to the opposite sex have a less than ½ a percent regret rate. That’s almost none.


We touched on this discussion the first time I visited you, we’ll go over it briefly again. It is a multi-layered way of looking at gender and sexuality, starting at the center and moving outwards.

At the cellular level, Chromosomes: XY- Male or XX- Female

External Genitalia: Penis or Vagina

Internal Reproductive Systems: Testes or Ovaries

Hormones: Testosterone or Estrogen

Secondary Sex Characteristics: These include the following: Endocrine system activates at puberty...

**MALES**
- facial and body hair growth
- increased muscle mass
- deepening of voice, Adam’s apple

**FEMALES**
- breast development
- changes in body fat distribution
- widening of hips

We look at all these terms within the framework of continuum…
Intersex: Depending on definition used, statistics vary regarding incidence of intersex birth. According to the Intersex Society of North America, “If you ask experts at medical centers how often a child is born so noticeably atypical in terms of genitalia that a specialist in sex differentiations is called in, the number comes out to about 1 on 1500 to 1 in 2000 births. But a lot more people are born with subtler forms of sex anatomy variations, some of which won’t show up until later in life.”

Intersex is also called Disorders of Sexual Development or DSDs and fall into these categories, chromosomal anomalies, endocrine disorders and anatomical disorder, all existing in a wide spectrum.
Cultural/Societal construct that tells us how we should act based on our natal sex.

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<th>GIRLS</th>
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<tr>
<td>Blue</td>
<td>Pink</td>
<td>Breadwinner</td>
<td>Stay-at-home housewife</td>
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<td>Trucks</td>
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<td>Stoic</td>
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<td>Active</td>
<td>Timid</td>
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<td>Makes less than men</td>
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*Note: Cultural e.g. – S. Arabia women are not allowed to go out or drive without men with them.*
Gender Identity is the inner sense of self, how one feels about themselves, which does not always match this cultural or societal role.

This too is a continuum. On one end masculine, on the other feminine. In the grey area there exist people who feel strongly that they identify with both or neither.
How then do I show this internal feeling to the world?

If a woman wants to wear men’s clothes, chooses not to wear make-up? That’s OK.

If a man chooses to wear dresses and make-up? That’s OK too.

It’s all good. These people are saying that society cannot force me to be someone I’m not!
Who doesn’t know this man?

Elton John was born Reginald Dwight in Middlesex England and developed a flamboyant gender expression early in the 70’s.

We could use many celebrities as examples, CeeLo Green, Lady Gaga...

Gender expression can be explored as a continuum as well.

When I come to see you here, I dress professionally, if you catch me at the Home Depot I will be in jeans and a t-shirt and you may call me sir by accident. It happens a lot. I am often mistaken for a man in public. If you see me in a dress, we both know the couple getting married!

So we’re talking about how you show yourself to the world. Very masculine, very feminine or somewhere in the middle more androgynous.
So, sexual orientation refers only to attraction of gender, not necessarily natal sex. It’s the person as a whole!

**Explain terms.**

**And, Queer** - A term most often used by younger people and typically not embraced by older adults. The implication is that the person does not want to be limited by one of the traditional labels to describe who they are attracted to or sexually involved with. It is an umbrella term that may be used by those who do not consider themselves to be heterosexual or gender-binary. Many older adults do not relate to this label and may find it offensive since it has a long history (since the late 19th century) of being used as an anti-gay epithet.
IDENTITY refers to the combination of these terms. **But it is only part of the whole person's identity.**

**SLIDE 22**

**IDENTITY**

- Natal Sex
- Gender Identity/Expression
- Sexual Orientation

**SLIDE 23**

**TRANSGENDER**

- Transsexual: Outdated term to describe what is now commonly referred to as transgender.

Drag King or Queen: A performer who wears clothing of the opposite sex. Some ARE transgender.

Cross-dresser/transvestite: Is a person who wears clothing of the opposite sex for sexual gratification.

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This refers to the time and the process of transitioning from one gender to another.

Note that not all people who are transgender want to transition from one sex or gender to another. Many are comfortable remaining somewhere in the middle of the gender spectrum.

This consists of a two-tier strategy, Hormone Replacement Therapy and Sex Reassignment Surgery.

I asked a provider at Howard Brown, how do you decide on the transition protocol, step by step? And she informed me it was a delicate dance. Meaning, there is no one-way plan to follow. Some patients want to undergo full transition, others want some, many want none and will live their lives as the opposite sex by simply changing their dress and mannerisms.
For those clients committed to transitioning to alter their physical self, sex reassignment surgery is their first step. Barriers to care may include cost (procedures often not covered by insurance, also transgender people less likely to have health insurance), lack of competent surgeons, fear of discrimination, sometimes judgmental and disempowering process for being approved for surgery.

Most commonly used estimates for GID come from the 1994 DSM-IV from the American Psychiatric Association. This reported 1:30,000 males and 1:100,000 females. However, Zucker and Lawrence (2009) conclude that the prevalence may be three to eight times the numbers reported in the DSM-IV based mostly on reports from Western European clinics.

In the 2012 Diagnostic and Statistical Manual of Mental Disorders (DSM-V) there will most likely be a change in the language and diagnosis of Gender Identity Disorder. Current discussion and proposals have GID being replaced by Gender Dysphoria.

GID defined: A marked incongruence between one’s experience or expressed gender and their natal sex.
So let’s talk surgeries: Are these covered by insurance? Mostly no, unless there is an established medical reason. Back pain for breast reduction, serious issue to perform a hysterectomy.

**FEMALE TO MALE**

**Bilateral Mastectomy:** the removal or reduction of the breasts (also called reduction mammoplasty, or “top surgery”).

**Hysterectomy:** removal of the uterus and sometimes ovaries (also called “bottom surgery”).

**Phalloplasty:** involves constructing a penis from the inner forearm skin (non-dominant side) and vaginal tissue and attaching it to the vaginal area. Does not function sexually without a pump.

**Metoidioplasty:** the creation of a penis by extending the clitoris that has been significantly enlarged by testosterone hormone use.

**MALE-TO-FEMALE**

**Bilateral Orchietomy:** the removal of both testicles, may be performed independently of vaginoplasty to significantly reduce testosterone production. It is less expensive than vaginoplasty.

**Vaginoplasty:** the surgical construction of a vagina through skin inversion.

**Chondrolagectomy:** surgically reducing the tracheal cartilage (the Adam’s apple).

**Facial feminization:** this is a collection of procedures that may include hairline correction, cheek implants, rhinoplasty, brow lift, jaw or chin reconstruction

**Silicone injections:** may be used to feminize the body, including cheeks, buttocks and breasts. This is risky if not done by a trained medical provider. Additionally, if needles are shared to inject silicone, it creates a risk for HIV/HCV transmission.

What do we need to assess after these surgeries? Be aware of the changes that have occurred and those that have not, screen the body parts they have! After a vaginoplasty the patient will still have a prostate and will need to be manually checked for changes. Even if a woman has had breast reduction they may still have breast tissue that needs to be evaluated.

Hormone therapy, no surgeries... So what do hormones do for the transgender patient? Initiates the development of secondary sex characteristics.

HRT is done by giving 2 products, **estrogen** and one of these **two medications**: Spironolactone (Aldactone) a potassium-sparing diuretic used to decrease cardio-vascular volume or Finasteride (Proscar) a med for benign prostatic hypertrophy and male pattern baldness. Both of these meds have a significant side effect/off label use, they bind and block or reduce the action of testosterone. So for the feminizing changes we are looking for to take place, we must do both. It is very strong!

Decreasing testosterone levels allows for lower doses of estrogen to be used, thus minimizing complications/side effects from estrogen therapy.

HRT is rarely covered by insurance companies. Because of the expense, some people purchase hormones without a prescription and use them without medical supervision. Estrogen is easily purchased “on the street” or online.

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Topical applications can rub off on others through direct contact. This may include partners, children and pets.

Increased CV risk – Oral estrogens disrupt the blood clotting pathways in the liver due to the first pass effect. This increases the risk of blood clots (stroke, DVT, PE). It is now recommended that oral estrogen be taken sublingually so that it is absorbed via the sublingual mucosa rather than the GI tract, thus avoiding the first pass liver effect and minimizing the risk of blood clots.

Note: conjugated estrogen (brand name: Premarin) is NEVER recommended for trans women because it has been associated with a much higher incidence of blood clotting in this population.

Cancer – estrogen is pro-growth. Tumors that respond to estrogen will grow faster. Cancer risk increases with prolonged use.

Osteoporosis – increased risk due to: higher smoking rates, poor nutrition as a younger person (can not be compensated for later), any time spent without androgens – this is particularly significant for transwomen who have undergone orchiectomy (depleting testosterone) without immediately starting or already having been on estrogen.
Stone Butch Blues (1993) is considered to be a groundbreaking work of fiction about gender. Feinberg has also written two non-fiction books, Transliberation: Beyond Pink or Blue (1999) and Transgender Warriors: Making History from Joan of Arc to Dennis Rodman (1996).

HRT for Transmen: “...any hormone background” - This is as opposed to estrogen, where a person’s testosterone levels must be decreased in order to maximize the effect of estrogen.

Can a transman become pregnant when on HRT? Yes!
As before, looking for masculinizing effect of Testosterone.

All these complications are significant.


Street Hormones: Because of a lack of competent medical providers, the expense of medication, lack of insurance and other noted barriers to care, many people use “street hormones” without medical supervision. Hormone levels and organ function are not monitored and there is no screening for other risks associated with hormone use. Injectable street hormones use may also create risk for HIV and Hepatitis C infection through needle sharing.

Laboratory Results: Lab values are often altered by hormonal treatment and could be misinterpreted as being abnormal if the wrong norms are used.

Discuss this scenario: A patient comes into the ER, has been taking testosterone without supervision, begins to feel ill and then does not disclose what he has been doing? We draw lab work and see hormone levels sky high, we need to add some of what we know to our screening processes.

Can still get pregnant if on testosterone.

Once HRT is begun the changes are permanent.

Discuss changes that happen to the individual.
Stu Rasmussen: First openly transgender mayor in US. Had a breast augmentation only.

**Passing:** Passing refers to a person's ability to be regarded by others as the gender that they choose to express. This is a concern of many transgender people. It may become more difficult with age as seniors' vision and mobility decrease. Note that you should not assume that all transgender people want to pass as the other gender—some prefer to be androgynous or gender queer.

**Late transition:** Increased concerns regarding personal safety due to increased visibility. The effects of HRT is decreased when started later in life.

How do we support our transgender elders?

Provide participants with How-to checklist for delivering culturally competent care to Transgender elders before moving to next slide.
**Natal Sex:** Be sure to conduct appropriate health screenings. For Female-to-Male trans people, conduct pap smears and breast exams. For Male-to-Female trans people, conduct prostate screenings – the prostate is never removed during Sex reassignment Surgery (SRS). However, a PSA is rarely accurate, especially if the person has been on spironolactone or finasteride. Thus a digital vaginal exam and symptom reviews should be used for prostate cancer screening in this population.

**Hormones:** Educate on the proper use of hormones and risks of street hormones.

**Sexual Orientation:** Educate on safer sex and don’t assume that transgender people are having heterosexual and/or gay sex. Also don’t assume that transgender females aren’t using their penises and transgender males aren’t using their vaginas while having sex.

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**Discuss ways to turn this new knowledge into action that creates a more respectful healthcare climate for trans people**

**Mini-case about Jim**

Provide participants with mini-case handout and allow them 5 minutes to read and discuss with a neighbor. Then call groups together and spend an additional 5 minutes talking about what the pairs discussed. Trainer should focus on aligning comments from participants with the content of this module.
**Slide 42**

Engage participants in a role play to rewind the case about Jim and demonstrate how care providers could handle the situation in a more competent way.


**Slide 43**

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**PRA**

Encourage participants to think about and complete Module 5: Summary and Action Plan

**Slide 44**

- Provide cultural competency training
- Coordinate interpersonal discussion with a member of the Transgender community
- Incorporate gender sensitivity into intake procedures
- Create welcoming environments, affirm identity and become Transgender Allies
SLIDE 45

SLIDE 46

Thank you!
A QUICK HOW-TO CHECKLIST FOR PROVIDING CULTURALLY COMPETENT CARE FOR TRANSGENDER ELDERS

REMEMBER UNIQUE HEALTH CONSIDERATIONS

- Conduct health screenings appropriate for natal sex of patient
  - For Female-to-Male trans people, conduct pap smears and breast exams
  - For Male-to-Female trans people, conduct prostate screenings – the prostate is never removed during Sex reassignment Surgery (SRS). However, a PSA is rarely accurate, especially if the person has been on spironolactone or finasteride. Thus a digital rectal exam and symptom review should be used for prostate cancer screening in this population.

- Educate yourself on the proper use of hormones and the risks of street hormones.
  - Conduct appropriate health screenings for issues related to extended use of HRT among patients who are on HRT

- Educate yourself on safer sex. Don’t assume that transgender people are having heterosexual and/or gay sex. Don’t assume that transgender females aren’t using their penises and transgender males aren’t using their vaginas while having sex.

CONTINUOUSLY WORK TO IMPROVE COMMUNICATION

- Create rapport that allows for self-disclosure by the patient.

- Understand and acknowledge that prior discrimination may deter patient from disclosing information related to transgender health. Work to develop accepting and supportive ways to encourage sharing of appropriately detailed health information.

- Use the chosen name and preferred gender pronouns for a transgender patient.

- Ensure that all members of the healthcare team respect and use the patient’s chosen name and pronouns.

- Work to accept differing styles of gender expression and acknowledge gender fluidity.
MINI-CASE: TRANSGENDER ELDERS MODULE 5

Jim, an able-bodied and independent resident of an assisted-living facility for 10 years, has recently complained of the following symptoms:

- Abdominal pressure, fullness, swelling or bloating
- Pelvic discomfort or pain
- Persistent indigestion, gas or nausea
- Changes in bowel habits, such as constipation
- Changes in bladder habits, including a frequent need to urinate
- Loss of appetite or quickly feeling full
- A persistent lack of energy
- Low back pain.

Jim was treated by more than 10 physicians at his care facility who found no explanation for these symptoms. A nurse assigned to Jim thought his symptoms seemed much like the symptoms recently reported by Harriet, who lived down the hall. The nurse checked Harriet’s chart to discover that she was recently diagnosed with ovarian cancer. The nurse dismissed her initial suspicion since there’s no way Jim could have ovarian cancer. Jim suffered for many months and eventually died, untreated. Upon his death, the facility learned that Jim was a female to male transman.

REFLECTION QUESTIONS

1. What are some things the nurses and doctors at Jim’s facility could have done differently to prevent Jim’s unnecessary suffering at his end-of-life?
2. In what ways might the nursing staff change its practices to prevent something like this from happening again?
3. In what ways might the facility change its policies to prevent something like this from happening again?