



Aging With Dignity

A Policy Report on Aging Trans People in Los Angeles



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The Diamonds

noun

/ˈdi(ə)mən(d)s/

Members of our CEET program that display the strength and resilience of aging trans individuals.



Acknowledgments

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Citation

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¹ Diamonds refers to participants of the leadership development component under the CEET program at TLC.

Executive Summary

Transgender older adults in the United States face unique challenges within the context of aging compared to their cisgender peers. However, as the estimates of the nation-wide transgender older population are still small, let alone at the state level, it becomes more difficult to analyze these specific needs and challenges in comparison to other groups based on age and gender identity. This study embraced a social determinants of health (SDOH) framework, and a research-action methodology, to gather first-person accounts from 29 aging transgender women between 39 to 82 years old to understand what are the conditions that affect the quality-of-life outcomes and risks for older trans women in Los Angeles County. Through a one-year action-research project with a cohort of participants called “The Diamonds”, we held a focus group with 11 of them, 6 individual interviews, and 15 advocacy-training activities on an agenda of priorities set by them. What this report wants to highlight are the social determinants of health which can influence health equity in positive and negative ways and how The Diamonds think through them to propose policy recommendations favoring aging transgender adults. Overall, we found that the aging transgender community in the county of Los Angeles is facing challenges around: 1) economic stability and retirement insecurity; 2) educational disadvantages and vocational training needs; 3) barriers to healthcare access tailored to trans aging populations; 4) housing insecurity; and 5) limited opportunities for social integration.

In this assessment of social determinants of health for aging transgender people, all of the program participants (100%) identified as trans women. All of them were people of color, almost all of them were Latina/Hispanic (89.7%), two were Black (6.9%) and one was AfroLatina (3.4%). Out of 29 participants, three were under 50, two thirds were between 50 and 64 (62.96%), and a quarter was over 65 years old (25.93%). Most of them (92.6%) reported earning less than \$10,000 per year, while only one person (3.7%) reported earning between \$10,000–\$20,000 a year, and one (3.7%) reported earning between \$20,000–\$50,000 a year. A third of them (33.3%) live with HIV, while the rest (66.7%) did not. All participants lived in a neighborhood in Los Angeles County, 16 different ones in total. From those who disclosed their specific zip codes (27 out of 29) almost a fifth lived in Hollywood (19.2%), followed by those living in Van Nuys (15.4%).

In the focus group, all 11 participants (100%) identified as trans women, Hispanic/Latina, and living under \$10,000 a month. Out of the total, 9 also reported additional sociodemographic information. Around half of them were between 39–64 years old (55.55%) and the rest were 65 or older (44.44%). Only two of them (22.2%) were living with HIV, while the rest were not (77.8%). A third lived in Hollywood (33.33%), and the remaining Diamonds lived in 7 different neighborhoods.

In the interviews, 5 out of 6 of them were Latina trans women, and one was a Black trans woman. Two of them were living with HIV, and 5 of them were living under \$10,000 a year (one was living with \$20,000–\$50,000 a year). Four of them were over 60, and two were in their 50s. Two of them lived in Hollywood, while the rest lived in different neighborhoods: Van Nuys, Hancock Park, Mid-Wilshire, and Los Feliz. Three interviews were conducted in Spanish and three in English.

Findings Around the Social Determinants of Health

1. Economic Stability

- a. **Limited Employment Opportunities and Retirement Insecurity:** Aging trans women in Los Angeles face retirement insecurity due to limited employment opportunities through their lifetimes, often leading to reliance on precarious jobs. Lack of tax payment by employers throughout their life left them without options for accessing health insurance, forcing them to manage medical emergencies with limited savings.
- b. **Housing Instability and Rent Burden:** Housing insecurity remained a critical issue for aging trans women, even those in rent-controlled housing. Rising costs and limited support programs force them to spend a substantial portion of their income on housing, leaving little for other necessities like healthcare. Also, limited flexibility in supportive programs like Section 8 hampers aging trans women’s ability to navigate their housing needs effectively. The absence of community-building opportunities exacerbates social isolation.
- c. **Poverty as a Barrier to Healthcare Coverage:** Poverty served as a barrier to accessing appropriate healthcare coverage, limiting the choice of healthcare providers. Despite having Medical or Medicare, aging trans women often faced rejection from certain healthcare facilities due to their low-income status.



2. Education Access and Quality

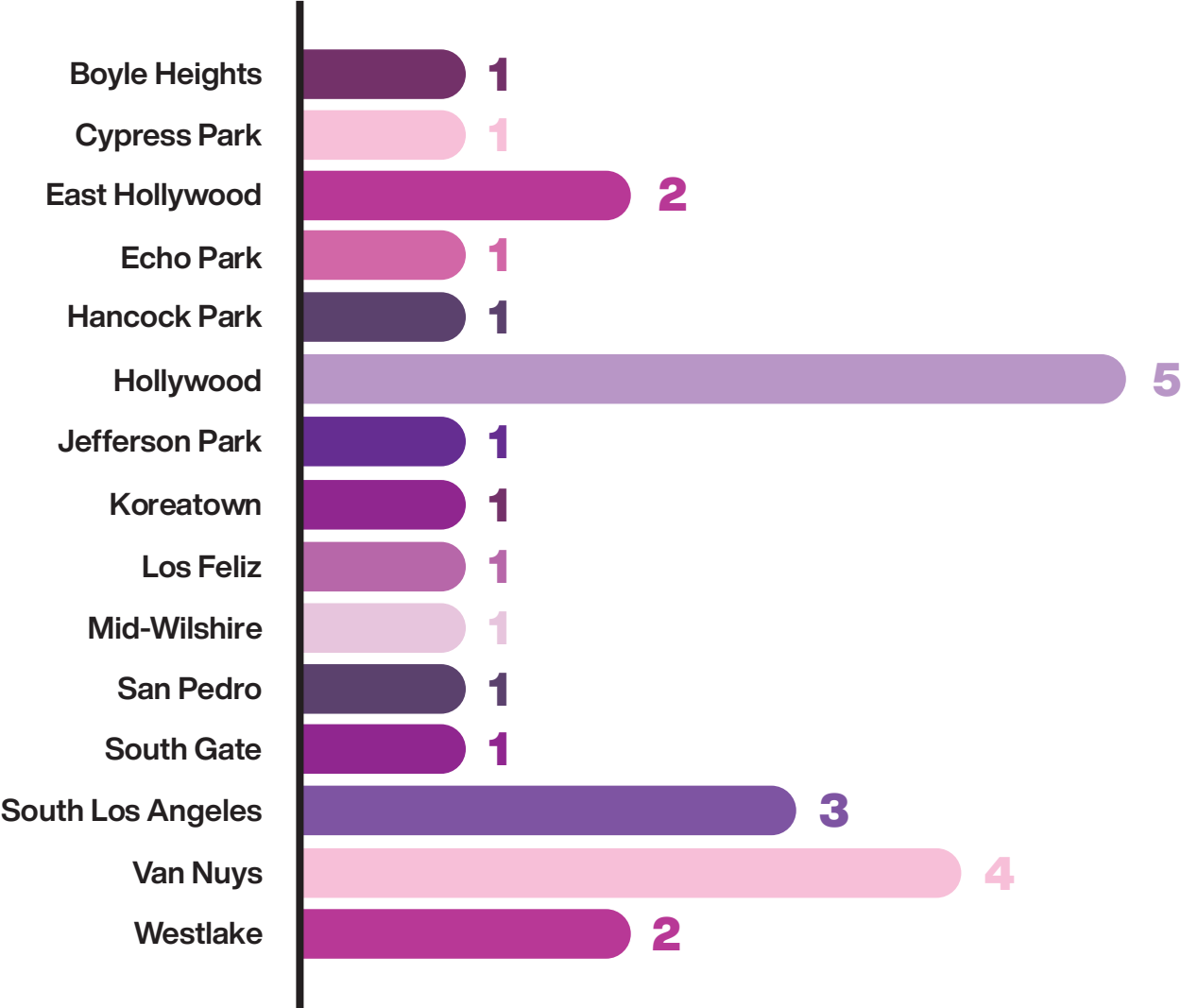
- a. **Limited Educational Opportunities and Economic Impact:** Aging trans women faced systemic discrimination in education due to their gender identity and other intersecting identities. Limited access to quality education restricted their career options, leading many to manual labor, sex work, or nightlife entertainment, perpetuating economic instability. Lack of education also hindered their ability to access stable employment, leaving them without sustainable income and impeding their access to healthcare services.
- b. **Importance of Vocational Training:** Vocational training emerged as a critical solution for aging trans women, providing them with essential skills to generate income despite limited formal education. Many individuals found economic empowerment through vocational skills such as sewing, enabling them to secure employment opportunities.
- c. **Advocacy for Educational Attainment:** Advocacy efforts among aging trans women emphasized the importance of increasing educational attainment and retention for younger generations of trans people. The Diamonds envisioned these initiatives as a way to break the cycle of discrimination and economic vulnerability by providing better educational opportunities in the future.

3. Health Care Access and Quality:

- a. **Obstacles to Timely Use of Health Services:** Aging trans individuals faced significant barriers in accessing timely health services due to reduced mobility, and necessitating assistance for medical procedures and aftercare. Also, outreach programs and at-home care were crucial for aging trans adults, especially those with chronic health conditions. Many trans individuals are isolated, with limited community support, making it difficult for them to access medical services. Finally, healthcare providers often lack understanding of the specific medical needs of trans aging people, leading to inadequate care. Trans individuals faced discrimination and impatience from healthcare providers, hindering their ability to access necessary and time-sensitive treatments.
- b. **Challenges in Accessing Primary Care:** Complex bureaucratic procedures and lack of information created hurdles for aging trans people trying to access primary care using their insurance, mostly through Medicare and Medicaid services. Many trans individuals have limited financial resources, making premium-free services a necessity. However, understanding the procedures and overcoming discrimination based on gender identity and immigration status posed significant challenges.
- c. **Historical Lack of Healthcare Literacy and Unmet Medical Needs:** Transgender individuals, especially in the past, faced a lack of healthcare literacy and limited medical benefits tailored to their specific needs. Historical gaps in understanding and providing appropriate healthcare services have resulted in unmet medical needs among aging trans adults with consequences in their current health status.



Neighborhood of Residence



4. Neighborhood and Built Environment

- a. **Limited Access to Nutritious Foods:** Aging transgender women face challenges accessing foods that support healthy dietary patterns. Economic constraints force some to rely on food pantries where options are often unbalanced, lacking essential nutrients like vegetables, fruits, and lean meat. Limited resources lead individuals to adapt to available food, even if it lacks nutritional balance. Processed grains and high-calorie items are prioritized due to affordability, leading to unbalanced diets.
- b. **Long-lasting Trauma:** Many aging transgender women carry trauma from the environment they experienced during their youth due to violence and discrimination. Forced incarceration, loss of friends, and family rejection contribute to ongoing mental distress and physical pain.
- c. **Affordability Challenges:** Affordable housing was reiterated as a crucial topic for the well-being of aging transgender adults. Government assistance programs like Section 8 are often the only means to secure stable housing. However, market prices and limited availability pose significant barriers to using the vouchers that come with housing programs. The Diamonds found that stable housing situations are vital for overall health and well-being.

5. Social and Community Context:

- a. **Civic Participation:** Aging trans adults recognized the importance of actively participating in civic activities such as protests and public processes. They also advocate for providing opportunities for younger individuals to express their needs and ideas, fostering a cohesive community. Among activities they were part of and want to continue engaging with are supporting legal reforms, attending public hearings, and continuing advocacy training tailored to specific needs of aging trans adults.
- b. **Social Cohesion:** The Diamonds emphasize the significance of social and instrumental support. They advocate for community connections to counteract negativity and aggression post-COVID, emphasizing the need to heal, care for one another, and combat social isolation. There is a need to actively engage in community-building efforts, like providing support to neighbors and fellow community members, to foster social cohesion and strengthen the overall well-being of the aging trans community.

Introduction



There is a global consensus that the monitoring of social determinants of health equity is critical to reduce gaps between communities and groups of people. The World Health Organization identified at least 10 social determinants of health, which can influence health equity in positive and negative ways, and can be more important than health care or lifestyle choices in influencing health.² In the United States, the Office of Disease Prevention and Health Promotion, from the U.S. Department of Health and Human Services (DoH), is not only committed to the Healthy People 2030 Agenda,³ but also identified five domains in which the conditions in the environments where people are born, live, learn, work, play, worship and age affect a wide range of health, functioning, and quality-of-life outcomes and risks: 1) economic stability; 2) education access and quality; 3) health care access and quality; 4) neighborhood and built environment; and 5) social and community context. Some examples of SDOH grouped in these domains include safe housing, transportation and neighborhoods; racism, discrimination and violence; education, job opportunities, and income; access to nutritious foods; and language and literacy skills.⁴

² World Health Organization, "Social Determinants of Health," World Health Organization, 2023, <https://www.who.int/health-topics/social-determinants-of-health>. <https://www.who.int/health-topics/social-determinants-of-health>World Health Organization.

³ OASH, "Healthy People 2030," U.S. Department of Health and Human Services, 2023, <https://health.gov/healthypeople/priority-areas/social-determinants-health>.

⁴ OASH, "Social Determinants of Health," U.S. Department of Health and Human Services, 2023, <https://health.gov/healthypeople/priority-areas/social-determinants-health>.

Specifically, the Department of Health (DoH) recognizes that the DOH has a major impact on our health, well-being, and quality of life as we age. Research shows older adults with lower incomes are more likely to die younger.⁵ Also, social isolation and loneliness are associated with a higher risk of mental and physical health problems in older adults, while having positive social relationships can help people live longer and healthier lives.⁶ More importantly, around 80% of older adults struggle to use medical documents,⁷ which makes it harder for them to make well-informed health decisions. Finally, research shows that as mobility decreases with age, older adults report more problems with walking and climbing stairs, thus the U.S. government recognized the need for accessible neighborhoods and a built environment for people.⁸ However, none of these studies on SDOH address differences based on gender identity/expression.

Current estimates show that in the United States, there are approximately 766,500 adults between 25-64 years old who identify as transgender (0.45% of all transgender adults 18+), and 171,700 adults over 65 years old (0.32% of all transgender adults 18+). Specifically, in California there is an estimate of 105,100 adults between 25-64 years old (0.40% of all transgender adults in California), and 19,500 older adults 65+, who represent 0.34% of all older transgender adults in the state.⁹ There is some research about transgender adults in the US that fall within each of the 5 domains of SDOH listed by the DoH, but there is no data that specifically address older adults 65+.

⁵ David Brady, Ulrich Kohler, and Hui Zheng, "Novel Estimates of Mortality Associated With Poverty in the US," *JAMA Internal Medicine* 183, no. 6 (June 1, 2023): 618–19, <https://doi.org/10.1001/jamainternmed.2023.0276.111>, no. 4 (April 2021): 726–29, <https://doi.org/10.2105/AJPH.2020.306099>.

⁶ Committee on the Health and Medical Dimensions of Social Isolation and Loneliness in Older Adults et al., *Social Isolation and Loneliness in Older Adults: Opportunities for the Health Care System* (Washington, D.C.: National Academies Press, 2020), <https://doi.org/10.17226/25663>.

⁷ Mark Kutner et al., "The Health Literacy of America's Adults: Results from the 2003 National Assessment of Adult Literacy" (Washington, D.C.: U.S. Department of Education, September 6, 2006), <https://nces.ed.gov/pubsearch/pubsinfo.asp?pubid=2006483>.

⁸ Administration for Community Living, "2021 Profile of Older Americans" (Washington, D.C.: U.S. Department of Health and Human Services, November 2022), https://acl.gov/sites/default/files/Profile%20of%20OA/2021%20Profile%20of%20OA/2021ProfileOlderAmericans_508.pdf This link is external to health.gov.

⁹ Jody L. Herman, Andrew R. Flores, and Kathryn K. O'Neill, "How Many Adults and Youth Identify as Transgender in the United States?" (The Williams Institute, June 2022), <https://williamsinstitute.law.ucla.edu/publications/trans-adults-united-states/>.

For domain 1 (economic stability), researchers found higher unemployment rates than the national U.S. population among transgender adults during the pandemic, and high numbers living below 200% of the poverty line in 2020.¹⁰ For domain 3 (health care access and quality) researchers identified that a larger share of transgender adults (18+) are uninsured and report barriers to care due to cost than cisgender adults.¹¹ For domain 4 (neighborhood and built environment), researchers found in 2017–2018 that transgender people (16+) are victimized over four times more often than cisgender people, and victimization is violent at higher rates among trans people in comparison to cisgender people.¹² Finally, for domain 5 (social and community context), research shows that more transgender adults report being treated with less courtesy or respect than their cisgender heterosexual counterparts in various spaces between 2016 – 2018 in the U.S.¹³ Also, research from 2015 found that there were 294,800 transgender adults living alone, which can increase isolation and certain risks.¹⁴ Further research needs to focus on specific needs of adults 65+ and differences with other age cohorts.



¹⁰ Jody L Herman and Kathryn K. O'Neill, "Vulnerabilities to COVID-19 Among Transgender Adults in the US" (The Williams Institute, April 2020), <https://williamsinstitute.law.ucla.edu/wp-content/uploads/Trans-COVID19-Apr-2020.pdf>.

¹¹ Wyatt Koma, Amrutha Ramaswamy, and 2020, "Demographics, Insurance Coverage, and Access to Care Among Transgender Adults," KFF (blog), accessed October 6, 2023, <https://www.kff.org/health-reform/issue-brief/demographics-insurance-coverage-and-access-to-care-among-transgender-adults/>.

¹² Andrew R. Flores et al., "Gender Identity Disparities in Criminal Victimization: National Crime Victimization Survey, 2017–2018," *American Journal of Public Health* 111, no. 4 (April 2021): 726–29, <https://doi.org/10.2105/AJPH.2020.306099>.

¹³ Koma, Ramaswamy, and 2020, "Demographics, Insurance Coverage, and Access to Care Among Transgender Adults."

¹⁴ Herman and O'Neill, "Vulnerabilities to COVID-19 Among Transgender Adults in the US."

Methodology

The TransLatin@ Coalition developed The Center of Excellence for Elderly Trans (CEET) Program. The CEET program was created as an effort to understand and address the specific needs and issues of aging Transgender women and nonbinary people. One of the proposed components of the CEET program was to develop the leadership of aging TGI people in addressing barriers to accessing coordinated care, increasing advocacy skills, and advocating to improve their quality of life overall. Our CEET leadership development group decided to name this group The Diamonds to reflect the pressures they faced that led them to be a shining gem of wisdom to our community through their experiences and survival. From April 2022 to April 2023, an initial cohort of 14 Diamonds, which then expanded to 29, were recruited and trained by The TransLatin@ Coalition's Policy Department. All of the participants are recurrent users of the organization's services and expressed interest in getting involved with the program.

In July 2022, the Policy Department conducted a focus group of aging transgender participants. The focus group was led by co-facilitators from the TLC, who have previously worked with The Diamonds. The group was conducted in Spanish and English, with consecutive translation to Spanish. The focus group lasted about 2 hours, including sharing refreshments. The participants were asked 11 questions around important issues in their lives as aging transgender women, which agenda priorities they could identify, and more specific questions related to the 5 domains of SDOH: safety and security, retirement, savings and social security, community and social networks, income and healthcare needs.

The focus group was recorded, transcribed, and coded using NVivo. The transcript was reviewed and edited by an external consultant, and then coded using a coding matrix based on the SDOH domains explored in the focus group. The initial approach to the transcript was thematic analysis to identify the topics The Diamonds consider a priority, and to see if they match with the current SDOH set by the DoH, and if any additional domain should be included. Then, content analysis was used to identify the specific challenges aging transgender women adults in the Los Angeles are facing, and which are some policy priorities they want to be addressed. The coding is also done with attention to differences among participants by age. Quotes were anonymized to protect participants' privacy.

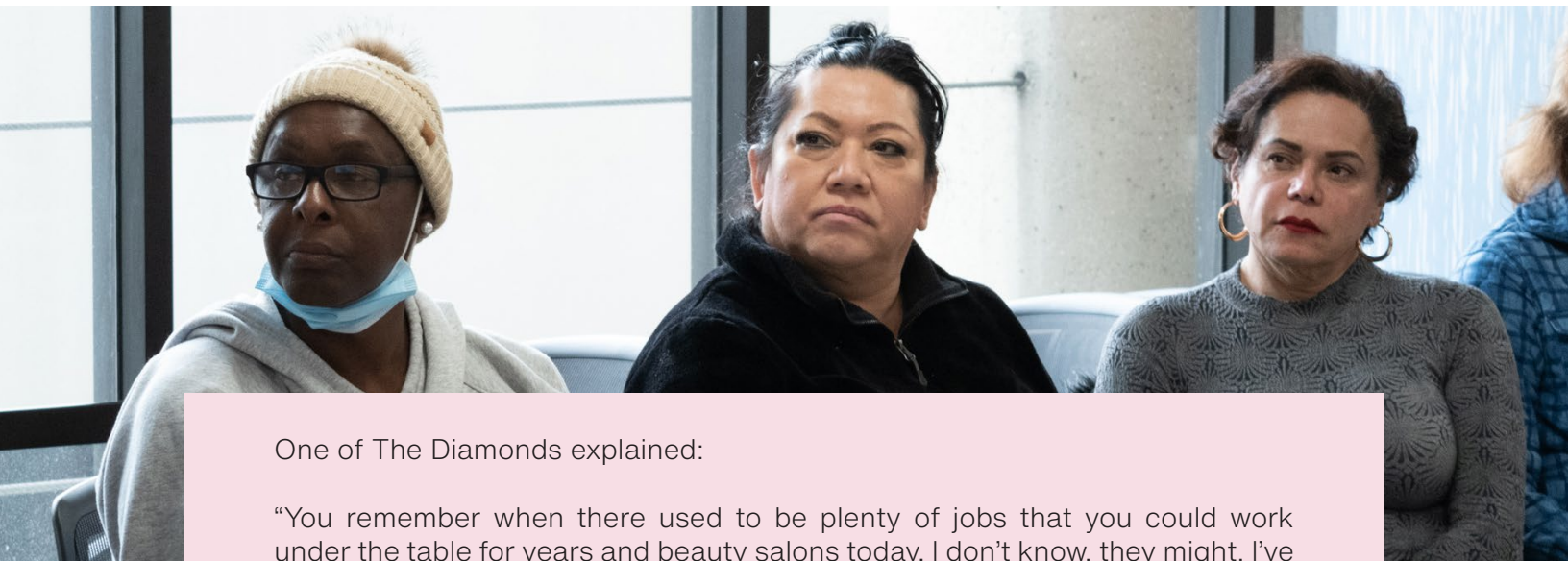
Between January and July 2023, the Communications Department conducted interviews with six Diamonds. The interviews took place fully in Spanish (3), English (2), or both (1). Interviews lasted between 45 min. to 1 hr 30 min. The Communications Department transcribed the interviews and they were analyzed by an external consultant using NVivo. The same process was followed for the interviews as for the focus group in terms of coding and analysis.

Through that year, the Policy Department led 5 workshops and listening sessions, and 8 activities of on-the-ground advocacy in the city and county of Los Angeles with The Diamonds. All activities targeted an agenda on advocacy and policy literacy, as well as reflecting on specific needs for aging trans populations. Through participant observation, the co-facilitators from the TLC took fieldwork notes about the sessions and advocacy activities. These helped inform additional details from the findings that are reported.

Findings

1. Economic Stability

None of The Diamonds mentioned being actively working at the time of the focus group, and at least half of them discussed being retired. One of them was living with a disability and could not work anymore. Most of The Diamonds agreed a long-term effect of employment opportunities was retirement insecurity due to the type of jobs they could secure, if they could secure employment at all. The lack of tax payment by multiple employers of The Diamonds had led them to face medical emergencies in their elderly years without any access to health insurances, and managing through with their savings.



One of The Diamonds explained:

“You remember when there used to be plenty of jobs that you could work under the table for years and beauty salons today. I don’t know, they might, I’ve been retired for 20 something years, but you didn’t have to show an income tax. I worked in a beauty salon for years and didn’t even know what the owners would say. Sign this, for the income tax, sign this and it would take care of your tax. When I was a showgirl [it was] the same thing. The bartender, the owners would say sign this, [they] would take care of the taxes and everything. So all these years ... I never knew there was a red, red, white and blue card for Medicare.”

All The Diamonds are currently housed, and all of them agreed some of the grievances they discussed are not necessarily experiences they are going through at the moment as aging transgender women. However, all of them also agree rent support is a priority for other transgender people as they age due to the high prevalence of housing insecurity. They recognize current government aid is not enough, and that access to rent control housing is very limited. Even with caps to rent costs, most of The Diamonds acknowledge the cost of living continues to increase in the city, while the stipend they get along with rent support makes them severely cost burdened. Two of them mentioned they spend more than 50 percent of their income on housing, leaving them with little left over each month to

spend on other necessities, like health care. Specifically, it limits their possibility to cover medical bills and medication as aging people.

One of The Diamonds explained:

“En realidad yo sigo obstinada con mi salud y que no suba más la renta, es eso. Es que la renta va subiendo. Necesitamos apoyo para la renta. Y la pensión sigue lo mismo, y no va a subir la pensión. Es muy poco. El costo de vida sube y la pensión siempre está estancada. Estuvo estancada por muchos años, y lo que ha subido en los últimos años es muy poco al costo de vida. Mientras, el dueño te sube la renta, y eso que yo vivo en control de renta. ¿Imagina la gente que no vive en control de renta?”

In fact, I am still concerned about my health and the fact that the rent is not going up any more, that's all. It's just that the rent keeps going up. We need income support. And the pension remains the same, and the pension is not going to go up. It is too little. The cost of living goes up and the pension is always stagnant. It has been stagnant for many years, and what has gone up in the last few years is very little in relation to the cost of living. Meanwhile, the landlord raises your rent, and I live in rent control. Imagine the people who don't live in rent control?

Some of them specifically mentioned being part of the Section 8 program. However, they explained there is little flexibility to switch to other programs that may be more supportive. Also, there are no possibilities to build community with other trans people in need. One of them mentioned trying to support an undocumented trans migrant, and being forced to pay an additional cost for rent, without a possibility to negotiate or look for other rent options.

Poverty represents an additional barrier to better healthcare outcomes for The Diamonds, as it limits which healthcare coverage they can get. Most of The Diamonds have Medical or Medicare due to their low income, but not every healthcare provider will take those insurances. Thus, The Diamonds' economic situation became a barrier to access certain procedures in a timely manner.

One of them reported that:

“Sí, afortunadamente tengo el Medical que me ayudaba, pero también no me ayudaba porque desgraciadamente yo vivía en West Hollywood y mi hospital era el Sinaí. Y en el Sinaí me decían ‘no, nosotros no queremos pobres, definitivamente el Medical no.’ O sea, me atendían en emergencia, pero para quedarme en el hospital me decían ‘váyase al General’”

Yes, fortunately I have the Medical that helped me, but it also didn't help me because unfortunately I lived in West Hollywood and my hospital was Sinai. And at Sinai they told me “no, we don't want poor people, definitely not Medical.” In other words, they would take care of me in the emergency, but to stay in the hospital they would tell me “go to the General”.



2. Education Access and Quality

In several events The Diamonds participated in, they had a shared experience of limited opportunities through their life to pursue higher education. These narratives took two pathways: advocating for projects that increase educational attainment and retention of younger generations of trans people – so they have better chances of economic security than them –, and vocational training for aging trans adults. Several Diamonds traced the impact of education trajectories on their health: being trans meant, for all of them, being discriminated against by their families and the educational system. Without access to education, many of them could only access manual hazardous jobs, sex work, and the nightlife entertainment industry. Without a stable and sustainable income, many of them could not access healthcare services or medical insurance, leaving unattended chronic health issues throughout their lives. Educational opportunities also impact medical literacy, as one of The Diamonds narrated: without schooling, she couldn't access digital services and read them.

In an interview, one of The Diamonds said:

“At a young age I didn't have a good education. I didn't have education because segregation was going on and being gay, trans, black, it was all hard [...] My mother ... she was hard on me and things were hard [...] Why do you think I'm right here? I just don't have any education. I'm too old to get some education anyway, but I don't have one. You understand? The only thing I knew was prostitution and shows, nightclubs, night scenes, being in the nightclubs. I'm not ashamed that I've done it because I did it to survive [...] I'm not saying I'm the dumbest, but I'm not ... I wish I had an education to go with it. I don't even know how to use the phone. I don't know anything about this new technology. I don't text.”

During the focus group all The Diamonds agreed about the need for vocational training for aging trans adults. During one of the advocacy training to brainstorm concept proposals about the Care First Community Investment, a fund by the Los Angeles County for alternatives to incarceration and for direct community investments, vocational training was also a priority for half of them. Due to their life stories, learning a trade allowed several of them to generate some sort of income despite their educational background. One Diamond who immigrated from Mexico to the US, and whose family made her work from a young age to economically contribute to the household, narrates sewing helped her survive economically when she arrived in the US. However, economic exploitation is a common reality aging trans women face through their years in the active labor force because of their gender identity.

As one of them narrated:

“... todo el dinero me quitaban mis padres, así que no me dejaban dinero. Y trabajé allá en México. Allá tuve una tía que te digo que ella sabía de mí y me apoyó mucho, me enseñó todo lo que sabía. Creo que hasta me hice más buena que ella, porque al final se fue ella y me pusieron en su lugar. Me vine para acá y aquí, gracias a Dios mira, ahorita ya tengo 40 años acá, ya no tengo problemas, tengo algún problemita y me voy a la Broadway y pido trabajo y me dicen “¿sabes hacer eso?”, y les digo “pues ponme a prueba”, y les hago lo que me están pidiendo, porque sé hacer de todo. Sé poner bolsas, sé poner cuello, sé poner las mangas, sé poner todo, zippers, y antes pagaban de a centavos. Pero pues aprendí [...] Lo que soy, soy muy tonta para cobrar. Yo porque les tengo confianza [...] les digo “lo que me quieras dar”, pero yo pienso que son conscientes que dicen “pues si allá me cobran \$8, \$10”. Me van a dar \$4, \$5 ... me dan \$2.”

... all the money my parents took from me, so they didn't leave me any money. And I worked there in Mexico. There I had an aunt who, I tell you, she knew about me and supported me a lot, she taught me everything she knew. I think I even became better than her, because at the end she left and they put me in her place. I came here and here, thank God, look, now have been here for 40 years, I have no more problems, if I have a little problem, I go to Broadway and ask for a job and they tell me “Do you know how to do that?”, and I tell them “Well, test me”, and I do what they are asking me, because I know how to do everything. I know how to put on bags, I know how to put on collars, I know how to put on sleeves, I know how to put on everything, zippers, and before they paid pennies. But I learned [...] What I am, I am very stupid to charge. Because I trust them [...] I tell them “whatever you want to give me”, but I think they are aware and they would say “well, if they charge me \$8, \$10, I will give her \$4, \$5”... they give me \$2.



3. Health Care Access and Quality

Access and quality health care was the most recurrent topic among The Diamonds where they found obstacles. All of them agreed this was the priority area, and half of The Diamonds expressed specific concerns about different areas of health. Their biggest concern was the timely use of personal health services to achieve the best possible health outcomes. Specifically, they explained it is hard to access these services due to mobility issues. They all agreed reduced mobility due to aging makes it harder to take public transportation to healthcare services, and that certain medical procedures require additional care or a chaperone. These obstacles deter them from seeking help.

As narrated by one Trans Latina above 65 years old:

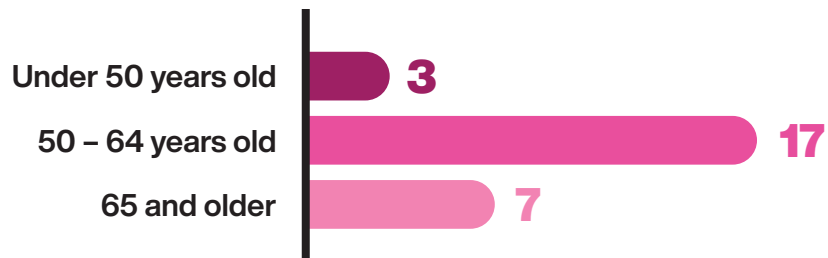
“You know that when you go to the hospital, you’re going to a doctor, and they put you in all that, you know, the drugs, and then you need somebody to guide you home. I did some surgeries, and you really need an assistant the first day after you come from the anesthesia ... I had asked someone in the office if there was aftercare, and they said it cost \$500 per person ... Some doctors won’t let you go unless you have a name of someone that will come and pick you up”

Most participants also agreed there was a need for outreach and at-home care for elders. There is a need to build community among trans aging adults, as several of them acknowledge only they are pending on each other’s health needs.

One of The Diamonds explained how chronic health conditions and lack of medical support for elders increases the risks of missing timely medical care:

“I have problems with my eyes. I’m getting older and I don’t know how long I’m going to last walking around or how long I’m going to be on this Earth. I just ... I’m proud of being here. But now that I’m here, it’s time to help. I wish that somebody can help those older girls. Because some of them cannot even come out of their house. I have a friend right now [...] She’s got old. She’s in the new stages of Alzheimer’s, and she’s losing her memory. She’s going into depression. One day she’s okay. One day she’s not. You understand? And it’s hard for older people to go through. And she’ll sit in her room, in her apartment—she’s got a studio— thinking ‘What day is today?’ or what she’s going to do tomorrow.”

Also, healthcare providers do not understand the specific medical needs trans aging people have, so they do not check on them, they do not make it easier to send over medication or at-home care, or they are not patient with them.



One transgender woman narrated her dentist’s reactions to not having gotten teeth extracted, and is now enduring the pain through painkillers.

“Por ejemplo, si nos hinchamos mal, nos ayudará a que llegara comida a nuestras casas, o que nos trajeran la medicina. Por ejemplo, con el dentista, no querían hacerse las cosas, porque querían su dinero y sacárselo al seguro. Le tienen que tener paciencia a una y hacerme [la extracción] bien. Quiero que la saquen de uno en uno, no lo entienden, pero me dicen que tengo que aguantar. ¿Qué necesito? Pues, a alguien, quizás un intermediario, a alguien que pueda ir o mandarme a otro lugar donde sí me entiendan y diga ok, te vamos a atender último, y yo diga ok ¿Pero qué si me pasa algo? Les digo que quiero venir a las seis de la tarde, porque cierran a las siete, para que tengan paciencia conmigo. He estado tomando algo porque tengo dolor, tengo antibiótico y el ibuprofeno de 800, porque ellos no lo quieren hacer.”

For example, if we were badly swollen, it would help us if we had food delivered to our homes, or medicine brought to us. For example, with the dentist, they didn’t want to do things for me, because they wanted their money and to take it from the insurance. They have to be patient with you and do me [the extraction] right. I want them to take it out one at a time, they don’t understand, but they tell me I have to put up with it. What do I need? Well, someone, maybe an intermediary, someone who can go or send me to another place where they do understand me and say ok, we are going to take care of you last, and I say ok, but what if something happens to me? I tell them that I want to come at six o’clock in the evening, because they close at seven o’clock, so that they will be patient with me. I have been taking something because I have pain, I have antibiotics and 800 ibuprofen, because they don’t want to do it.

All participants also agreed there were obstacles to access primary care, mainly because it is hard for aging trans people to understand how to access Medicare and Medicaid. As described in the focus group’s socioeconomic background, most of The Diamonds live under \$10,000 a year, and through the focus group, a few mentioned not having full-time employment when they were younger. As a result, most of them can only access Medicaid and Medicare as premium-free service, but the providers make it hard to register. Besides the bureaucratic procedures being hard to follow, being a migrant and a trans person represent barriers to access healthcare services free of discrimination, as The Diamonds confirmed.

One Diamond who was a sex-worker when she was younger narrated:

“I went through hell to get my Medicare, through hell, born in the United States. Imagine for those who come from other countries what they go through. I don’t care what nobody says, there are times that we exist and that we don’t exist. In this country sometimes it is the work that you work ... I’ve been a show girl all my life, that’s nobody’s business. But it affected me later in life now that I got older. Now it took forever to fight it, it took hell. At first when I was trying because discrimination for being transgender. But now that I’ve been blessed with it I feel full of anger for what I went through.”

At least a third of participants mentioned problems trying to understand the procedures to access healthcare insurance and providers, or that these employers along with healthcare institutions did not provide information so that trans aging adults can make informed health-related decisions for themselves. In other words, personal health literacy and organizational health literacy posed a challenge for them as they aged. Specifically, they mentioned accessing Medical and Medicare was a challenge for trans people who, decades ago, could only secure jobs under the table, or in nightlife entertainment. Although one of them recognized an improvement in government-led communication campaigns to inform about accessing these healthcare insurances, she clarified there was a societal rejection to inform trans patients.

She narrated the following:

“I felt very stupid all these years living here in America and I never knew about Medicare. If you don’t know, many times people won’t tell you that you are working for them and keep that tax money for themselves. Well, anyway, so I never knew about it until maybe two years right before COVID. And I really felt let down, but we shouldn’t feel so let down because not even Native Americans can get it all either. They didn’t even count them up as Americans. African Americans weren’t considered either for a long time. So here we come, male, female, all these genders. They don’t know what to think. I don’t want to use race but those white folks don’t know what to think: ‘Here come all these minorities and people with these different things, this and that and everything and taking over our country. No, they don’t need Medicare. They don’t need it. The intersex people don’t need it!’ So, you know, the battle for civil rights never ended and we’re still fighting it, the struggle, we’re still continuing but I’m not gonna say any more about some rambling.”

One of The Diamonds traces down the concatenated effects of lack of healthcare literacy by healthcare providers in the past to the current specific healthcare concerns aging transgender adults face. Decades ago, transgender women would use injectable polymers and other chemical substances that were toxic for their bodies, but hospitals did not have specialists to help them, and insurance did not include the medical benefits younger generations have. Thus, the specific medical needs trans aging adults have are distant to the reality in terms of knowledge and services available for younger trans populations.

4. Neighborhood and Built Environment

Most of the Diamonds agreed on the need of economic support to cover for food costs that aging trans women sometimes cannot cover. However, only a few described in more detail their dietary patterns, out of which we can find challenges to accessing foods that support healthy nutrients intake. At least four of The Diamonds mentioned being unable to obtain food at some point in their life. However, only one of them described how lack of income changes her diet. In her narrative, she explains how she goes to food pantries for supplies, but these usually include fried meat and soda. Later on, she describes that a lot of times she would not even have food, so you have to adapt to what is available. However, both the food served in food pantries and what she cooks are very unbalanced, privileging caloric intake from processed grains and little availability of vegetables, fruit, and lean meat.

In an interview she describes the following:

“Todos los domingos te dan Pollo Loco. Tus piernitas de pollo, tu elote, tus tortillitas, tu arroz, y tu soda [...] Y yo no he tenido dinero pa’ comer. Me hago una sopita, me hago cualquier cosa, dos tortillas, hago unos chilaquiles, pongo frijolititos ... [...] Si yo tuviera comida todos los días, haría cosas ricas. Pero pues tú sabes, el tiempo es así, cuando hay, hay, cuando no, no, tienes que acomodarte a lo que haiga.”

Every Sunday you get Pollo Loco. Your chicken legs, your corn, your tortillas, your rice, and your soda [...] And I haven’t had any money to eat. I make myself a little soup, I make myself anything, two tortillas, I make chilaquiles, I put beans... [...] If I had food every day, every day I would make delicious things. But you know, time is like that, when there is, there is, when there isn’t, you have to adapt to whatever there is.

In addition to access to healthy food, as a social determinant of health around the neighborhood and built environment, exposure to crime, violence and trauma can lead to ongoing physical pain, mental distress and reduced quality of life as people age. At least three of The Diamonds mentioned traumas they carry with them since they are young out of the violence and discrimination they lived when they were young. One of them was forcibly incarcerated for being trans, and vividly remembers a lot of her friends being killed by police officers, while other remembers being forced into working to sustain her family, while being unable to process that trauma despite psychiatric care at her current age.

One of them narrated:

“Mi infancia fue muy triste. Yo... Yo veo que todas las chicas hablan muy bien y todo. Yo no puedo, estoy traumada. Veo... Tengo 20 años viendo un psiquiatra y no puedo sacar lo que tengo. Tengo cinco hermanos mayores. Nomás, uno más chico. Mi padre les daba dinero a mis hermanos para que me llevaran con las mujeres ... Que trabajan en la calle. Yo como trabajaba, juntaba mi dinerito y se los tenía que dar a las muchachas.”

My childhood was very sad. I... I see that all the girls talk so well and everything. I can't, I'm traumatized. I see... I've been seeing a psychiatrist for 20 years and I can't get what I have inside, out. I have five older brothers. Only one younger one. My father gave money to my brothers to take me to the women... Who work on the street. Since I was working, I collected my little money and I had to give it to the working girls.



Another one described her experience growing up as sad, but is trying to change that narrative for herself now that she is an aging adult:

“El 70% de las compañeras de mi edad las mataron, entonces era una vida horrorosa, México definitivamente muy triste. Y bueno, pues sí sufrí bastante en México, o sea sufrí por la familia también, porque por ejemplo mi mamá, pues mi mamá tremenda, nunca me quiso por lo que soy, entonces siempre le reprocho eso. Mi mamá vivió siempre aquí en Estados Unidos y me fue a tener a México, le digo ¿ay, por qué no te esperaste hasta tenerme aquí? [...] Ya pasé mucho negativo, ya pasé tristeza, ya pasé todo, así que fuera, es como un vestido sucio, ya me quito ese vestido sucio y me pongo uno nuevo. A esta edad, realmente eso pasó, todo lo que pasé era un vestido sucio, desgarrado, triste, malo, horrible, olía feo, pero ahora ya me puse un vestido nuevo y es otra vida, es otra cosa, o sea que ahorita los años que me quedan quieroirme diciendo estos años fui feliz, estos años luché, estos años aprendí, estos años di, estos años apoyé y estoy feliz por lo que hice, es lo que quiero.”

Seventy percent of friends of my age were killed, so it was a horrible life, Mexico was definitely very sad. And well, I suffered a lot in Mexico, I mean I suffered because of my family too, because for example my mother, well my mother was tremendous, she never loved me for who I am, so I always resented her. My mother always lived here in the United States and she went to have me in Mexico. I tell her, “Oh, why didn’t you wait until you had me here? [...] I already went through a lot of negativity, I already went through sadness, I already went through everything, so it’s time to take it out. It’s like a dirty dress, I take off that dirty dress and I put on a new one. At this age, all that happened, everything I went through was a dirty dress, torn, sad, bad, horrible, it smelled ugly, but now I put on a new dress and it is another life, it is something else, so now the years I have left I want to leave saying these years I was happy, these years I fought, these years I learned, these years I gave, these years I supported and I am happy for what I did, that is what I want.



Another dimension of the neighborhood and built environment as a social determinant of health is housing. There are several aspects to housing that impact health, including affordability, stability, quality and safety, and surrounding neighborhood. During one of the advocacy training activities, all The Diamonds agreed rent assistance and support services for housing for aging transgender adults should be a priority for direct investment of government funds. Additionally, all The Diamonds agreed that, although most of them have a current stable housing situation, this is not guaranteed for most aging trans adults, and that they have experienced challenges that impact their overall health. Some of them narrate that the only way they can afford rent is through assistance programs, like Section 8, or other housing programs for adults over 60 years old. One of them also mentioned the only way she managed to get affordable and stable housing was because she moved into the place where she lives now 30 years ago, something that would not be possible at the current market prices for those same apartments.



One of The Diamonds explained in an individual interview that:

“Well, I would like to have stability in my housing situation because it is hard to stay and live in areas where I live right now and pay the amount I pay right now because it’s too much. This apartment may be near the regular market and would be \$3,000. I think in the next following thing here, I place myself in, in, in, in a building that’s my dreams, in a building where everybody will be almost the same, a trans building, where trans are... or maybe a gay building like here which is gay but is not specific.”

5. Social and Community Context

This research is part of a broader project that aims for The Diamond's civic participation in agenda setting for trans aging adults. Civic participation builds social capital, which makes people more active and reduces chances of social isolation. Some of The Diamonds actively participate in protests and, through the year of activities for this project, they engaged in three public processes: a call for action and attendance to meet with the Community Advisory Board (CAB) of the Los Angeles County; attendance to a Town Hall and proposal for the Care First Community Investment (CFI) Grant; and a Town Hall around the Monkeypox vaccination program.

One of The Diamonds explained it is important for them as aging trans adults to keep engaged in civic participation, while keeping in mind intergenerational bonding:

“Primero el apoyo de estar unidas, segundo, sería de que hubiera más meetings como los que estamos haciendo para que todas podamos expresar lo que necesitamos, lo que queremos, especialmente las jóvenes, que puedan expresar lo que quieren y que les den más oportunidad.”

First, the support of being united, second, there should be more meetings like the ones we are having so that we can all express what we need, what we want, especially the young women, so that they can express what they want and that they are given more opportunity to do so.



Another one also recognized the value older generations can add to community building:

“Sobre todo nosotras, el grupo, apoyando los nuevos programas de TransLatina Coalition que en general quiere crear, para prosperar y salir adelante. Y yo creo que con el apoyo de nosotras, que somos las de la experiencia mayor, podríamos tener nuevas ideas, podríamos salir adelante mucho más [...] Hay que apoyar lo que venga de leyes ... hay que [...] hacernos visibles.”

Above all, we, the group, supporting the new programs that The TransLatin@ Coalition wants to create in general, [to] prosper and move forward. And I believe that with the support of us, who are the ones with the most experience, we could have new ideas, we could move forward much more [...] We have to support what comes from law reforms... we have to [...] make ourselves visible.

The Diamonds want to actively engage in building social cohesion in their neighborhoods and with other cohorts of trans people. Relationships are important for physical health and psychosocial well-being, and for The Diamonds there is a strong sense of solidarity among members of their community and others. They advocate for social support and instrumental support because they understand the impact of social isolation on their health as aging people.

As one of them narrated:

“Porque este mundo hay mucha gente buena y necesitamos esa gente buena conectarnos para quitar todo lo malo, porque yo vi que después del COVID la gente quedó agresiva, quedó enojada, hay crímenes, problemas, manejan, se enojan y entonces hay que tratar de sanar, cuidarse también, porque pues está el COVID, está la Monkeypox, está todo eso. Entonces tratarme de cuidar físicamente y moralmente y no solamente a mí me gusta apoyar a la gente, me encanta apoyar a la gente donde vivo hay uno, hay muchos viejitos también y seguido me hablan, “Ay tú tienes carro, me puedes dar un ride para acá?”. “Sí, sí” porque quiero ayudar más a la comunidad, no solamente a los viejitos, sino a mi comunidad que necesita tanto apoyo, osea, quiero ser una persona positiva y creo lograrlo y creo poder que lo voy a hacer.”

Because in this world there are many good people and we need those good people to connect with us to remove all the bad things, because I saw that after COVID people became aggressive, they became angry, there are crimes, problems, they drive, they get angry and then we have to try to heal, take care of ourselves too, because there is COVID, there is Monkeypox, there is all that. So I try to take care of myself physically and morally and not only I like to support people, I love to support people, where I live there is one, there are many old people too and they often talk to me, “Oh, you have a car, can you give me a ride here?” “Yes, yes” because I want to help the community more, not only the old people, but my community that needs so much support, I mean, I want to be a positive person and I think I can do it and I think I will be able to do it.

Policy Recommendations:

1. Economic Stability

- a. Rent Control and Affordable Housing: Implement robust rent control policies and expand affordable housing options to alleviate housing cost burden among transgender aging adults. Specifically, develop a short-term rent subsidy program along with elderly Housing Programs with wrap-around services open to any resident in LA County regardless of legal and/or migratory record. This program can be modeled on the San Diego County's Department of Homeless Solutions and Equitable Communities pilot.
- b. Vocational Training and Employment Support: Develop vocational training programs tailored to the skills and interests of aging trans adults, empowering them to secure stable employment and financial independence.
- c. Establish Income Programs to fight back Trans Adult's Poverty: Proclaim trans aging adults as Vulnerable Communities under the State / Local Guaranteed basic income Program, such as San Francisco did with the GIFT Program in 2022.

2. Education Access and Quality

- a. Inclusive Education Initiatives: Invest in inclusive educational initiatives that promote access to quality education for transgender youth, breaking the cycle of limited opportunities and economic instability, which focus on improving language justice and additional support for trans aging adults who cannot read and write.
- b. Vocational Training Programs: Expand vocational training programs specifically designed for transgender individuals, enabling them to acquire marketable skills and pursue fulfilling careers.
- c. Adult Education and Skill Enhancement: Offer adult education programs and skill enhancement courses for transgender adults, providing opportunities for continuous learning and career advancement, particularly on technological literacy.

3. Healthcare Access and Quality

- a. Accessible Healthcare and Aftercare Services:
 - i. Universal Healthcare, regardless of status and income, by continuing the expansion of the Medi-Cal and Medi-Care services to all adults 50 years of age and older, regardless of immigration status and income level.
 - ii. Subsidize or provide affordable aftercare services for aging trans individuals who require assistance after medical procedures, ensuring they can access necessary treatments without financial burden.
 - iii. Fund Mental Health Services Based on Community-Defined Evidence to Develop Social Support Networks, particularly by amending the State Plan under the Medi-Cal preventive services benefits.
- b. Community Outreach and Support: Establish community outreach programs to provide at-home healthcare services, regular health check-ups, and emotional support for isolated transgender aging adults. These can be funded under a similar program as the American Rescue Plan Act.
- c. Healthcare Provider Education: Conduct training programs for healthcare providers to enhance their understanding of transgender health needs, fostering a respectful and inclusive healthcare environment. Two specific actions can take place:
 - i. Create accessible and equitable pathways for accountability for SB 923 - requiring Doctors to take ongoing training or further educational training on how to treat or serve trans people.
 - ii. Include TGI Elders living with/without HIV into the Community Health & Health Disparities Services in the Program of All-Inclusive Care for the Elderly (PACE).

4. Neighborhood and Built Environment

- a. Safe Housing Initiatives: Implement safety measures in affordable housing complexes, including adequate lighting, security cameras, and community patrols, to ensure the safety of transgender residents.
 - i. Incentivize developers to make culturally affirming housing for trans aging individuals with disabilities by making competitive QAP for Low-Income Housing Tax Credit (LIHTC) Program.
- b. Outreach Nutrition Programs: Expand grocery/food delivery outreach for elderly Nutrition programs, and invest in food pantries to provide nutritious items.
- c. Community Spaces: Develop and fund inclusive community spaces where transgender individuals can gather, socialize, and access support services, reducing social isolation and promoting a sense of belonging.

5. Social and Community Context

- a. Anti-Discrimination Policies: Enforce and strengthen anti-discrimination policies that protect transgender individuals in employment, housing, healthcare, and public services, fostering an inclusive society.
 - i. Consider Trans Seniors a protected class at a federal level by supporting H.Res.269. This proposal would recognize that the Federal Government must develop and implement a Transgender Bill of Rights to protect and codify the rights of transgender and nonbinary people under the law and ensure their access to medical care, shelter, safety, and economic security.
- b. Culturally Competent Services: Ensure that social services, mental health support, and legal assistance are culturally competent and sensitive to the unique challenges faced by transgender aging adults.
 - i. Expand the SB 132 Dignity Act to require that any court or court-appointed employee, including police, judges, or court staff, respect pronouns and names.
- c. Advocacy and Representation: Support and fund transgender-led advocacy organizations that represent the interests of the community, amplifying their voices in policy-making processes.
 - i. Specifically fund community engagement and training of trans aging adults in Legal Rights, Policy Implementation, Accountability, and Grievance processes.

Appendix

Diamond's Snapshots and Narratives

Narrative #1: Loretta Lorraine

In the tapestry of time and history, Loretta Lorraine stands as a testament to courage and resilience. An 82-year-old transgender woman, born to Puerto Rican parents in Georgia and raised in the vibrant landscape of Miami, her life story weaves through decades of struggle, triumph, and unwavering determination.

Growing up in the 1950s and 60s, a period marred by segregation and prejudice, Loretta faced the formidable challenge of navigating her identity as a gay, Black individual. The convergence of racial and LGBTQ+ discrimination cast a shadow on her early years, making self-discovery and acceptance a deeply arduous journey.

A twist of fate led her down a unique path during her youth. Drafted into the army while still living as a young man, Loretta's experience was short-lived and demoralizing. The sergeant swiftly discharged her, saying, "you know the drill." The weight of failing to uphold her father's military legacy was crushing, but this very moment would set her on a transformative course.

An encounter with burlesque dancers ignited a spark within Loretta, revealing her aspiration to embody the elegance of a classy lady. The era's limited understanding of gender affirming care prompted her to take birth control pills for hormones, a practice laden with unforeseen consequences. She reflects on the challenges her peers faced with gender-affirming surgeries, often at the mercy of doctors who demanded exorbitant fees for their help.

Amidst the struggles, Loretta found a friend who embraced her without judgment. This friend became the mother of her children, and their bond evolved into a lasting friendship. It was this friend who introduced Loretta to a transformative moment, a Burlesque show





featuring a woman who had undergone a sex change.

In 1968, Lorretta embraced her true identity, living as the woman she had always known herself to be. Inspired by her love for entertaining and her community, she began performing, infusing her charisma into the lives of those around her.

As the years marched on, Lorretta found herself facing new challenges as an aging transgender woman. An eye operation, a bid to restore her nearly lost sight, was just one hurdle. But despite her own obstacles, Lorretta's heart remains compassionate and caring, particularly for those who have aged alongside her. She worries about her friend Maya, who battles Alzheimer's and lives in semi-confinement, unable to venture outside her home due to a lack of support system.

In the twilight of her life, Lorretta's concerns extend beyond herself. She contemplates the treatment of aging transgender individuals within hospitals and the absence of government programs tailored to their needs. She envisions a future where aging transgender individuals have access to basic necessities and autonomy through support in transportation, medical care, and groceries.

Bound by a common purpose, Lorretta finds solace and camaraderie within The Translatin@ Coalition, a network that provides her with the support and strength to advocate for her community. Gathering with people she has not seen in decades, she feels the power of collective voices, each contributing to a chorus of shared experiences and concerns.

As she takes the stage, Lorretta's commitment to her community shines brightly. The spotlight is a canvas upon which she paints her advocacy, infusing her performances with the vibrant colors of her journey. Lorretta Lorraine, a living testament to resilience and advocacy, continues to be a beacon of hope, determined to illuminate the path for generations to come.

Narrative #2: Stacey Spencer

In the heart of a life rich with experiences and resilience, Stacey Spencer emerged as a beacon of strength and hope. A Black transgender woman, 53 years old, she bore the weight of challenges that tested her spirit, but ultimately, she rose above them to become a source of inspiration for others.

Stacey's journey began with a revelation that would forever alter the course of her life. At the tender age of 20, while confined within the confines of a jail cell, she learned that she was HIV positive. This shocking truth collided with another heart-wrenching blow – the passing of her beloved brother. These twin tragedies set her on a path of self-destruction, where the allure of drugs and darkness beckoned.

Amidst the tumult, Stacey found herself standing at a crossroads. The realization that her choices were jeopardizing her quality of life sparked a glimmer of determination within her. She understood that the path she was on would only lead to further despair, and she resolved to make a change.

Despite the odds, she held steadfastly onto her health, and her T cell count never dropped below 500, a testament to her unwavering resilience.

The tempestuous years of her twenties were marked by drug-induced binges, cycles of incarceration, and stints in institutions. However, around the age of 29, something shifted within her. A pivotal moment of clarity swept over Stacey, and she reflected, "I was just done with that." This turning point marked the start of her journey toward healing and transformation.

With remarkable strength, Stacey embarked on a path to sobriety. She discovered a purpose that resonated deeply with her – helping others overcome their battles with addiction. This led her to a role at a Substance Abuse Foundation in Long Beach, where her own experiences became a beacon of hope for those she served. Stacey's dedication caught the attention of the Minority AIDS Project, where she became a powerful advocate for safe sex practices in marginalized communities, helping to break the cycle of transmission.



Throughout her life, Stacey had grappled with feelings of isolation and loneliness. But everything changed when she found solace in the embrace of the Unity Fellowship church. Here, she discovered a community that welcomed and supported her, filling the void she had felt for so long with a sense of belonging and tranquility.

As a strong and compassionate advocate, Stacey became a guiding light for younger transgender women, as well as her own daughters. She inspired them to prioritize education and chase after their dreams. She witnessed the evolution of care for transgender individuals, celebrating the shift away from the black market for hormones towards more inclusive gender-affirming care.

Stacey's dreams for the future were as profound as her journey. She envisions a haven for transgender seniors, a place where they could gather, share experiences, and partake in life's joys. She also imagines regular field trips to places like LACMA and the Museum of Tolerance, fostering a sense of cultural enrichment and camaraderie. Stacey yearns for a space where senior transgender individuals could showcase their talents in Senior Shows and experience the joy of self-expression.

In her heart, Stacey holds a deep desire to ensure the well-being and dignity of transgender seniors. She envisions a center that would extend practical support, from grocery deliveries to fulfilling their final wishes with grace and respect.

Stacey's journey from hardship to empowerment serves as a testament to the strength of the human spirit. Through her triumphs and struggles, she carved a path toward healing, compassion, and advocacy. Her story is one of resilience, hope, and the enduring power of community and love.





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