

Inclusive Services for LGBT Older Adults

A Practical Guide To Creating
Welcoming Agencies



National Resource Center ON LGBT AGING



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ON LGBT AGING

The National Resource Center on LGBT Aging is the country's first and only technical assistance resource center aimed at improving the quality of services and supports offered to lesbian, gay, bisexual and/or transgender older adults. Established in 2010 through a federal grant from the U.S. Department of Health and Human Services, the National Resource Center on LGBT Aging provides training, technical assistance and educational resources to aging providers, LGBT organizations and LGBT older adults. The center is led by Services & Advocacy for GLBT Elders (SAGE) in partnership with 14 leading organizations from around the country: the American Society on Aging (ASA), CenterLink, FORGE Transgender Aging Network, GRIOT Circle, Hunter College, the LGBT Aging Project, the National Asian Pacific Center on Aging (NAPCA), the National Association of Area Agencies on Aging (n4a), National Caucus & Center on Black Aged, Inc. (NCBA), the National Council on Aging's National Institute of Senior Centers (NISC), National Hispanic Council on Aging (NHCOA), Openhouse, PHI, and the Southeast Asia Resource Action Center (SEARAC).

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SAGE (Services and Advocacy for GLBT Elders) is the country's largest and oldest organization dedicated to improving the lives of lesbian, gay, bisexual and transgender (LGBT) older adults. Founded in 1978 and headquartered in New York City, SAGE is a national organization that offers supportive services and consumer resources to LGBT older adults and their caregivers, advocates for public policy changes that address the needs of LGBT older people, and provides training for aging providers and LGBT organizations through its National Resource Center on LGBT Aging. With offices in New York City, Washington, DC and Chicago, SAGE coordinates a growing network of 21 local SAGE affiliates in 15 states and the District of Columbia.

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SAGE would like to thank SAGE staff Sunny Bjerk, SAGE MSW intern Lakeisha Jemison, and FORGE Transgender Aging Network staff michael munson and Loree Cook-Daniels for their contributions to this guide. To request additional copies or download this guide, visit lgbtagingcenter.org. Reproductions of this guide are allowed provided no changes are made and full attributions are credited to SAGE and the National Resource Center on LGBT Aging.

DEAR SERVICE PROVIDER:

Thank you for your interest in providing the best possible services to all communities, including older adults who are lesbian, gay, bisexual and/or transgender (LGBT).

It is estimated that there are 1.5 million adults over age 65 who identify as lesbian, gay or bisexual. By 2030, those estimates rise to nearly 3 million. And while no precise data exists on the number of transgender older people nationwide, we estimate that there are hundreds of thousands of older adults who are transgender—and many more over the next few decades. The National Resource Center on LGBT Aging was created to address the country's need for information on this unique and diverse population.

At the National Resource Center on LGBT Aging, we are frequently contacted by aging service providers and LGBT organizations who are interested in working with LGBT older adults but are unsure about how to best serve and support them. These inquiries span all corners of the country, from agencies in towns or cities with few-to-no LGBT resources, to large cities with significantly more dedication to the LGBT community. They most often ask: *How is aging as an older lesbian, gay, bisexual and/or transgender adult different than aging as a heterosexual and/or non-transgender adult, and how might we reflect and honor these differences in our agencies?*

This guide was created to answer these questions and help you as service providers to understand the unique barriers that LGBT older adults face, as well as the many ways to improve and expand the continuum of care and services available. To help in creating this guide, we surveyed service providers and professionals across the country, all of whom have taken various steps to help make their agencies safe and inclusive for LGBT older adults. We also relied on the partner organizations (listed on the inside front cover) of the National Resource Center on LGBT Aging for their expertise with these issues. We hope that this guide will help you to create inclusive and welcoming services across your agency for many diverse populations, including those in the LGBT community. Thank you for your support as we continue to help every LGBT older adult successfully age with dignity and respect.



Hilary Meyer

Director

**National Resource Center on LGBT Aging
SAGE (Services & Advocacy for GLBT Elders)**

KNOWLEDGE IS KEY TO INCLUSION

Unique needs of lesbian, gay, bisexual and/or transgender people

The vast majority of lesbian, gay, bisexual and transgender (LGBT) older adults have lived through discrimination, social stigma, and the effects of prejudice both past and present, including a history of being labeled as criminals, sinners, and mentally ill. For some, this fear and social stigma has disrupted their lives, their connections with their families of origin, their lifetime earnings and their opportunities to save for retirement. It has also made many of them apprehensive of health care professionals and aging service providers.

Aging service providers should be aware that the effects of a lifetime of stigma, discrimination, rejection and ridicule puts LGBT older adults at greater risk for physical and mental illnesses, and other issues including:

- social isolation
- depression and anxiety
- poverty
- chronic illnesses
- delayed care-seeking
- poor nutrition
- premature mortality

While LGBT older adults may be at risk for poorer health outcomes, research suggests that they are less likely than heterosexual elders to access aging network services and providers, senior centers, meal programs, and other entitlement programs because they fear discrimination or harassment if their sexual orientations or gender identities become known. Some LGBT older adults may access aging service agencies but may choose to remain closeted or private about their sexual orientation or gender identity, and may refer to partners, significant others, or loved ones as a “friend,” “roommate,” or “sibling.” Other LGBT older adults may resist accessing aging services and agencies altogether, and may only seek assistance for emergency care.

The special challenges facing many LGBT older adults must be kept in mind and adequately addressed when designing and providing services to the aging.

*For more information on LGBT older adults and health, read **The Aging and Health Report: Disparities and Resilience among Lesbian, Gay, Bisexual, and Transgender Older Adults**, available at lgbtagingcenter.org. Released in December 2011, this report provides the results from the most comprehensive health study about LGBT older adults to date.*



“LGBT seniors are less likely than their heterosexual counterparts to have children or other nuclear family members to support their aging and they are also more likely to be caring for a friend or family member. Many in our region feel extremely vulnerable as they age and many return to the ‘closet’ for fear of being mistreated by health and other professionals.”

Kathleen LaTosch

Special Projects Consultant

Affirmations, Metro Detroit’s Community Center for LGBT People (Michigan)

Addressing Common Misconceptions

Aging service providers should begin by examining how assumptions they may have about LGBT clients, based on labels or stereotypes, can be harmful and prevent aging providers from offering safe and affirmative services. Assumptions can create barriers to services and may unintentionally exclude LGBT older adults. Staff must be willing to explore their own internal assumptions about labels and learn to set them aside to see each person as an individual with unique needs and concerns.

Here is a sample list to get you started.

1. DO presume your agency has LGBT clients.

Aging service providers should always work from the premise that they have LGBT clients, even if no one has openly identified as LGBT.

2. DO NOT assume you can identify LGBT individuals by appearances, experiences, or external characteristics.

LGBT older adults do not all look the same way or adopt the same mannerisms or ways of dressing. They also may have past life experiences—such as being previously married or having children or grandchildren—that conflict with common assumptions about LGBT people.

3. DO remember that a client's sexual orientation and gender identity are only two aspects of a person's overall identity and life experience.

In addition to sexual orientation and gender identity, each client brings with them their racial, ethnic, and cultural heritage, as well as their unique individual history. For example, LGBT older adults who are also racial and ethnic minorities will often face the highest levels of disparities, due to racism, among other factors.

“Minority stress” is a term that describes the damaging physical and mental health effects of being stigmatized, and/or the focus of prejudice and discrimination, which create a hostile and stressful environment. Be aware that LGBT older adults of color may have particularly acute needs given the amount of minority stress they dealt with over the course of their lives—based on their sexual and gender identities, as well as their racial and ethnic identities.

Remember, while clients should always have the option and opportunity to self-disclose in person or on paper, they should never be forced to disclose any information they do not feel comfortable sharing.



4. **DO** ask your clients about their sexual orientations and gender identities in a safe and confidential manner.

The more a service provider knows about their clients, the better they will be able to provide person-centered support and care. A few examples:

- When a social worker knows his client is a lesbian and she recently lost her partner of many years, the social worker can address her underlying causes of grief, pain, or depression.
- When an intake coordinator knows who the client considers family, it makes it much easier to know which people to include in decision-making and how best to honor the significance of the client's relationships. Clients should also be made aware that federally funded hospitals are required to include a client's chosen power-of-attorney or other designated decision-maker when providing care.
- When a doctor is ordering routine exams for a transgender woman, the doctor may need to suggest a routine prostate exam.

Remember that while it is important to ask about sexual orientation and gender identity along with all of the other key components of care, LGBT people have significant histories of discrimination and stigma, which makes them far less willing to disclose these parts of their identities. **Ask the questions as you would any other factual question, but do not force anyone to answer. If a client looks uncomfortable, anxious, or refuses to answer, move on to the next question.**

5. **DO NOT** assume that treating everyone the same, regardless of sexual orientation or gender identity, is effective or will make LGBT older adults feel safe or welcomed.

More often than not, treating everyone the same translates to treating everyone as heterosexual and glossing over the particular challenges LGBT older adults may have faced, including discrimination, physical and emotional stress, and violence.

TERMINOLOGY MAKES A DIFFERENCE

Intake Forms

To create a welcoming and inclusive environment for LGBT older adults, staff should begin by using inclusive terms, phrases, and language that do not presume a sexual orientation, gender identity, or relationship status.

For instance, terms such as “husband or wife,” and/or “spouse” do not reflect or encompass the scope of significant relationships that LGBT people may have, such as partner, life partner, significant other, or domestic partner. In addition, many traditional intake forms only ask for sex or gender as “male or female,” which does not necessarily capture information on transgender or gender non-conforming individuals.

Aging service providers should amend intake forms, emergency contact forms and other personal documents with language that includes the LGBT community and its full diversity.

Checklist for Intakes and Forms

- ❑ Staff should ask all clients about their sexual orientations and gender identities. This prevents staff from only asking those who they “think” are LGBT or singling out any one client.
- ❑ Forms should be updated to include relationship options such as “partner” or “significant other.”
- ❑ Create an opening for LGBT clients to talk about any family members of choice by asking them open-ended questions such as, “Who do you consider family?” or “Who in your life is especially important?”
- ❑ Encourage clients to write in their own gender designations by inserting a blank line in addition to “male and female.” Having this additional fill-in-the-blank welcomes people to define their own gender.
- ❑ If you are ever unsure about how to address an individual, **let the person guide you**. Don’t be embarrassed to ask, “Am I using the term or pronoun you prefer?” or “How do you self-identify?” Clients will appreciate when staff members take the time to learn more about them, as well as when staff can demonstrate the agency’s commitment to respect and safety.



Staff should ask all clients about their sexual orientations and gender identities. This prevents staff from only asking those they perceive are LGBT or singling out any one client.

Confidentiality

During the intake process (or at any other time when clients are asked to disclose personal information), agency professionals should clearly explain how a client's personal information may be used or shared within the agency. For example, will all social workers have access to all client files or just their own clients' information? Staff and agency representatives should be as clear and forthright as possible when explaining the agency's confidentiality policy, as well as the sharing of clients' personal information, especially sexual orientation and gender identity.

Fully detailing how client information is kept confidential and private fosters a safe space, shows clients that they are respected and that they do not need to fear intrusion or harassment.

Checklist for Confidentiality

- Have a clearly stated confidentiality policy written on all forms and ask staff to read the policy aloud before beginning the intake process.
- Explain how a client's personal information, such as name, gender identity, sexual orientation, health conditions, and other potentially sensitive information may be used by the agency. Let your clients know who may or may not be able to access that information, or how it may be made available for certain urgent situations, such as looking up a phone number for an emergency contact.
- Reassure clients that their medical and health information must remain private and is federally protected against intrusion and unlawful sharing. If possible, hand out materials on the federal Privacy Rule and how medical and health information is kept private. For more information, visit www.hhs.gov/ocr/privacy/.
- Emphasize that your agency will not discuss a client's sexual orientation or gender identity with the client's family or friends without his/her specific permission.
- After the intake, be sure to ask clients if there is any information in particular that they expect to be kept confidential, or if they wish certain information, such as their preferred gender pronoun, to be known and used by other older adults and staff members.
- If a client wishes to have certain areas of the intake form left blank, such as sexual orientation or gender identity, do not force them to give an answer. Remember, clients may "come out" over time in different stages—and when they are comfortable and ready, they will disclose.
- Offer your clients the option to answer questions in private.

Let clients disclose information about sexual orientation and gender identity at their own time and pace.



“Over the past two years we have added pictures to include gay and lesbian couples and have added links that are geared toward older LGBT adults on our websites.”

Monica Cissell

Director of Programs and Services
Central Plains Area Agency on Aging (Kansas)

GOOD FIRST IMPRESSIONS DEMONSTRATE INCLUSION

First impressions go a long way. As a group of people who have been historically marginalized, LGBT older people have a tendency to “scan the room” when they first enter a new facility, looking for visible signs that it is welcoming. Here are a few starter questions to help you think about whether your facility shows positive signs of inclusion:

- Do your marketing materials only feature opposite-sex couples? Or do they also include same-sex couples and other self-identified LGBT people?
- Do your marketing materials feature photos of older adults of color and other diverse populations?
- Does your agency feature any LGBT community events, programs, or organizations on your bulletin boards or other materials?

To create a culture of respect for diversity, including LGBT elders and elders of color, be sure that your agency visibly reflects its commitment to diverse aging populations and their friends, families, and partners.

“Our agency has a rainbow directory of services in our front lobby for the Sacramento area. We also provided LGBT sensitivity training for our staff and service providers.”

Jane Stan
Program Manager
Area 4 Agency on Aging (California)



Checklist for First Impressions

- ❑ Hang images of LGBT older adults in your welcome area or other high traffic common areas. Be sure to include representation from multiple racial and ethnic groups, aging generations, sexual orientations, and gender identities. Make certain that embracing and highlighting people of color and LGBT people becomes the norm, not the exception.
- ❑ Hang rainbow flags, rainbow-colored items, or Safe Zone signs around the agency to signify LGBT solidarity and acceptance.
- ❑ Prominently post your agency's non-discrimination policy on your website, all paper or print materials, and in the lobby of your agency. The policy should specifically state your agency's commitment to inclusion and protection of all people, as well as their caregivers, family members, and friends, regardless of sexual orientation and gender identity. The policy should also be readily available in print form for your current employees as well as any prospective employees or staff members. **This should be done regardless of whether your state specifically protects against sexual orientation and/or gender identity discrimination.**
- ❑ If your agency has a patient's bill of rights, post this in high traffic areas so that clients and staff members can see your commitment to equitable care.
- ❑ If possible, have single-stall, gender-neutral bathrooms available for staff members and clients. For clients who are transgender or gender non-conforming, this can signal a deepened understanding of gender diversity. **However, all clients, including those who are transgender and gender non-conforming, should be allowed to use the restroom they feel most aligns with their gender.**
- ❑ Display copies of LGBT-relevant magazines, publications, and information about local LGBT resources in your welcome area. If your agency has bookshelves, include books with LGBT content, characters, and authors.
- ❑ Highlight or display your partnerships with, or outreach to, the LGBT community. For example, if your agency regularly hosts LGBT programming or works with your local LGBT community center, hang banners or advertisements displaying these events and partnerships.



Start with LGBT-inclusive images and other signs of inclusion in your welcome area and marketing materials.

SET THE TONE THROUGH PROGRAMMING

Another important way to demonstrate LGBT-affirmation and inclusivity is to have **LGBT-specific programming** for clients. Maximize your agency's inclusiveness by giving LGBT clients a physical gathering space where they can share common experiences. In addition, offering LGBT-specific programming demonstrates to other service agencies in your community that your agency is welcoming of broader diversity principles. It might also be useful for other agencies that are looking for culturally competent program models.

If adding an LGBT-specific program is not yet possible at your agency, there are other ways to indicate that you are open to working with the LGBT community.

Checklist for Working Toward LGBT Programming

- Decide if current programming can be modified for LGBT clients. For example, when bringing in volunteer attorneys or financial advisors to help clients, be sure that they are using inclusive language and presenting information about particular issues that arise out of legal inequalities, such as different tax implications for same-sex couples, or the latest information on the tax deductibility of transgender-related surgery.
- Make your agency's meeting space available for diverse groups within the LGBT community to meet or hold their events. This can help your agency foster new partnerships within the LGBT community.
- Co-sponsor LGBT events or programs with local LGBT groups.
- Volunteer to speak at LGBT community center events or programs.
- Consider creating groups for LGBT clients. Some examples include:
 - An intergenerational group between your LGBT clients and younger LGBT people. Many of the societal problems faced by LGBT youth such as bullying, loneliness, and isolation are issues LGBT older adults face as well, and your clients might welcome the opportunity to provide support to LGBT youth.
 - LGBT-specific support groups such as an LGBT bereavement group, a "Coming Out Later in Life" group, an LGBT caregivers group, or an Older Lesbians' or Gay Men or Transgender discussion group, among others.

If you are unsure what programs may be useful at your agency, disseminate a survey to your clients to find out their concerns or needs. (See section addressing Data Collection.)



“We work very closely with OAA partners and provide technical assistance guidance. Our staff regularly participate in LGBT outreach, e.g., our Medicare specialist presented at Gay & Grey (SAGE Metro Portland) and helps LGBT consumers know their rights, and I facilitated a long-term care housing workshop that involved professional staff and LGBT elders living in facilities to provide context from their perspective. The I & A (Information & Assistance) staff person goes weekly and that has helped develop a trusting relationship with clients, as many would not feel comfortable going to a senior center for information. There are a number of events held that provide for peer support and advocacy. Recently, a lesbian couple that met at our successful LGBT meal site (housed at a Metropolitan Community Church) were married.”

Paul Iarrobino
Program Specialist
Multnomah County Aging & Disability Services (Oregon)

Checklist for Highlighting LGBT-Specific Programs

- Advertise your LGBT-specific programs and services on your agency's website and calendar.
- Publicize your LGBT services and other diverse programming in your local LGBT community's newspaper or through your LGBT community center's notifications lists.
- When hiring new staff, place job postings in LGBT newspapers, magazines, websites and community forums.

If you already offer LGBT-specific and other diverse programming, make sure everyone knows about it!

"We advertise that we have LGBT Eldercare Specialists on staff through our agency newsletter that serves 20,000, plus in the Wingspan Senior Forum and E-News that serves the LGBT community."

Sandy Davenport

Caregiver Specialist
Pima Council on Aging (Arizona)

GENDER AFFIRMATION IS VITAL

Transgender Older Adults

Transgender older adults may face additional challenges to successful aging than their non-transgender peers. In particular, transgender older adults face stigmas and myths about their identities and gender expressions. For example, many transgender older adults often report providers referring to them by a name other than their preferred name or by a pronoun that does not align with their gender identities.

A Working Definition

The term “transgender” is used to describe the experience and feeling of a persistent disconnect between one’s “sex at birth” (sometimes called “sex assigned at birth”) and one’s gender identity and expression. For example, people born with male anatomy who have female gender identities may choose to express themselves as female through personal style (clothes and accessories), by changing their name (from Jack to Jane, for example), and by asking people to refer to them by their preferred gender pronouns (i.e., “she/her” rather than “he/him”).

Transgender people may or may not use medical intervention(s) such as hormones or surgery to bring their bodies’ characteristics more in line with their gender identities. Some transgender people may legally change their names and accompanying paperwork (e.g., insurance documents, Social Security card, and driver’s license). A person’s gender identity should be respected and not be contingent on whether the person has gone through particular medical interventions and/or a legal name change. A person’s gender identity should be honored regardless of whether the person has taken such actions.

Because transgender people are subjected to an even higher level of discrimination and violence than their non-transgender lesbian, gay, and bisexual peers, issues of confidentiality, disclosure, and privacy are critical. Many transgender people feel their bodies, histories, or other gender-related information are very personal and private and therefore find some questions invasive and offensive. Before asking clients about their transgender status, staff members should think carefully about how they plan to use this data. Staff members should then explain to the client how they intend to use the information—a practice that will increase clients’ willingness to be open. Some examples of other best practices when interacting with transgender clients are included in this section.



Checklist for Transgender Inclusion

- ❑ Staff should always know and use the pronoun that their clients prefer, even when the client is not within earshot.
- ❑ Where services (including shared rooms) are segregated by sex, assignments should be made based on the client's gender identity, not his/her sex assigned at birth.
- ❑ If your staff administers or prescribes medication, it is appropriate to identify the various medications that a client is taking, including whether he/she is taking hormone medications. This will ensure there are no conditions or factors that serve as a reason to withhold a certain medical treatment. If you do not handle medications, you most likely don't need to know whether a person is using hormones.
- ❑ If your staff is responsible for administering or arranging for certain sex-linked preventive care such as mammograms or pap smears, it may be necessary to know what surgeries a transgender person has had to ensure he/she receives care appropriate for his/her body. If you are not responsible for such medical care, your agency staff most likely do not need to know what surgeries (if any) a transgender person has undergone.
- ❑ If assistance with bathing or other personal care is offered, all staff should have received training on providing professional care to all clients, including working with clients whose physical bodies are different from their outward gender expression or their inner gender identity.
- ❑ When billing health insurance companies, you may need to know if your client has insurance under a different name and/or gender. It is never appropriate to ask, "What is your real name?" Instead, if you need the data, ask the person, "Can I make a copy of your insurance card?" and possibly an additional question to confirm that the name on the insurance card should be used for billing purposes.
- ❑ If your staff arranges clients' appointments with other health professionals, discuss with transgender clients what personal information they are comfortable disclosing. It is not necessary to "warn" professionals that a client is transgender; that information is often unnecessary for appropriate treatment. Further, sharing it without your client's permission is a breach of privacy and may violate HIPAA regulations.
- ❑ Staff should remember that transgender clients, just like everyone else, should be able to use whichever restroom aligns with their gender identities.
- ❑ Staff should always model proper behaviors such as calling someone by his/her preferred name and not engaging in gossip about clients. This sets the tone for other staff and clients.

LASTING CHANGE STARTS WITH EVERYONE

Non-Discrimination Policies and Human Resources

Personnel at every level of an agency must play a role in ensuring that the agency's culture, mission, and vision is inclusive and welcoming for LGBT and other diverse elders. Staff from different parts of the agency should work together to see if current policies are LGBT-friendly, and if not, identify ways to specifically include this population.

Agencies should reinforce their commitment to diversity by continually training current staff about the agency's commitment to inclusion and welcoming **all** clients, regardless of sexual orientation, gender identity, race, ethnicity, disability, and more. For new employees, set aside time during orientation to detail the agency's commitment to LGBT inclusion and the reinforcement of these policies. Remind staff, volunteers, and other clients that while they are entitled to their own beliefs, discriminatory language or behaviors that are homophobic, transphobic, or bi-phobic will not be tolerated. Every person involved in service provision should be trained on how to confront bias. **Remember: creating safety involves all staff and volunteers, not just supervisors.**

Agencies should also hold trainings and seminars about the needs and protections of LGBT employees at the agency. Remind staff that the same non-discrimination policies that protect LGBT clients should also extend to LGBT employees.

TIPS for recruiting LGBT staff:

- Have agency representatives attend LGBT job fairs (where available) to recruit professionals with gerontological or aging experience.
- Recruit staff by placing ads in LGBT publications, and conduct outreach with LGBT organizations in your community.

"We have partnered with SAGE Metro St. Louis to do trainings and in-services on LGBT aging issues for skilled and assisted living staff across the region. To date, we have met with 20 facilities providing resources, technical assistance and in-services."

Marilyn McCormick

Regional Coordinator

Long Term Care Ombudsman Program (Missouri)

“We have offered community education on LGBT aging issues to major public service agencies such as the Department of Social Services and direct care workers at nursing facilities, and have hosted large community education events for our nine-county region.”

Debi L. Lee

Elder Rights Coordinator

Centralina Area Agency on Aging (North Carolina)

Checklist for Policies and Procedures

- ❑ Review your visitation policies and make sure that it includes the client’s right to receive visitors that the client has designated, such as a partner, domestic partner, spouse, or friend. Policies for accepting visitors should be the same for both same-sex and opposite-sex partners.
- ❑ Review your policies and definitions for “family” and make sure that they include a client’s “family of choice”—friends, partners, and other people close to the individual—as well as “family of origin”—biological family members or those related by marriage or kinship.
- ❑ Consider selecting at least one person to be responsible for ensuring that your agency is continually improving services and care geared toward LGBT and other diverse older adults. This individual could also serve as a direct liaison between clients, their friends, partners, and families to receive input and suggestions about improving care for LGBT clients.
- ❑ Highlight or honor those staff members who have demonstrated exceptional care or a commitment to serving LGBT older adults and their families. Use these exemplary staff members as possible mentors or guides for other staff members who may have hesitations or are unfamiliar with engaging LGBT clients.
- ❑ Ensure that your agency or organization’s board and leadership reflect diversity and inclusion of LGBT older people by race, ethnicity, gender and socio-economic status, among other characteristics.
- ❑ Create ongoing monitoring mechanisms for clients to report and address biased behavior from fellow clients or staff and for staff to report discriminatory or biased behavior. This process should be presented to clients and staff and also posted in high-traffic areas.
- ❑ Have a designated staff person, preferably a Human Resources manager, handle complaints quickly and speak confidentially with each affected party to address the incident as well as any underlying patterns of discrimination or disrespect. Avoid creating a confrontational environment or situation that places one person’s account against the other person’s account.



“We attend monthly meetings of Wingspan Senior Pride (a volunteer committee of the local agency that serves the LGBT community). We have identified seven staff members as LGBT Eldercare Specialists, at the request of Wingspan Senior Pride members, to make our agency services more accessible to community members, with assurance of safe and receptive services. These specialists have been through Rainbow Train education on cultural sensitivity regarding LGBT elders. Our agency staff of 50 received a cultural competency in-service on LGBT elder issues, presented by a Wingspan staff member who was also part of the SAGA (S. AZ Gender Alliance). Our agency staff members were panel speakers at the Elder Open House at Wingspan, with a standing room only audience.”

Sandy Davenport
Caregiver Specialist
Pima Council on Aging (Arizona)

Cultural Competency Training

Training all staff on how to identify and address the needs of LGBT older adults is key to making an agency inclusive. Staff members need to participate in training programs with trusted and credible trainers who will enhance knowledge and skills about LGBT older adults and their intersecting identities of race, ethnicity, and culture. Cultural competency trainings should be a mandatory component of all in-service training regimens at every agency.

When exploring training options for your staff, make sure the trainings reflect and deepen the knowledge and role that each staff member plays in the agency's commitment to diversity. For example, an employee who provides direct services may need additional training on the needs of aging lesbians with HIV, while Human Resources assistants who rarely work directly with clients may need further training on how they can best draft a manual about the rights and benefits of LGBT employees.

There are a number of different types of LGBT aging presentations and cultural competency trainings in existence. Your agency should critically evaluate the options available in order to choose the training program that is the best fit for your agency.

“We worked closely with a local school of nursing that required all of their students attend our LGBT training session in order to graduate. Many of those nursing students became volunteers with us. We routinely train service providers and students to help understand key issues impacting LGBT older adults.”

Paul Iarrobino

Program Specialist

Multnomah County Aging & Disability Services (Oregon)



The National Resource Center on LGBT Aging offers comprehensive cultural competency training for all levels of staff. Find out more at lgbtagingcenter.org.

INCLUSION IS AN ONGOING PROCESS

Assessing Your Agency's Strengths Through Feedback and Data Collection

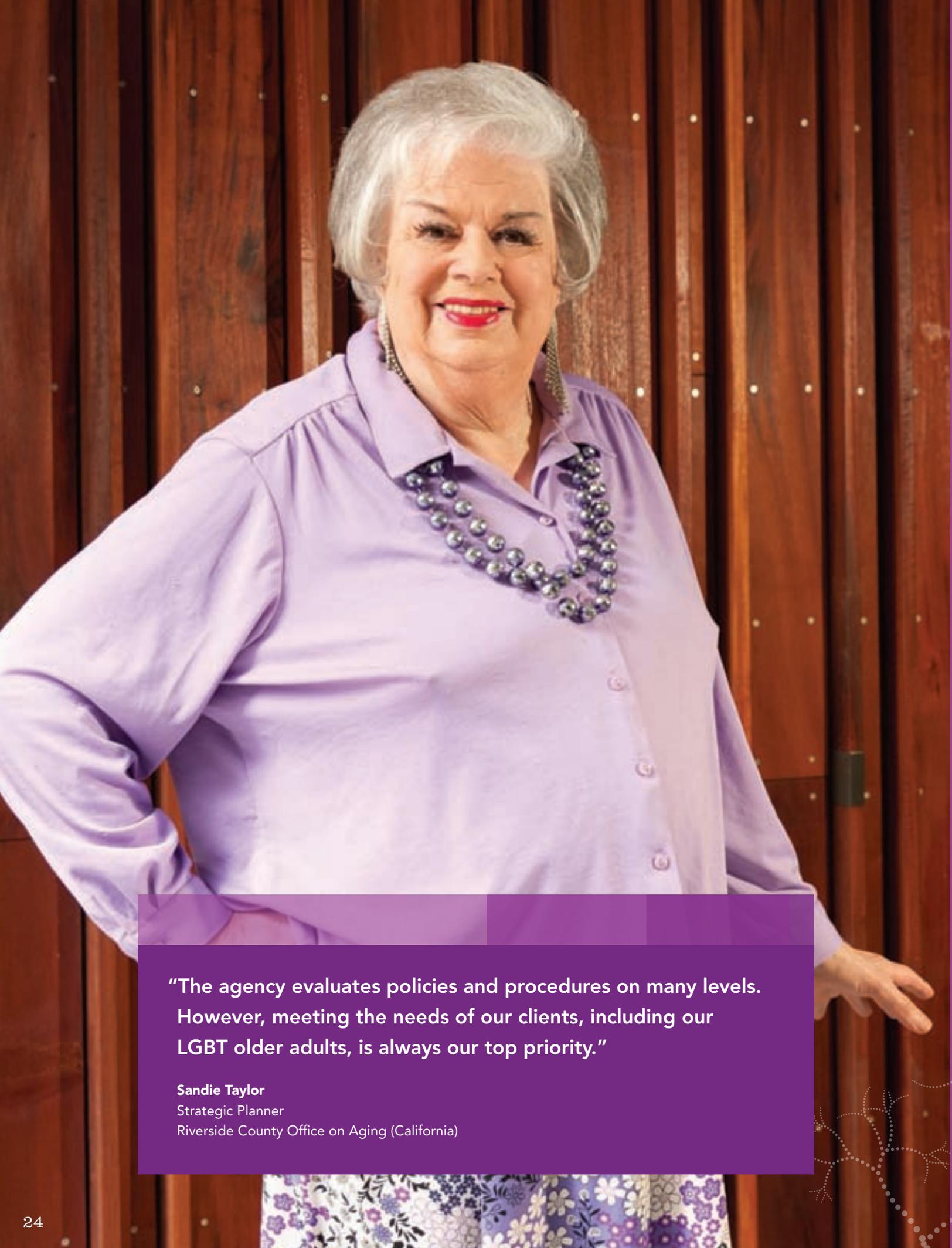
Agencies should continually review and assess if they are effectively responding to the needs of their LGBT clients. Agencies and professionals should create a system to collect this information and engage staff and clients in surveys and other forms of feedback. In fact, the data collected from your LGBT clients is especially helpful because they are best suited to offer immediate and tangible ways that services and programming can be tailored to their needs.

Checklist for Assessments

- Have conversations with LGBT clients about how well they feel the agency is doing.
- Speak with members within the LGBT community who are experienced in working with LGBT older adults to understand what they recommend for effectively engaging this population.
- Form a group of agency staff and clients who can provide internal and ongoing feedback on how the agency is serving LGBT and other diverse older adults.
- Create and distribute informal or formal surveys, or online or paper forms, to capture data about the needs, interests and experiences within your agency.
- Create and distribute workforce surveys for the agency's staff to understand how prepared they are to serve LGBT older adults, as well as the types of resources they need to work with diverse LGBT aging clients.
- Ask the family members or other support networks of your clients about the efficacy of your agency's services.

The Joint Commission offers a helpful field guide, [Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care for the Lesbian, Gay, Bisexual, and Transgender \(LGBT\) Community](#). Visit lgbtagingcenter.org to learn more.

In addition, you can assess your agency's LGBT inclusion policies by using national and state-level research that describes health issues and other needs to develop programs and services for LGBT clients. This may give your agency a better idea of current health disparities or needs, and may help you understand what areas or aging issues to focus on. See lgbtagingcenter.org for the most up-to-date research information.



"The agency evaluates policies and procedures on many levels. However, meeting the needs of our clients, including our LGBT older adults, is always our top priority."

Sandie Taylor
Strategic Planner
Riverside County Office on Aging (California)

CONCLUSION

This guide was intended to provide aging organizations and aging professionals with information, inspiration and ideas for improving the lives of LGBT older adults. Informed and culturally competent aging service providers can help everyone age with dignity and respect. Agencies should have ongoing meetings to address concerns faced by employees regarding LGBT and other diverse populations' inclusion. Not all employees may be open to a having a fully inclusive agency and that unwillingness should be used to begin an ongoing dialogue on the importance of client-centered care and respect for all clients. We hope that this guide is a step toward helping you to create inclusive and welcoming services across your agency for many diverse populations, including those in the LGBT community. For more information and assistance with ongoing work, please visit lgbtagingcenter.org.

GLOSSARY**

Acquired Immune Deficiency Syndrome (AIDS)

The last stage of the infection from Human Immunodeficiency Virus (HIV) that attacks a person's white blood cells. This means they can no longer fight off sickness and disease.

Ally

A person who works for social change for a group that faces injustice or disadvantage. The ally is not a member of that oppressed group but supports and fights for equality on behalf of the group, e.g. heterosexuals who support LGBT rights.

Bisexual, Bi*

An individual who is physically, romantically, and/or emotionally attracted to both men and women. "Bisexual" does not suggest having equal sexual experience with both men and women. In fact, some people who call themselves "bisexual" have not had any sexual experience at all.

Closeted, In the Closet or Stealth*

Describes a person who does not share with others, or only shares with a few "safe" people, that they are lesbian, gay, bisexual and/or transgender.

Coming Out*

A lifelong process of self-acceptance of one's sexual or gender identity that may include a sharing of that identity with others. How much people are "out" may differ by setting, people they are with, and life stage. The coming out process is unique for each individual, and is the choice of each individual. LGBT older adults often hide their sexual orientation or gender identity from their health care and social service providers (do not "come out") for fear of being treated badly.

Discrimination*

Unfair and unequal treatment in favor of or against an individual or group based on group identity; e.g. African American, female, Arabic, youth, or LGBT. Discrimination is the actual behavior towards the individual(s).

Dyke

Slang for a lesbian. It originated as a negative label for a masculine or butch woman, and this usage still exists. It has been reclaimed by some as a positive word.

Faggot/Fag

An offensive, negative slang sometimes used to describe gay men.

Family of Choice

Diverse family structures usually created by LGBT people, immigrants, and racial or ethnic minorities, that include but are not limited to life partners, close friends, and other loved ones not biologically related or legally recognized but who are the source of social and caregiving support.

Gay*

A word used to describe anyone, mainly men, who have primary physical, romantic, and/or emotional attraction to someone of the same sex, e.g., gay man, gay people. Many gay people prefer this term over "homosexual" which retains negative connotations. Lesbian can be a preferred term for a gay woman. While younger men may use the term "queer," this term is generally considered offensive to older people.

Gender

A person's internal sense of being male, female or another gender. A person may choose to express their gender through culturally defined norms associated with male and female, which may or may not align with a person's internal gender identity or with the sex they were assigned at birth.

Gender Expression*

How a person outwardly expresses their gender identity and/or role; how they dress, walk, wear their hair, talk, etc. Typically, transgender people seek to make their gender expression match their gender identity, rather than their sex assigned at birth.

Gender Identity*

The gender you feel you are inside (man, woman, neither or both). For transgender people, their birth-assigned gender and their personal sense of gender identity do not match. Gender identity and sexual orientation are not the same. Transgender people may be heterosexual, lesbian, gay, or bisexual. For example, a transgender woman who was assigned a male gender at birth and is attracted to other women may self-identify as a lesbian.

Gender Role

Societal or ethnic/cultural expectations about how a person should dress, look, talk, and behave based on whether they are female or male.

Gender Perception

How observers classify a person's gender.

Going Stealth

A person living as a gender different from what was assigned to them at birth without people knowing or being able to tell that the person is transgender.

Heterosexual*

Used to describe people whose primary physical, romantic, and/or emotional attraction is to people of the opposite sex; also known as straight.

Heterosexism*

Belief that heterosexuality is the only "natural" sexuality and that it is inherently healthier or superior to other types of sexuality, including LGBT sexuality. The term refers to the negative attitudes, bias, and discrimination exhibited by people with this belief.

Homophobia/Transphobia/Biphobia*

Homophobia refers to a fear of lesbians and gay men. Biphobia is used to describe a fear of bisexual people. Transphobia is used to describe a fear of transgender people. These phobias reflect prejudice, hatred, antipathy, and avoidance toward lesbian, gay, bisexual and transgender people.

Homosexual

An outdated clinical, medical term that is no longer the preferred word used to describe someone who is gay or lesbian. It has taken on negative connotations because of its previous use to denote a mental illness.

Hormone Therapy

Use of hormone treatments to create characteristics that reflect the sex with which a person identifies.

Identity or Self Identify

What people call themselves that expresses their internal reality. This may be different from external characteristics or how others might view them.

Lesbian*

A woman whose primary physical, romantic, and/or emotional attraction is to other women. Some lesbians may prefer to identify as gay (adj.) or as gay women. Many lesbians view “homosexual” as a derogatory term. While younger women may use the terms “dyke” or “queer,” these terms are generally considered offensive to older people.

LGBT/GLBT*

Acronym for lesbian, gay, bisexual and transgender. LGBT and/or GLBT can be used interchangeably.

LGBT Older Adults

The preferred term for LGBT people 65, the current standard age of retirement, or older. The term “older adults” may be preferable to “old,” “senior,” “elderly” or “aging” (terms which many don’t identify with personally). Also acceptable are “older LGBT people” or “LGBT older people” depending on context.

Lifestyle*

Term used to refer to lesbian, gay, bisexual, and transgender lives, generally considered offensive to LGBT people. Just as there is no one straight “lifestyle,” there is no one lesbian, gay, bisexual, or transgender lifestyle.

Minority Stress

The damaging physical and mental health effects of being stigmatized and/or the focus of prejudice and discrimination, which create a hostile and stressful environment.

Openly Gay*

Describes people who self identify as lesbian or gay in their personal, public and/or professional lives. Terms such as openly lesbian, openly bisexual, and openly transgender are also used. Sometimes referred to as being “out,” as in, “She is an out lesbian.” Openly gay people generally continue to scan each new environment for its level of safety before speaking of their LGBT identity.

Outing*

The act of publicly telling (sometimes based on rumor and/or speculation) or revealing another person’s sexual orientation or gender identity without that person’s consent. It is considered inappropriate by a large portion of the LGBT community, and can be very damaging socially, personally, and/or professionally to the individuals who are “outed.”

Partner

A nondiscriminatory and gender neutral way to describe one of the people in a committed, long-term relationship.

Queer*

Historically a negative term, it is now being used by some LGBT people—mostly younger ones and as a broader term—to describe themselves. However, it is not universally accepted even within the LGBT community and should be avoided unless quoting or describing someone who self-identifies that way.

Questioning*

A person who is unsure about his or her sexual orientation or gender identity.

Same-Gender Loving (SGL)*

A cultural term used most frequently in communities of color that affirms the same-sex attraction of men and women. The term may be favored by some over the labels gay, lesbian, or bisexual.

Sex*

The classification of people as male or female based on their anatomy (genitals or reproductive organs) and/or biology (chromosomes and/or hormones).

Sex Assigned at Birth

At birth, infants are usually given a sex designation of male or female by a doctor based on the child’s genitals.

Sex Reassignment Surgery

Surgery performed to create genitalia that reflect the sex with which a person identifies.

Sexual Orientation*

A person’s primary physical, romantic, and/or emotional attraction to members of the same and/or opposite sex, including lesbian, gay, bisexual and heterosexual (straight) orientations. It is the accurate term and should be used instead of the offensive term “sexual preference,” which conveys the suggestion that being gay or lesbian is a choice and therefore can be “cured” or changed.

Transgender*

An umbrella term for people whose gender identity and/or gender expression differs from the sex they were assigned at birth. The term may include but is not limited to transsexuals and cross-dressers. Transgender people may identify as female-to-male (FTM) or male-to-female (MTF). It is important to use the descriptive term (transgender, transsexual, cross-dresser, FTM or MTF) preferred by the individual. Transgender people may or may not decide to alter their bodies hormonally and/or surgically.

Transition

The process of changing genders in order to match the gender a person identifies as. This can include: Male to Female and Female to Male or Intersex.

Transsexual*

An older term that originated in the medical and psychological communities. While some transsexual people still prefer to use the term to describe themselves, many transgender people prefer the term transgender to transsexual. Unlike transgender, transsexual is not an umbrella term, as many transgender people do not identify as transsexual. It is best to ask which term an individual prefers.

Two-Spirit*

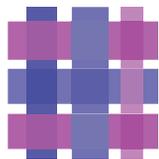
The term refers to LGBT people and reflects traditions among many Native American nations that accept and celebrate the diversity of human gender, spirituality, and sexuality.

*Adapted from the Gay & Lesbian Alliance Against Defamation (GLAAD) Media Reference Guide, www.glaad.org

**This glossary was developed using the following additional sources:

- *From Isolation to Inclusion: Reaching and Serving Lesbian, Gay, Bisexual and Transgender Seniors*, Openhouse LGBT Cultural Humility Curriculum for Senior Service Providers; Openhouse, San Francisco, CA. www.openhouse-sf.org/resources/training.
- LGBT Aging Project, Boston, MA. www.lgbtagingproject.org
- *LGBT Aging Health Issues*, Cook-Daniels, FORGE Transgender Aging Network, Milwaukee, WI. www.forge-forward.org/aging.
- *LGBT Aging: What Makes It Different? A Training Curriculum from the New York State Health & Human Services Network*, compiled and edited by SAGE, New York, NY. www.sageusa.org
- *Improving the Quality of Services and Supports Offered to LGBT Older Adults*, National Resource Center on LGBT Aging, New York, NY. www.lgbtagingcenter.org

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