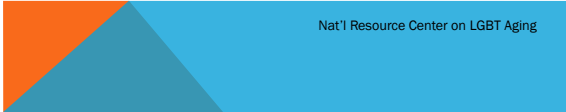




NUMBERS OF LGBT SENIORS

- 1.5 million adults over age 65 are LGB
- Over 3 million by 2030
- 100,000s who are transgender



GOALS FOR TODAY'S TRAINING

Provide you with understanding of the issues this group experiences as they age so you can adapt your practice and services to be as open, inclusive, and safe for LGBT elders

- Demographics/Barriers to Service
- LGBT Terms 101
- What are Affirming Services ?
- Direct Practice & Agency Culture of Inclusion
- Advocacy/Outreach



FAMILY & SOCIAL ASPECTS OF AGING

- Connections with family of origin may be tenuous or entirely broken
- Less likely to have children/grandchildren or other nuclear family (2x as likely to be single, 4x as likely to have no children)
- More likely to be caring for a friend or family member



3 PRIME BARRIERS TO SUCCESSFUL AGING

BARRIERS	HOW THEY IMPEDE
➤ Stigma	➤ Reduced financial security
➤ Unequal treatment under laws and programs	➤ Poorer Health/Access to health care
	➤ Reduced Community Support



EXPERIENCE OF LGBT SENIORS

Majority of those 65 and over have experienced :

- Discrimination
- Social Stigma
- Effects of prejudice (*criminal, sinner, pervert, mentally ill*) → Stay closeted



STONEWALL RIOTS



FEAR → LACK OF DISCLOSURE

- important health details to medical providers
- to social service agencies about relationships and supports.
- Need for agencies to demonstrate safe space for disclosure.



GEN SILENT DOCUMENTARY TRAILER

http://stumaddux.com/GEN_SILENT.html



A LIFETIME OF DISCRIMINATION PLAYS OUT

- Increase in risk of:
- Social Isolation
 - Depression & Anxiety
 - Poverty
 - Chronic Illness
 - Delayed care-seeking
 - Poor Nutrition
 - Premature mortality



STIGMA & MARGINALIZATION AFFECT HEALTH

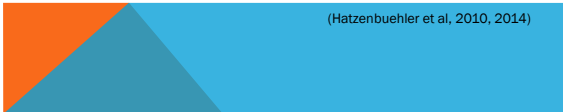
- 6-fold increase in rates of mental health disorders
- 2-3-fold increase in substance abuse
- higher incidence of obesity and physical inactivity
- 8-fold increase rates of attempted suicide and 3-fold increase in successful suicides
- Higher incidence of HTN & cardiovascular disease
- Higher incidence of bulimia or anorexia
- Higher prevalence of risky sexual behavior/Increased rates of STIs
- Cirrhosis & Cancer



PUBLIC HEALTH STUDIES

Mental health

- 2004, 13 states passed marriage bans
 - Increase of 38% in depression, 42% in alcohol abuse, 248% in generalized anxiety
- 2013, GLB people in most homophobic communities die 12 years earlier than those in most affirming communities



NEGLECT, HARASSMENT, DISCRIMINATION

- 8.3% of the LGBT adults surveyed reported being neglected by a caregiver because of their sexual orientations or gender identities.
- 8.9% reported financial exploitation or blackmail
- At least 39% of transgender people face some type of harassment or discrimination when seeking routine health care





1100 RIGHTS & BENEFITS BY MARRIAGE

- | | |
|---------------------------------|--------------------------|
| Tax benefits | Medical Benefits |
| Estate planning benefits | Death benefits |
| Employment benefits | Family benefits |
| Government benefits | Housing benefits |
| | Consumer benefits |
| | Many Others |

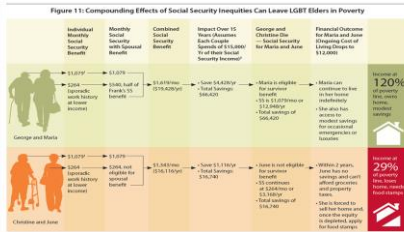


SOCIAL SECURITY BENEFITS

- Prior to overturn of DOMA, \$124 million in un-accessed benefits
- Currently in flux, due to “place of celebration” vs “place of residence”
- Some efforts to recognize unmarried same-sex couples



Social Security inequalities



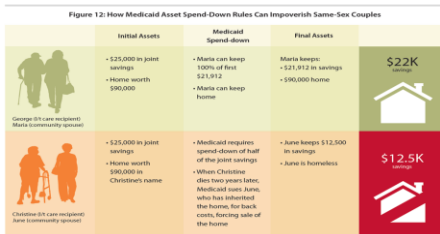
Pg 14 in Sage (2010)

SPOUSAL IMPOVERISHMENT & MEDICAID

- Medicaid regulations protect the assets and homes of married spouses when the other spouse enters a nursing home or long-term care facility;
- CMS allows similar protections for same sex couples but most states do not choose to offer them



Spousal impoverishment inequalities

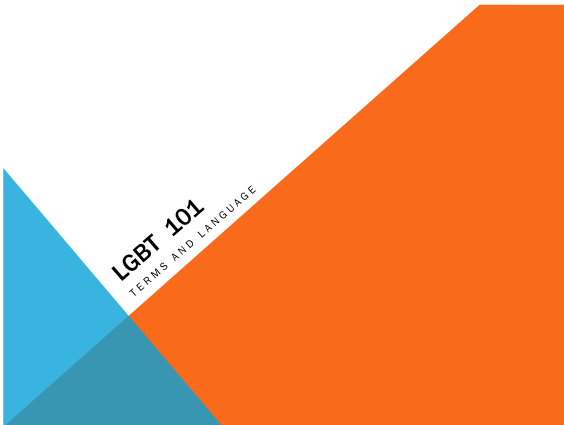


Pg 17 in Sage, (2010)

POVERTY RATES OF SENIORS

Compared to their heterosexual counterparts:

- Straight couples = 4.6%
- Gay male couples = 4.9%
- Lesbian couples = 9.1 %





**Sexual orientation
&
Gender identity:
2 different
aspects of
identity**

SEXUAL ORIENTATION & GENDER IDENTITY

SEXUAL ORIENTATION

- The direction of a person's affections, desires, attractions.
- Based on one's gender and that of the other person:
 - Heterosexual
 - Homosexual
 - Bisexual

SEXUAL IDENTITY

- How one makes sense of one's orientation
- The label a person chooses:
 - Heterosexual/straight
 - Gay, Lesbian, Bisexual
 - Queer/Pansexual/Asexual



SEXUAL ORIENTATION & GENDER IDENTITY

GENDER IDENTITY

- How one identifies internally, in terms of maleness or femaleness
 - Transgender or cis-gender

PHYSICAL SEX

- The sex that was assigned at birth, based on the physical markers of biological sex
 - Male, Female, Intersex

IDENTITY LABELS INCLUDE

- Transgender man or woman
- Transsexual man or woman
- Trans man or Trans woman
- MTF or FTM
- Gender queer
- Bigendered or Two-spirit (less frequent)





WHAT ARE SAFE & AFFIRMING SERVICES?

A welcoming and inclusive service environment that fosters a culture of respect for diversity, including LGBT elders and their friends, families and partners.



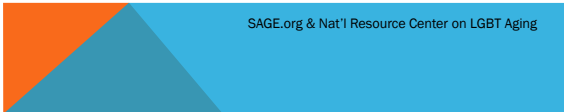
PRACTICE GUIDELINES

DO'S

- Presume your agency has LGBT clients
- Remember that orientation & gender are only 2 aspects of identity/experience
- Ask your clients their sexual orientations & gender*

DON'TS

- Assume you can identify LGBT individuals
- Assume that treating everyone the same is effective or will make LGBT seniors feel welcome



DIRECT PRACTICE LANGUAGE

It's appropriate to ask all clients about their sexual orientations and gender identities once safety has been established.

- Offer relationship options such as "partner" or "significant other" in addition to spouse or husband and wife or widow.
- Create an opening for clients to discuss family members of choice with open-ended questions:
 - "Who do you consider family?"
 - "Who in your life is especially important?"



LET THE CLIENT GUIDE YOU

“Am I using the term you prefer?”

or

“How do you self-identify?”

Demonstrate your professional commitment and the agency's commitment to respect and safety.



Seven horizontal lines for writing notes.

LANGUAGE TO AVOID -- GLB

“Who’s the man and who’s the woman?”

Do not assume that all members of the GLBT community know each other.

“Oh It’s okay with me” or “I’m cool with that.”



Seven horizontal lines for writing notes.

LANGUAGE TO AVOID – TRANSGENDER

- Transvestite
- Tranny
- “Cross Dressing” when the person is dressed in accordance with their gender identity

- “I never would have guessed you were born (assigned sex)”
- “Are those real?”
- “Have you had the surgery?”



Seven horizontal lines for writing notes.

TRANSGENDER DIRECT PRACTICE

- Use preferred pronouns. This is generally based on gender identity, not physical sex
- Ask
- Staff & volunteers should always know and use the pronoun that their clients prefer, even when the client is not present.
- If you use the wrong pronoun, correct yourself
- May have to use one gender pronouns on medical or legal forms, but use other pronouns in verbal and less formal written communication
- Only use legal name on legal documents.



TRANSGENDER DIRECT PRACTICE

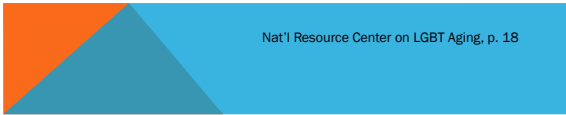
- | <i>INSTEAD OF THIS</i> | <i>SAY THIS</i> |
|----------------------------------|-----------------------------------|
| ➤ "Real name" | ✓ "birth name" |
| ➤ "Real sex" or "biological sex" | ✓ "assigned sex" or "genetic sex" |





ACCESS TO PUBLIC RESTROOMS

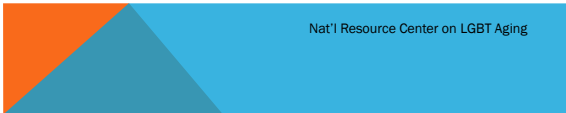
“Transgender clients, just like everyone else, should be able to use whichever restroom aligns with their gender identities.”





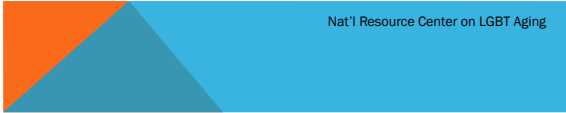
FORMS, DOCUMENTATION & LANGUAGE

- Options for forms should be amended to also include “partner and significant other” in addition to “single, married, widowed.”
 - Note: marriage may not be recognized
- Encourage client to write their own gender by inserting a blank line or offer “transgender” in addition to “male and female.”



SAFETY IS IN THE ENVIRONMENT

“LGBT seniors have not always felt safe and many have been victimized or experienced discrimination, therefore they will have a tendency to “scan the room” at a new agency or facility looking for visible signs of welcoming.”

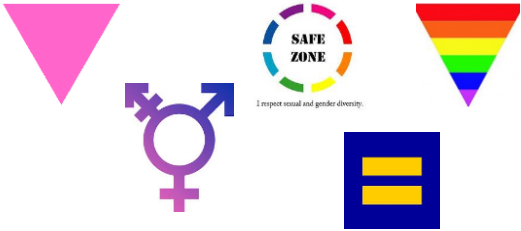


FIRST IMPRESSIONS

- Artwork including various ethnicities, race, couple compositions, and genders will promote openness.
- Feature opposite sex & same sex couples on brochures and website
- Promo LGBT events/programs/organizations on bulletin board or brochure rack
- Copies of LGBT relevant publications & local resources in welcome area
- Include books with LGBT content , characters, authors on shelves/collections



SYMBOLS



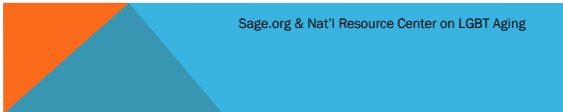
POLICIES CLEARLY WRITTEN AND DISPLAYED

- Agency non-discrimination policy should include LGBT clients and should be displayed clearly in public areas.
- Should be clearly located on the website.



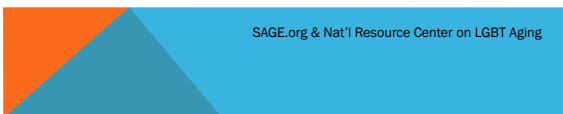
CONFIDENTIALITY

- Have a clearly stated confidentiality policy.
- As few people as necessary should have access to client files.
- Articulate to clients who will have access to their information and how the information will be used by the agency.
- Emphasize that your agency will not discuss a client's sexual orientation or gender identity with the client's family or friends without specific permission.
- Ask the client if there is any specific information in particular that they expect or want to be kept confidential, or if they wish info such as preferred gender pronoun, to be known and used by staff.



POLICY AND PROCEDURE

- All staff & volunteers should have LGBT training as part of their basic orientation along with other diversity training.
- Every person engaged in service delivery can/should have training on how to confront bias & role model affirming service.
- Reflect diversity on agency boards.





Appoint a staff team leader to help evaluate & improve LBGT services & liaison with the LBGT senior community.

CONTRACTING AND REFERRALS

- How do we ensure safety in provision of personal care?
- How are contracted or referral agencies training their staffs in LBGT elder care issues?
- How can you ensure safe services from a contract or referral provider without "outing" your client?
- Do you have your client's permission to speak with a providing agency on their behalf to ensure an affirming staff?



ADVOCACY BY INCLUSION IN DATA COLLECTION

- Including LBGT issues in client & community surveys and data collection demonstrates agency interest and affirmation.
- It also provides advocacy for the LBGT elders and serves as a role model in the community.



OFFERING LGBT-SPECIFIC PROGRAMMING

Start with something low cost:

A safe gathering space/coffee hour for sharing common experience.

Modify existing programs to be LGBT focused monthly or more friendly in general:

Attorney who speaks to LBGT senior specific issues

CPA to address tax implications for same-sex couples

Book club or social space for LGBT topics

General speakers should be LGBT inclusive in language and content

Co-Sponsor LGBT events with other groups or programs

Create an intergenerational LGBT group to address issues of interest



CREATING A CULTURE OF INCLUSION

- ✓ Staff must examine our own assumptions and make changes to our personal practice
- ✓ Agency must examine practice and policy and make any needed changes
- ✓ Staff must serve as models for volunteers and clients
- ✓ Directors, administrators, and staff must address problematic behaviors or language of others (staff, volunteers, clients)



AGING AND LOVE IS FOR EVERYONE



Don Boniface and his life partner, Ted Kuhar, talk about how their relationship began.

http://storycorps.org/?s=gay+aging&post_type=post





YOUR PRESENTERS



AND

Jean Capler, MSW, LCSW
 Jean Capler Counseling &
 Consulting
 (812)325-0885
Jean.capler@gmail.com



REFERENCES

Buffie, W. C. (2011). Public health implications of same-sex marriage. *Am J Public Health*. 101: 986-990.

Hatzenbuehler, M. L., McLaughlin, K.A., Keyes, K.M., and Hasin, D.S. (2010). The impact of institutional discrimination on psychiatric disorders in lesbian, gay, and bisexual populations: A prospective study. *Am J Public Health*. 100: 452-459

Hatzenbuehler, M.L., Bellatorre, A. Lee, Y., Finch, B.K., Muennig, P., and Fiscella, K. (2014). Structural stigma and all-cause mortality in sexual minority populations. *Social Science & Medicine*. 103: 33-41.

SAGE/Nat'l ResourceCenter on LGBT Aging. (2012) *Inclusive Services for LGBT Older Adults: a practical guide to creating welcoming agencies*



REFERENCES CONT'D

SAGE. (2010). *Improving the lives of LGBT older adults*. Retrieved from <http://www.sageusa.org/files/Improving%20the%20Lives%20of%20LGBT%20Older%20Adults%20-%20full%20report.pdf>

SAGE. (2010). *LGBT Older Adults and Inhospitable Health Care Environments*. Retrieved from <http://www.lgbtagingcenter.org/resources/resource.cfm?r=25>

SAGE. (2012). *A State Advocacy Guide for Understanding for Understanding Spousal Impoverishment Protections, Medicaid and Same-Sex Couples*. Retrieved from <http://www.sageusa.org/resources/publications.cfm?ID=12>



RESOURCES

These websites offer a tremendous number of publications, podcasts and best practice protocol for LGBT elders and service provision:

www.sageusa.org (Services and Advocacy for GLBT Elders)

www.lgbtagingcenter.org National Resource Center on LGBT Aging