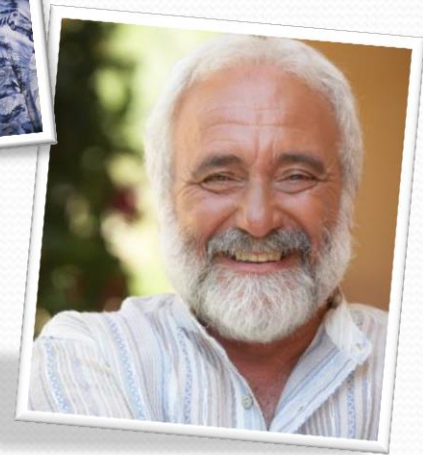
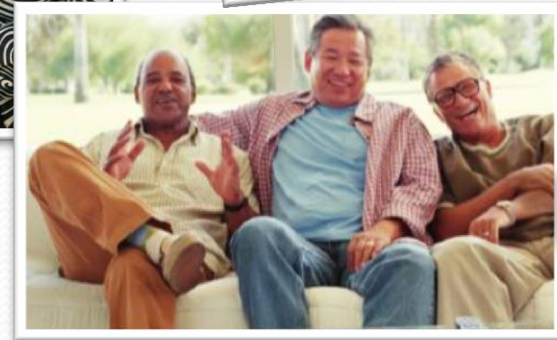


Approaches to Effective and Inclusive Service to the Senior Lesbian, Gay, Bisexual, and Transgender Populations





Sandy Douglass

SDougDC@gmail.com

202.360.7505

Learning Objectives

To have basic familiarity with the senior LGBT community.

To respect each person's uniqueness as part of our commitment to deliver person-centered care.

To enhance our ability to listen, respond and provide care to all residents regardless of personal feelings, beliefs, and values.



Terminology

Lesbian

Gay

Bisexual

Transgender



Source: "LGBT Aging: What Makes It Different?" A training Curriculum from the New York State Health and Human Services Network and compiled and edited by SAGE

Terminology

Lesbians: women who are romantically and/or sexually attracted/active with women.

Gay men: men who are romantically and/or sexually attractive/active with men. “Gay” should be used as a description, and not as a noun.

Bisexuals: people who are attracted to and/or sexually active with people of both genders.

Transgender: is independent of sexual orientation and describes those whose gender identity and/or gender expression do not match the stereotypes associated with the gender assigned to them at birth-- and who often live as members of the “opposite sex.”

Terminology

Coming Out: to disclose one's gender identity or sexual orientation to someone.

Gender Identity – An individual's internal sense of being male, female, or something else. Since gender identity is internal, one's gender identity is not necessarily visible to others.

Gender Expression – How a person represents or expresses one's gender identity to others, often through behavior, clothing, hairstyles, voice or body characteristics.

Homophobia: refers to hatred or fear of lesbian, gay or bisexual people.

Terminology

Families of Choice: A circle of friends who are like family to the LGBT elder. Very important for LGBT seniors who have been rejected by their families of origin.

LGBT residents should not be denied visitation from their partners or families of choice.

LGBT-A Newly Visible Population



- An estimated 1.5 million adults age 65+ are lesbian, gay or bisexual (LGB)
- About 4.1% of American adults identify as LGB
- This total is expected to grow to nearly 3 million by 2030.

Transgender

How many transgender individuals are there?



We don't know for sure.....

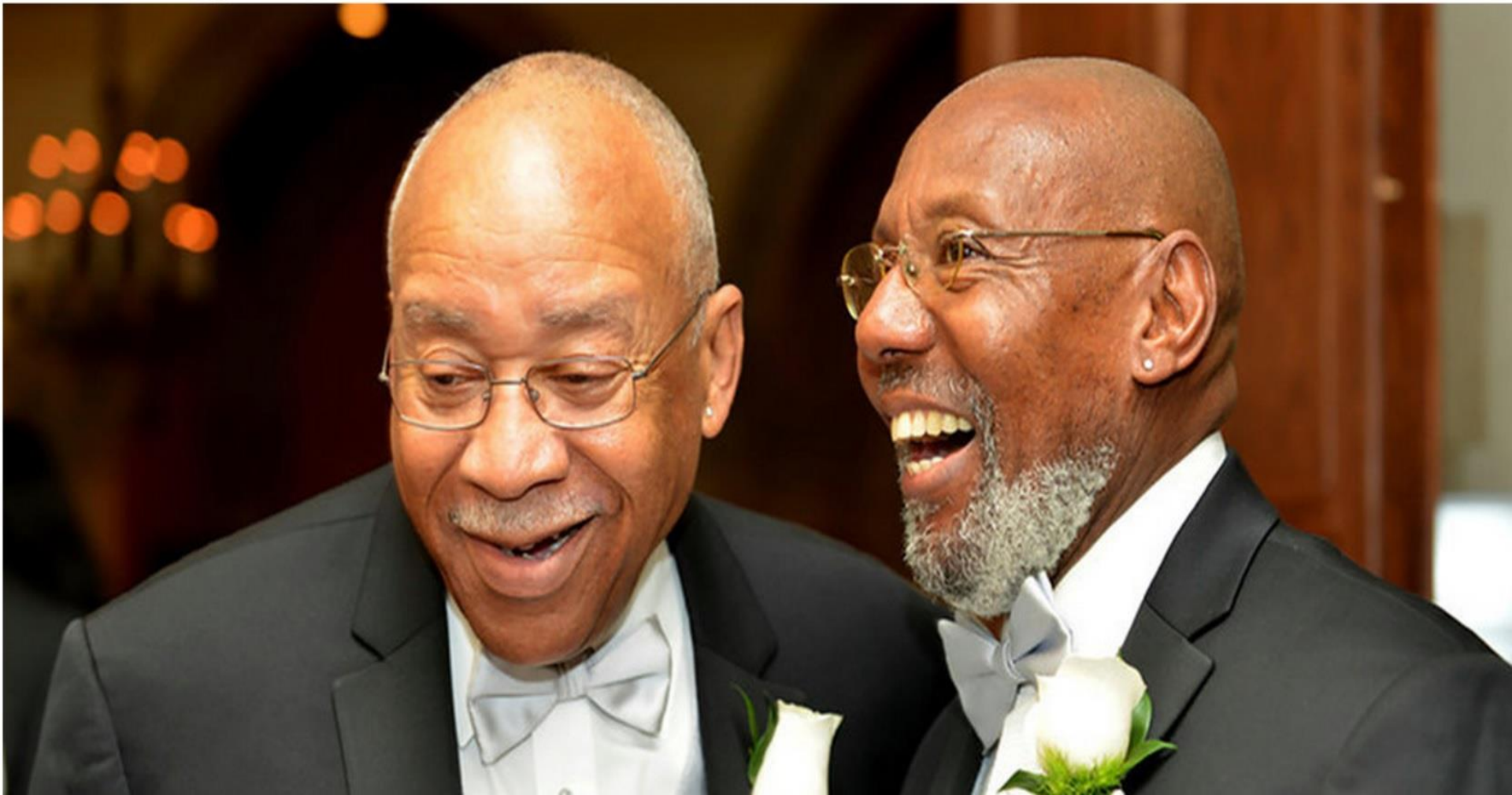
History in the US: LGBT People

- The Gay Liberation movement started in this country in the late 1960s.
- Many were in the closet before and after the liberation movement
- Those who were not in the closet risked being placed in mental institutions without their consent
- Homosexuality was finally removed from the psychiatric community's list of mental illness in 1973.

Laws impacting LGBT People

- The Federal government didn't end its ban on hiring gays until 1975.
- The Supreme Court ruled in 2003 that sodomy laws used to arrest gays were unconstitutional.
- In 2011, “don't ask, don't tell” laws were repealed for the military
- The Boy Scouts approved allowing openly gay scouts in 2013 but still bans gay scout leaders.
- The Defense of Marriage Act was overturned in 2013. Same-sex marriage has been legal nationwide since June 26, 2015.....

Getting Married, 46 Years Later



What's new.....HB2 in NC

**NOTICE: This is now a
unisex restroom.**



**No assumptions, no
stereotypes, no gender roles.
Just toilets.**

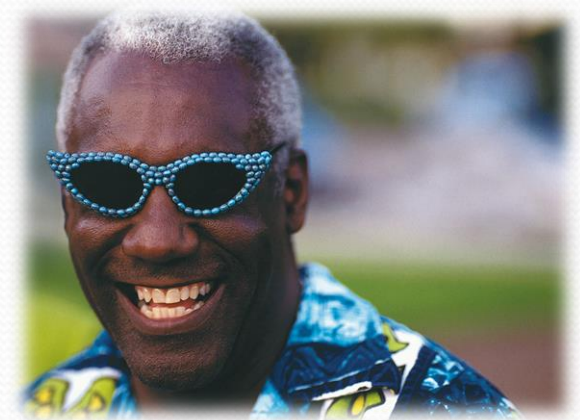
And.....



And.....



LGBT Characteristics



LGBT seniors are:

- Less likely to be connected to biological family
- Three to four times more likely to be without children
- More likely to live alone
- Less likely to reach out to mainstream services

LGBT Characteristics

When dependent on health care, or long term care, older LGBT people may:

- Be treated as if they are heterosexual
- Have had a history of discrimination
- Have been separated from life partners
- Be forced to hide their sexual identity



LGBT Challenges to Successful Aging

The effects of stigma, past and present.

Reliance on informal “families of choice” who lack social and legal recognition.

Unequal treatment under some laws and programs for older adults.

Many LGBT elders experience social isolation and ageism within the LGBT community itself.

Some Progress.....

- Medicare and Medicaid rules for same-sex couples changed dramatically after two Supreme Court decisions. The first decision, *United States v. Windsor* (2013), overturned the Defense of Marriage Act, opening the door for coverage for some, but coverage depended on whether your state recognized same-sex marriage.
- The second Supreme Court decision, *Obergefell v. Hodges* (2015), made same-sex marriage legal in every state. Now, married same-sex couples can get coverage under the same Medicare and Medicaid rules as married opposite-sex couples in all states. Where the couple lives or when or where they were married makes no difference.



What caregivers can do for LGBT Residents

Cultural Competence

- Refers to the ability of care providers to interact with members of different of different cultural groups. It not only involves an acceptance of and respect for differences, but a degree of understanding of community norms, vulnerabilities, and practices.
- We expect all staff to behave in a culturally competent manner so they can support all residents regardless of race, religion, or sexual orientation or gender identity.

Culturally Competent Services

- Communicate your community's services to LGBT elders
- Communicate the message of sincerity and caring to your LGBT residents
- Create appropriate and acceptable services for your LGBT residents.

Education and Training

- Ongoing sensitivity training that includes sexual orientation can decrease instances of discrimination.
- Posting of the community's non-discrimination policy for public view may help LGBT seniors be less wary and feel more welcomed.

Do Aging LGBT individuals have unique Needs? Not really.

- What all residents need is to feel acknowledged, included, respected and understood.
- Person-centered care focuses on meeting the resident's needs through the development of meaningful relationships. Staff need to know each resident, their history, their individual needs, preferences and expectations.
- This approach to care minimizes any bias toward residents based on their sexual identity, culture, or belief system.

Do Aging LGBT individuals have unique Needs? Not really.

- Remember, we all have more in common than those few individual characteristics and beliefs that make us different.
- However, don't lose sight that you may bring a "straight" bias to the table and not view issues in the same light as your LGBT residents.
- Be person-centered. Don't assume that every LGBT resident you care for is the same just because he or she is LGBT. Every person is unique.

Ways to Achieve Person-Centered Care

- Encourage the resident's personal development
- Maximize the resident's dignity, autonomy, socialization, privacy and choice
- Support their lifestyles
- Promote family and community involvement (including families of choice)
- Develop positive relationships with staff, residents, and the community

Create and “Broadcast” a Welcoming Environment

- Posting your non-discrimination policy for public view may help LGBT seniors be less wary and feel more welcome.
- Post that you are a “welcoming” on your website, Facebook page, email signature, and other marketing or informational materials.
- Place a rainbow flag on your desk or sticker on your door.
- Use the term partner/spouse. Be comfortable saying LGBT.
- Use your website or other media to continue to educate others.

Education and Behavior Signal a Welcoming Community

- Ongoing inclusive language and behavior that acknowledges different sexual orientation can decrease instances of discrimination.
- Stay up to date on Federal, State, and Local Policy to ensure organizational compliance for inclusion of LGBT community.
- Review and update nondiscrimination policies to include sexual orientation and gender identity/ expression.
- Maintain confidentiality of clients who disclose sexual orientation and/or gender identity

Put Your Intention Down on Paper

Forms

- Should include language that welcomes all families. Ask for information about families of origin and families of choice so that we capture what is most important to the resident.
- Include the words partner/spouse in addition to wife/husband.

Marketing Materials

- Look for new materials that illustrate the diversity and many faces of aging.
- Feature LGBT as well as traditional families in pictures.
- In newsletters, include events or news specific to the LGBT community.

Be Proactive



- Initiate meetings and engage with your LGBT neighbors
- Communicate your services to LGBT seniors
- Communicate the message of sincerity and caring to your LGBT neighbors
- Create appropriate and acceptable services for our LGBT individuals
- Be guided by the individual
- Ask your LGBT neighbors what informal networks there are in the community. (i.e. Zipcode groups, the gay friendly place to go for brunch etc.)
- Target gay friendly churches (i.e. MCC Congregation, Dignity Chapters)
- Organize a house party specifically for your LGBT neighbors
- Advertise in the LGBT newspaper

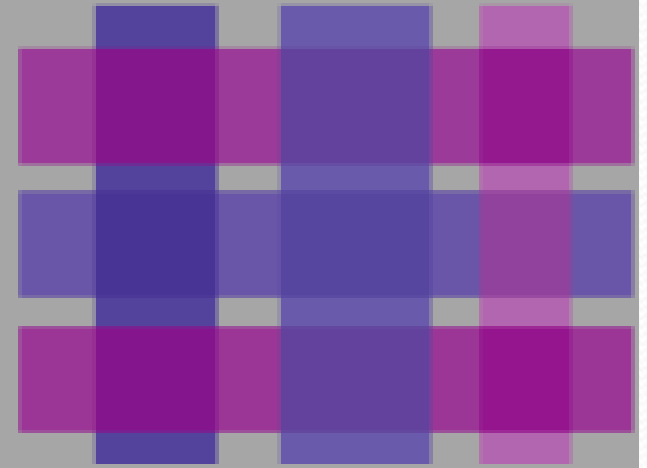
And Finally.....

1. **Do** presume your community has LGBT residents.
2. **Do not** assume you can identify LGBT individuals by appearances, experiences or external characteristics.
3. **Do** remember that an individual's sexual orientation and gender identity are only two aspects of a person's overall identity and life experience.

Resources for LGBT Aging



National Resource Center



ON LGBT AGING

• www.lgbtagingcenter.org

Thank you.



Sandy Douglass
SDougDC@gmail.com
202.360.7505