

Transgender Older Adults: Critical Preventive Health Care is Needed — SAGE Perspectives Blog

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By Charles P. Hoy-Ellis

As part of the [Aging with Pride: National Health, Aging, and Sexuality/Gender Study](#) (NHAS; PI: [K.I. Fredriksen-Goldsen, PhD](#)), we found that compared to older straight women, older lesbians and bisexual women were less likely to have health insurance or to have had a recommended breast cancer screening within the last two years. Because transgender older adults tend to experience overall more adverse health outcomes and even greater barriers to accessing affordable, high-quality healthcare than non-transgender LGB older adults, [in this study](#) we decided to compare their respective rates of getting eight preventative health-screenings recommended by the U.S. Preventive Services Task Force (USPSF) for Americans aged 50 and older.

Our sample was composed of 165 transgender and 2,349 non-transgender adults aged 50 and older. The transgender participants were statistically younger and more likely to be Hispanic, have less education, and be living at or below 200% of the Federal Poverty Level. We found that transgender older adults are not just less likely but are significantly less likely to have received four of eight of the USPSF recommended preventive health screenings as shown below.

Recommended Screenings	Transgender	Non-Transgender
Mammogram	38%	89%
Pap Smear	26%	82%
Osteoporosis Test	31%	85%
PSA Test	39%	74%

Experiencing chronic discrimination and victimization is stressful, and chronic stress is a major contributor to chronic health conditions such as cardiovascular disease, high blood pressure, and depression. Sexual and gender minorities (SGM), which includes lesbian, gay, bisexual, and transgender (LGBT) people, overall have poorer health outcomes compared straight Americans according to the [National Institutes of Health](#).

The [National Academies of Sciences, Engineering and Medicine](#) have recognized that older transgender adults have some of the most adverse health outcomes of any marginalized populations in America. These poor health outcomes are not the result of any inherent characteristics of being transgender, but arise from the chronic discrimination, victimization, and social marginalization they experience throughout their lives.

In addition, transgender people face numerous barriers in getting the healthcare they need. In our research, we found nearly a third of transgender people have experienced verbal harassment in medical settings, and about 20% have been denied care outright. In addition, 21% haven't told their medical providers that they are transgender, and fully half express concern that their care providers don't know how to provide transgender-specific care. As 66-year-old participant in one of our studies stated: *"Isolation, finding friend support, caregiving and health are the biggest issues older gay persons face. Who will be there for us, who will help care for us without judgment?"* Transgender people also experience economic barriers to getting the care they need as they are more often covered by Medicaid, which directly prohibits gender-affirming care in 14 states.

Research on healthcare for transgender people in general, as opposed to mental health and transition-related care, is still somewhat new in the U.S. Most of what we do know comes from research with younger transgender people, yet it is around the time we turn 50 that many chronic health conditions begin to emerge. Regular preventive health screenings in older adulthood are important for multiple reasons; not engaging in such screenings bear multiple costs. Early detection of chronic diseases and their markers means that they can often be treated sooner, less expensively, and with better outcomes.

Over the next decade, the U.S. Department of Health and Human Services' [Healthy People 2030](#) national plan seeks to improve the health and well-being of all Americans – including transgender older adults. Meeting this goal will require that we address the social determinants of health disparities. Perhaps a key challenge and opportunity is to include transgender experiences and voices in the design and implementation of research related to transgender lives and health, such as the voice of this a 56-year old transgender woman who has participated in our research: *"I have had an overwhelmingly positive experience with my gender transition so far, but I would say that my primary concern about the future is with access to healthcare and potential discrimination as a senior transgender person, especially if the need arises for emergency or long-term care."*

For updates on this groundbreaking study, please connect with us on social media via [Facebook](#), [Instagram](#), and [Twitter](#) or on [our website](#).

Article Details

Utilization of Recommended Preventive Health Screenings Between Transgender and Cisgender Older Adults in Sexual and Gender Minority Communities

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First published online February 3, 2022

DOI: 10.1177/08982643211068557

[Journal of Aging and Health](#)

About the Author



Charles P. Hoy-Ellis, PhD, MSW, LICSW, earned his undergraduate degree in psychology at Seattle University, and his master's degree in clinical/contextual social work and his doctorate in social welfare from the University of Washington, Seattle. Dr. Hoy-Ellis' scholarship focuses on the health and well-being of lesbian, gay, bisexual, transgender, and queer/questioning (LGBTQ+) individuals, families, and communities, particularly midlife and older adults. As a Licensed Independent Clinical Social Worker, he has more than two decades of direct practice experience providing clinical services to the LGBTQ+ community. LGBTQ+ populations experience significant health and mental health disparities due to pervasive structural, individual, and interpersonal heterosexism. Dr. Hoy-Ellis has extensive knowledge of – and experience with these social determinants of health, seeking to develop and implement culturally sensitive interventions that address both upstream and downstream causes of LGBTQ+ health and mental health disparities.

Since 2010, Dr. Hoy-Ellis worked with the first of its kind, federally funded (NIH/NIA) national ongoing, longitudinal project *Aging with Pride: National Health, Aging, and Sexuality/Gender Study* (NHAS), that is following 2,450 LGBTQ+ adults aged 50 and older that is now collecting its sixth wave of data since 2014. After seven years as an Assistant Professor at the University of Utah, College of Social Work, Dr. Hoy-Ellis has returned to the Goldsen Institute at the University of Washington, School of Social Work as a research scientist, where he has taken on the role of Project

Director of Interventions for Underserved Communities.

In addition to housing NHAS and its intervention research unit, the Goldsen Institute also houses the AgePride (Promoting Resilience for Intergenerational Diversity and Empowerment) Center, which focuses on promoting knowledge transfer from basic science and clinical trials to multigenerational practice, services, education, and policy. Dr. Hoy-Ellis is also the Training Coordinator with the AgePRIDE Center, working to provide trainings in a wide variety of educational, healthcare, and social services settings on best practices for providing culturally responsive, evidence-based care for LGBTQ+ older adults.