

*The Trans PULSE Canada project collected survey data from 2,873 trans and non-binary people in 2019. This report presents results from the first national data on health and well-being among trans and non-binary older adults. Older adults reported anticipated discrimination in long-term and home care and, relatedly, a strong desire to age in place.*

# HEALTH AND WELL-BEING AMONG TRANS AND NON-BINARY OLDER ADULTS

The importance of trans-competent care and aging in place



## Highlights

Among trans and non-binary older adults (adults aged 50+):

- 98% viewed aging in place as very or somewhat important. Aging in place means to safely and independently continue living in one's home and community which may be different depending on one's culture. Different health, social, financial, and accessibility support systems and services are important elements that allow people to age in place.
- 53% would be at least somewhat comfortable with living in a long-term care home, compared to 89% who would be at least somewhat comfortable living in a long-term care home specifically for LGBT older adults.
- 63% anticipated discrimination from health care providers.

## Context

With the increasing visibility and acceptance of trans and non-binary people, there is growing attention to the unique experiences and needs of trans and non-binary older adults.<sup>1</sup> Today's trans and non-binary older adults grew up in a historical context of greater transphobia,<sup>1</sup> and continue to experience the cumulative lifetime effects of discrimination from the past and present.<sup>1-4</sup> Their willingness to access quality health care, long-term care, and community care is compromised by fear of mistreatment, discrimination in health care, and the under-education of care providers on trans health issues.<sup>1-3</sup> Previous research suggests that trans older adults have worse general physical health, higher levels of depressive symptomatology, and higher levels of stress compared with cisgender (non-trans) older adults.<sup>2</sup> While social support and community belonging have been found to promote physical and mental well-being, trans and non-binary older adults often report hav-

ing weak social networks.<sup>1-4</sup> In spite of the hardships that sometimes characterize the lives of trans and non-binary older adults, some of the emerging evidence highlights their resilience in persevering through these adversities.<sup>1,4</sup> This resilience helps many trans and non-binary older adults navigate the challenges of aging.<sup>1</sup>

These are unique factors that both promote and restrict the healthy aging of trans and non-binary older adults, yet current research often fails to disaggregate trans and non-binary people from broader LGBTQ+ communities.<sup>1-4</sup> Further, the already limited literature on trans health often focuses on youth.<sup>1</sup> This report provides the first nationwide profile of the health and well-being of trans and non-binary older adults in Canada.

## Trans PULSE Canada

Over a 10-week period in 2019, the Trans PULSE Canada research team collected survey data from 2,873 trans and non-binary people aged 14 years or older and living in Canada. Participants were able to complete the full survey or a 10-minute short form online, on paper, via telephone (with or without a language interpreter), or on a tablet with a Peer Research Associate (only in major cities). The 10-minute short form contained key items from the full survey, and both versions were available in English or French. Participants responding to questions only in the full survey were assigned weights such that their responses reflected the demographic profile of the entire sample, accounting for potential differences between those who opted for the full and short forms. The Trans PULSE Canada survey included questions from Ontario’s Trans PULSE project, questions from Statistics Canada surveys to allow for comparisons to the general population, and questions developed by trans and non-binary people based on community priorities. This report highlights questions developed by the team’s Older Adult Priority Population Team.

## How to Interpret

This report presents results for older adults aged 50+. Of all the Trans PULSE Canada participants, 9% (n =

**Table 1: Distribution of older adults across provinces and territories**

Older Adults Age 50+ n=252 %	
Current province/territory	
Alberta	13
British Columbia	25
Manitoba	2
New Brunswick	2
Newfoundland and Labrador	0.4
Nova Scotia	4
Ontario	42
Prince Edward Island	0.4
Quebec	10
Saskatchewan	2
Northwest Territories	0
Nunavut	0
Yukon	0.4

252) were aged 50 and older: 8% (n = 221) were between ages 50 and 65, and 1% (n = 31) were aged 65 and older.

Although Trans PULSE Canada used multiple approaches to make the survey accessible, it was not possible to conduct a random sample of the trans and non-binary population. Thus, results cannot be assumed to represent true population demographics. For instance, that 9% of participants were aged 50 and older, does not mean exactly 9% of all trans and non-binary people in Canada are aged 50 and older. Because the number of older adults included in the survey was disproportionately small, relative to the share of adults aged 50 and over in Canada’s general population,<sup>5</sup> it is also important to note that the sample may not be representative of the population of older trans adults in Canada.

## Socio-Demographics

Table 1 shows that the largest proportion of older adults who participated in the survey were living in Ontario (42%), followed by British Columbia (25%) and Alberta (13%).

Table 2 presents the socio-demographics of Trans

**Table 2: Socio-demographics**

	Older Adults Age 50+ n=252 %
<b>Gender</b>	
Woman or girl	57
Man or boy	17
Indigenous or cultural gender	2
Non-binary or similar	23
<b>Sexual orientation (check all that apply) <sup>a</sup></b>	
Asexual	10
Bisexual	21
Gay	8
Lesbian	28
Pansexual	20
Queer	24
Straight or heterosexual	15
Two-Spirit	7
Unsure or questioning	6
<b>Relationship status <sup>b</sup></b>	
In a relationship(s)	46
Not in a relationship	54
<b>Indigenous in Canada</b>	
Indigenous in Canada	7
Not Indigenous in Canada	93
<b>Racialization</b>	
Racialized	10
Not racialized	90
<b>Immigration history (lifetime)</b>	
Newcomer (≤5 years)	0.8
Established immigrant (>5 years)	21
Born in Canada	78
<b>Urban/rural <sup>c</sup></b>	
Rural or small town	12
Not rural or small town	88

PULSE Canada's older adult sample. The majority (57%) of older adults identified as a woman or girl. More than half (54%) of older adults were not in a relationship. One in five (21%) identified as "disabled or living with a disability," with 20% identifying as a "psychiatric survivor, mad, or a person with a mental illness", and 24% identifying as living with chronic pain. Of the Trans PULSE Canada sample, 10% of old-

**Table 2: Socio-demographics, continued**

	Older Adults Age 50+ n=252 %
<b>Disability identities (check all that apply) <sup>a</sup></b>	
Autistic	5
Blind	0.4
Crip	0.8
Deaf	1
Disabled or living with a disability	21
Chronic pain	24
Neurodivergent	7
Psychiatric survivor, mad, or person with mental illness	20
Other (not listed above)	7
<b>Education</b>	
< High school	4
High school diploma	7
Some college or university	21
College or university degree	48
Grad/professional degree	19
<b>Employment situation <sup>b</sup></b>	
Permanent full-time	38
Not permanent full-time	29
Not employed or on leave	15
Not employed and student or on leave	17
<b>Personal annual income (past-year)</b>	
None	0.8
< \$15,000	15
\$15,000 - \$29,999	20
\$30,000 - \$49,999	19
\$50,000 - \$79,999	21
\$80,000 +	24
<b>Low-income household (past-year)</b>	
Low-income household	31
Non-low-income household	69

a Participants could select more than one option, so total will be more than 100%.

b These variables were missing for 10% or more of participants.

c Rural and small town includes participants who reported a postal code or forward sortation area for a town or municipality with population <10,000.

er adults were racialized. Although 1 in 4 (24%) trans older adults reported an income of \$80,000 or more, almost 1 in 3 (31%) were living in a low-income household.

## Health & Well-being

Table 3 shows that the majority of older adults reported good health and access to health care. Most had a primary care provider (92%) and had no unmet health care needs in the past year (74%). The majority reported good to excellent general (76%) and mental (73%) health. However, non-negligible proportions reported fair or poor levels of general (28%) and mental (24%) health. This can be contextualized in part by experiences of violence, harassment, and anticipated discrimination. For instance, over the past 5 years, 54% of older adults had experienced verbal harassment. A minority of older adults had experienced sexual harassment (21%), and almost half (44%) of older adults avoided 3 or more types of public spaces such as public transit and public washrooms for fear of harassment or outing. We note that the violence and harassment questions in this survey only examined experiences in the past 5 years. Thus, our results do not directly capture the violence and harassment that older adults may have experienced earlier in life.

The majority of older adult participants had all of their needed gender-affirming care, or were in the process of completing it (47% and 24%, respectively). Barriers to care may explain why these proportions are not higher, even among this older group. Public coverage of gender-affirming care is variable between provinces.<sup>7,8</sup> In Ontario and British Columbia, where two-thirds of our sample resided, there are select services that are still not funded (e.g. voice therapy or surgery).<sup>8,9</sup> There are also procedures that are publicly funded but not available in-province, such as phalloplasty in Ontario. In this case, inter-provincial or international travel is required for access.<sup>8</sup> Thus, the cost of gender-affirming care and associated expenses like travel and accommodation can act as a significant barrier to gender-affirming care, especially for people of lower SES.<sup>10</sup> This is con-

**Table 3: Health and well-being**

Older Adults Age 50+ n=252 %	
<b>Has primary health care provider <sup>a</sup></b>	
Yes	92
No	8
<b>Unmet health care need(s) (past year) <sup>a</sup></b>	
Unmet need	26
No unmet need	74
<b>Avoided emergency room (past year) <sup>a</sup></b>	
Yes	7
No	77
Never needed ER care	15
<b>Gender-affirming medical care status <sup>a</sup></b>	
Had all needed care	47
In the process of completing	24
Planning, but not begun	7
Not planning	11
Unsure whether going to seek care	11
<b>Self-rated health</b>	
Excellent or very good	48
Good	28
Fair or poor	24
<b>Self-rated mental health <sup>a</sup></b>	
Excellent or very good	44
Good	29
Fair or poor	28
<b>Considered suicide (past year) <sup>a</sup></b>	
Yes	17
No	83
<b>Attempted suicide (past year) <sup>a</sup></b>	
Yes	3
No	97
<b>Experienced violence or harassment (past 5 years, check all that apply) <sup>a, b</sup></b>	
Verbal harassment	54
Physical intimidation or threats	28
Physical violence	10
Sexual harassment	21
Sexual assault	9

**Table 3: Health and well-being, continued**

Older Adults Age 50+ n=252 %	
<b>Avoided public spaces for fear of harassment or outing (past 5 years) <sup>a, c</sup></b>	
No avoidance	28
1 or 2 types of spaces	27
3 or more types of spaces	44
<b>Avoidance of specific spaces (past 5 years, check all that apply) <sup>b</sup></b>	
Public spaces	21
Public transit	16
Public washrooms	36
<b>Housing security <sup>a</sup></b>	
Secure	98
Insecure <sup>d</sup>	2
<b>Household food security (past year) <sup>a</sup></b>	
Always had enough to eat	89
Sometimes did not have enough	8
Often did not have enough	3
<b>Usual intensity of pain or discomfort <sup>a</sup></b>	
None	56
Mild	14
Moderate	24
Severe	6
<b>Median (IQR)</b>	
<b>Mean level social support <sup>a, e</sup></b>	
Emotional support	3.25 (2.00)
Tangible support	3.25 (2.50)
<p>a These variables were missing for 10% or more of participants.</p> <p>b Participants could select more than one option, so total will be more than 100%.</p> <p>c Of 14 spaces given as options in survey (e.g., public washrooms, schools, being out on the land, public transit).</p> <p>d Includes living in shelters, motels or boarding houses, temporarily with partners/friends/family, on the street, in a car, or in an abandoned building.</p> <p>e Based on the modified MOS Social Support subscales, where higher numbers represent more social support.</p>	

sistent with our results, which show that the most common barriers to gender-affirming care reported by older adults were the costs of treatment (34%) and travel (21%) (Table 4). Further, 38% of older adults were currently on a waitlist for gender-affirming care.

## Experiences Living in True Gender

Table 5 shows that most older adults (77%) were living day-to-day in their true gender. While generally in the minority, a sizeable proportion of older adults were not “out” to their family, friends, or people at work. For instance, almost 1 in 5 (18%) were not out to any of their immediate family. Further, less than half (43%) of older adults had legally changed their name to reflect their gender.

## Cancer Screening

Contrary to current health recommendations,<sup>11,12</sup> Table 6 shows that 41% of older adults aged 50–69 with cervixes did not have a Pap test within the last three years, and 65% of older adults aged 50–74 did not have a fecal occult blood test in the past two years.

## Health Care Access and Acceptability

Table 7 further highlights access to health care for trans and non-binary older adults. The majority (78%) had insurance that covered at least some of their prescription medication costs. Slightly more than a third of the sample anticipated experiencing discrimination from health care providers (39%), while slightly less reported having ever been refused health care at least once “because of who they are” (27%). Nearly 1 in 4 participants (22%) were repeatedly misgendered by an emergency care provider.

**Table 4: Access to gender-affirming medical care**

	Older Adults Age 50+ n=252 %
<b>Barriers delaying access to gender-affirming care<sup>a, b, c</sup></b>	
Can't afford treatment	22
Can't afford travel to treatment	15
Denied - gender identity/expression	2
Denied - weight	7
Denied - mental health	2
Denied - autism or disability	0
Waitlisted	23
Other (e.g. recovery time, life circumstances, care provider)	19
<b>Had any gender-affirming surgery<sup>a</sup></b>	
Yes	51
No	49
<b>Attempted self-performed gender-affirming surgery<sup>a</sup></b>	
Yes	4
No	96

- a These variables were missing for 10% or more of participants.
- b Participants could select more than one option, so total will be more than 100%.
- c Among participants who wanted gender-affirming care but had not received or completed it yet (n = 59).

## Long-term Care and Community Care: Access and Acceptability

Table 8 shows that it is highly important to trans and non-binary older adults to age in place, with 98% reporting this as very or somewhat important. Trans-competent care, and the expectation thereof, is imperative to trans/non-binary older adults' willingness to access long-term care and community care. Half of older adults (53%) reported being at least somewhat comfortable with the idea of living in a long-term care home, as compared to 89% who said that they would be at least somewhat comfortable

**Table 5: Experiences living in true gender**

	Older Adults Age 50+ n=252 %
<b>Living day-to-day in true gender</b>	
Yes	77
Sometimes	9
No	15
<b>Out to immediate family (parents, caregivers, siblings)</b>	
All or most	72
Some	14
None	10
Not applicable	3
<b>Out to extended family (grandparents, cousins, aunts, uncles)</b>	
All or most	58
Some	12
None	22
Not applicable	7
<b>Out to lesbian, gay, bisexual, or trans (LGBT) friends</b>	
All or most	78
Some	15
None	2
Not applicable	4
<b>Out to non-LGBT friends</b>	
All or most	62
Some	24
None	10
Not applicable	4
<b>Out to current boss, manager, or supervisor</b>	
All or most	49
Some	5
None	19
Not applicable	26
<b>Out to current coworkers</b>	
All or most	42
Some	15
None	18
Not applicable	25



**Table 5: Experiences living in true gender, continued**

Older Adults Age 50+ n=252 %	
<b>Has legally changed name to reflect gender</b>	
Yes	62
No	38
<b>Comfort with being described as “transgender”</b>	
Very or mostly	66
Somewhat	18
Not at all	16

living in a long-term care home specifically for LGBT older adults. Similarly, nearly all older adults (95%) were at least somewhat comfortable with the idea of living in a retirement community for LGBT older adults, compared to 77% that were comfortable with the idea of living in a non-LGBT-specific retirement community. However, the majority of trans and non-binary older adults were confident that home care workers and long-term care workers would be respectful of their gender identity/expression while providing medical care, helping around the house, and helping with transportation. The majority (57%) were confident that home care workers would be respectful of their gender identity/expression while helping them to dress, bathe, or use the toilet, and nearly half (47%) of the older adult sample expected this of long-term care workers. With respect to home care, only 13% of older adults had ever accessed it, although 28% reported having ever needed it.

## Conclusion

This report represents, to our knowledge, the first quantitative study examining the issues and experiences of trans and non-binary older adults in Canada and the issues they face. Participants in our sample generally reported good health and access to general and gender-affirming care. Most were living day-to-day in their true gender, which is critical to ensuring that trans and non-binary older adults can age well.<sup>4</sup>

**Table 6: Cancer Screening**

Older Adults n=252 %	
<b>Most recent Pap test<sup>a, b</sup></b>	
< 3 years ago	58
> 3 years ago	33
Never	8
<b>Most recent mammogram<sup>b, c</sup></b>	
< 3 years ago	28
> 3 years ago	16
Never	56
<b>Most recent fecal occult blood test (FOBT)<sup>b, d</sup></b>	
< 2 years ago	36
> 2 years ago	28
Never	37
<div>a Among participants aged 50-69 assigned female at birth who have a cervix.</div> <div>b These variables were missing for 10% or more of participants.</div> <div>c Among all participants aged 50+.</div> <div>d Among participants aged 50-74.</div>	

However, trans older adults may avoid participating in research surveys due to anticipated stigma, which may stem from having lived in a historical context with greater transphobia.<sup>1</sup> Moreover, this report, as with previous research involving trans older adults,<sup>3</sup> presents data for older adults as a group which may not reflect experiences across multiple marginalizations. In the broader all-age Trans PULSE Canada sample, some marginalized groups such as racialized minorities may have been underrepresented, and results in this report may not accurately reflect the severity of unmet health and social care needs and other issues in these communities.

A notable proportion of the older adults still reported having unmet health needs (26%), fair or poor general (24%) and mental (28%) health, experiences of violence and harassment (9%–54% across various forms), and public space avoidance due to anticipated stigma or harassment (71%). Social support, which facilitates healthy aging,<sup>1-4</sup> may have also been limited for those that were not out to their immediate (18%) or extended (32%) family, or to people at work

**Table 7: Health care access and acceptability**

	Older Adults Age 50+ n=252 %
<b>Distance to primary health care provider <sup>a</sup></b>	
Within city, town, or township	78
Another city in province/territory	22
<b>Insurance covers some prescription medical costs <sup>a</sup></b>	
Yes	78
No	21
Unsure	0.5
<b>Anticipate discrimination from health care providers <sup>a, b</sup></b>	
Strongly agree or agree	39
Neither agree nor disagree	25
Strongly disagree or disagree	36
<b>Ever been refused health care <sup>a, b</sup></b>	
More than once	11
Once	16
Never	73
<b>Experiences with emergency care providers <sup>a, c, d</sup></b>	
Repeatedly misgendered	22
Refused or ended care because participant was trans/non-binary	2
Refused to discuss trans/non-binary related health concerns	4
Told participant that they were not really trans/non-binary	0.8
Said they didn't know enough about trans/non-binary related care to provide it	6
Refused to examine parts of body	3
Insisted on examining parts of body that were not relevant to care	3
<p>a These variables were missing for 10% or more of participants.</p> <p>b Discrimination occurred "because of who you are."</p> <p>c Among participants who went to the emergency room for their own health while living in their true gender in the past 5 years.</p> <p>d Participants could select more than one option, so total will be more than 100%.</p>	

**Table 8: Aging-related care: access and acceptability**

	Older Adults Age 50+ n=252 %
<b>Has someone to advocate for respect of gender identity/expression to care providers <sup>a</sup></b>	
Yes	71
No	29
<b>Importance of aging in place <sup>a</sup></b>	
Very or somewhat important	98
Not very or not at all important	2
<b>% At least somewhat comfortable with following living arrangements if no longer able to live independently <sup>a, b</sup></b>	
With family (e.g. partner, siblings, children)	75
With chosen family	81
Retirement community	77
Retirement community for LGBT older adults	95
Long-term care home	53
Long-term care home for LGBT older adults	89
<b>Avoided using home care services by: <sup>a, b</sup></b>	
Relying on family	8
Relying on chosen family	3
Handling it by one's self	22
Other	0.5
None of the above	66
<b>Unmet home care need (past 12 months) <sup>a</sup></b>	
Yes	7
No	93
<b>Ever been denied home care due to gender identity or expression <sup>a</sup></b>	
Yes	1
No	27
Has never needed home care	72
<b>Ever used home care <sup>a</sup></b>	
Yes	13
No	87
<b>Confident that home care workers would be respectful of gender identity/expression while: <sup>b, c</sup></b>	
Helping to dress, bathe, or use the toilet	57
Providing medical care	77
Helping around the house	81
Helping with transportation	80



**Table 8: Aging-related care: access and acceptability, continued**

Older Adults Age 50+ n=252 %	
<b>Confident that long-term care workers would be respectful of gender identity/expression while:</b> <sup>b, d</sup>	
Helping to dress, bathe, or use the toilet	47
Providing medical care	66
Helping around the house	70
Helping with transportation	69
<sup>a</sup> These variables were missing for 10% or more of participants.	
<sup>b</sup> Participants could select more than one option, so total will be more than 100%.	
<sup>c</sup> Among those who have never used home care (n=164).	
<sup>d</sup> Among those who have never stayed in long-term care (n=187).	

(20%–25%). Finally, a sizeable proportion of our sample was not confident that home care workers (20%–43%) and long-term care workers (31%–53%) would be respectful of their gender identity/expression while providing various services. This may in part explain their strong desire to age in place (98%), and strong preference for LGBT-specific long-term care (89% vs. 53%) and retirement communities (95% vs. 77%) over non-LGBT-specific services.

Future research should aim to recruit a broader diversity of trans and non-binary older adults. It should continue an intersectional approach to examine how long-term, in-home, and general health care can be made more trans-inclusive. Future research should also consider the distinct needs of trans and non-binary older adults who occupy additional marginalized social positions, such as those who are racialized. Strategies that trans older adults use to remain resilient and methods to strengthen social networks should be investigated with the goal of developing population-specific intervention programs.

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