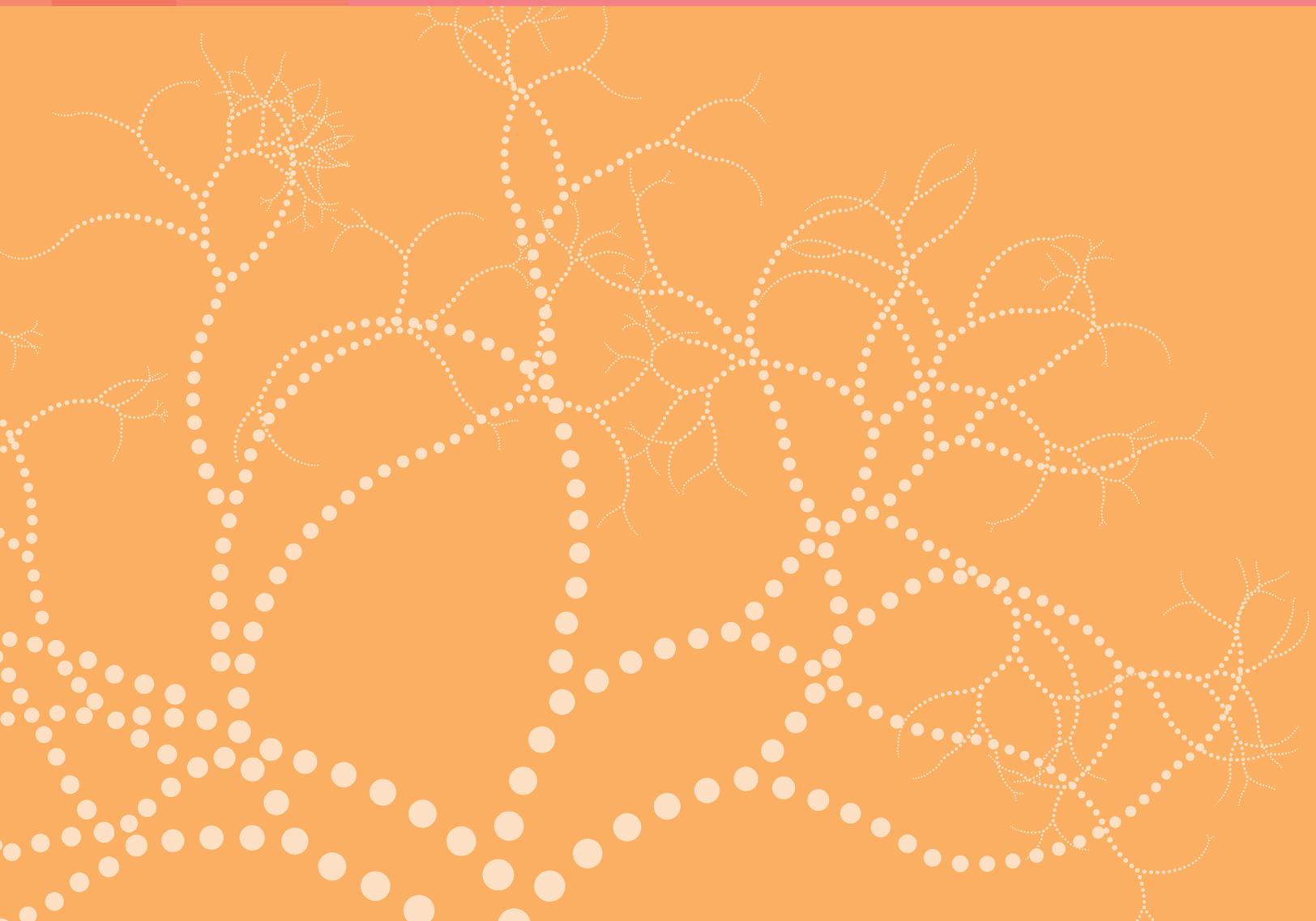


Inclusive Questions for Older Adults

A Practical Guide to Collecting
Data on Sexual Orientation
and Gender Identity



National Resource Center ON LGBT AGING



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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 collaboration with 18 leading organizations from around the country: the American Society on Aging, CenterLink, FORGE Transgender Aging Network, GRIOT Circle, Hunter College, the LGBT Aging Project, Meals on Wheels Association of America, the National Asian Pacific Center on Aging, the National Association of Area Agencies on Aging (n4a), National Association of Nutrition and Aging Services Programs, National Caucus & Center on Black Aged (NCBA), National Center for Elder Abuse, National Indian Council on Aging, 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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Services and Advocacy for GLBT Elders (SAGE) 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, provides education and technical assistance for aging providers and LGBT organizations through its National Resource Center on LGBT Aging and cultural competence training through SAGECare. With offices in New York City, Washington, DC and Chicago, SAGE coordinates a growing network of 30 SAGE affiliates in 20 states and the District of Columbia.

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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 3 million adults over the age of 65 who identify as lesbian, gay or bisexual. By 2030 those estimates are expected to double. 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 who will age as transgender people over the next few decades and beyond. SAGE's National Resource Center on LGBT Aging was created to address the country's need for information on these unique and diverse populations.

More and more sexual orientation and gender identity data collection requirements are being implemented at state, local, and even federal levels. At SAGE's National Resource Center on LGBT Aging, we are frequently contacted by service providers who want to know how to ask questions about sexual orientation and gender identity to better inform the services and programs they offer to their older adult clients. While LGBT people live in almost every county in the United States, many providers report that they do not know of any LGBT clients. Additionally, many service providers are not sure how to ask questions on forms and in person, so they never find out which clients identify as LGBT.

This guide, first produced in 2013, has been updated during the Fall 2016 to reflect emerging research and best practices to help service providers ask questions about sexual orientation and gender identity in safe and respectful ways. Relying on research, real-world knowledge, and experience, the guide outlines:

- Why collecting data on LGBT older adults is important for service delivery;
- How to incorporate sexual orientation and gender identity questions into client forms; and
- Helpful suggestions for discussing sexual orientation and gender identity with older clients.

This guide is meant to serve as a reference point for administrators, managers and direct service staff to utilize in both daily practice and organizational planning to better engage and serve their LGBT older adult clients. Thank you for your support as we continue to help every LGBT older adult successfully age with dignity and respect.



Sherrill Wayland

Manager

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

UNIQUE NEEDS OF LGBT OLDER 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 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 other service providers.

Compounding these issues is the fact that LGBT older adults are often invisible in aging service demographics and program planning. From the federal to local levels, the identities of LGBT older adults are rarely included in population-level research studies, service intake forms or client notes. This lack of data collection across the spectrum of aging policy and programs can exacerbate the special challenges facing LGBT older adults. Providers might lack the information they need to better understand and serve LGBT elders, and the broader research field is left with little data to study questions related to health and well-being among older LGBT populations.

Service providers should be aware that the effects of a lifetime of stigma, discrimination, and violence put LGBT older adults at greater risk for physical and mental illnesses. These effects can include:

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

In addition to poor health outcomes, research also suggests that LGBT older people are less likely than heterosexual, and/or cisgender elders to access mainstream aging services and providers, senior centers, meal programs, and other services because they fear discrimination or harassment if their sexual orientations or gender identities become known. An LGBT older adult might access aging service agencies but still choose to remain closeted or private about their sexual orientation or gender identity. That said, while self-disclosing one's sexual orientation and gender identity can be a risk, it has also been shown to lead to positive mental and physical health outcomes amongst other signs of resilience.

By creating a welcoming, safe and LGBT-affirming space—which includes asking demographic questions about sexual orientation and gender identity—service providers will be better able to provide culturally competent care and encourage honesty and trust so that clients can be their authentic selves.

*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.*



“The New York State Office for the Aging is committed to fostering the inclusion of LGBT older adults in person-centered programs and services that help older adults maintain their independence in the community. Data collection is essential to identifying the unique needs and issues facing vulnerable LGBT older adults. Sexual orientation and gender identity data will provide tools to measure the effectiveness of outreach policies and identify opportunities to better serve LGBT older adults in a culturally competent manner throughout the various regions of NYS.”

Greg Olsen

Acting Director, 2013

New York State Office for the Aging

WHY DATA COLLECTION IS IMPORTANT

Aging services and healthcare providers rely on client data to inform program and service delivery as well as to guide optimal individual service and treatment. Given the unique barriers and challenges many LGBT older adults face, omitting explicit mentions of sexual orientation and gender identity from client demographic information limits the ability of service providers and healthcare professionals to address the complete needs and issues of LGBT older adults.

An important principle of person-directed care is that the more providers know about their individual clients, the better service they will be able to provide.

A few examples:

- When a social worker knows that his client is a lesbian, and that she recently lost her partner of many years, the social worker knows to discuss the client's underlying causes of grief, pain, and/or depression. Additionally, the social worker can refer the client to an LGBT bereavement group so the client can access peer support.
- When an intake coordinator knows who the client considers "family," it becomes easier to know which people to include in decision-making about the client's standard of care, 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. For further information, see the Legal Resources section on the National Resource Center on LGBT Aging's website at lgbtagingcenter.org

Today, more and more health and social service settings, including the Veteran's Health Administration and the Centers for Medicare and Medicaid Services are promoting the collection of sexual orientation and gender identity data. Additionally, states such as California, Massachusetts and New York are collecting sexual orientation and gender identity in their aging services.

See the following article for additional information: Cahill S., Baker K., Makadon H. 2016. Do Ask, Do Tell: A Toolkit for Collecting Sexual Orientation and Gender Identity Data in Clinical Settings. Policy Issues. <http://doaskdotell.org/ehr/toolkit/policyissues/>

On June 29, 2011 U.S. Department of Health and Human Services (HHS) Secretary Kathleen Sebelius announced that HHS would begin collecting data in its population health surveys to facilitate identification of health issues and reduction of health disparities among LGBT populations. Additionally, for the first time HHS's Healthy People 2020 included the objective of incorporating a standardized set of questions that identify LGBT populations in population-based data systems to monitor Healthy People 2020 objectives.



- When a doctor orders routine exams for a transgender woman, the doctor may need to suggest a routine prostate exam.
- When a senior center director knows there is a population of LGBT older adults interested in legal and financial information, she can engage presenters with local expertise in LGBT legal and financial planning to ensure participants get the most appropriate information for their specific concerns, which often differ by state.

Collecting data on sexual orientation and gender identity from older adults can also help illuminate the nature of health disparities among older people, as well as where funding can be allocated to better reach LGBT elders. When this data is collected, aggregated and reported, it can yield powerful, data-driven insights about the profound health disparities facing LGBT older people. In turn, it helps government officials and other funders understand the importance of funding programs and services that support your clients.

“In 2016 the San Francisco Board of Supervisors unanimously passed an ordinance recommended by the LGBT Aging Policy Task Force that directs Department of Public Health, Department of Aging and Adult Services, Human Services Agency, Department of Children, Youth and Their Families, and the Mayor’s Office of Housing and Community Development to begin collecting demographic information about LGBT seniors wherever other demographic questions are asked. The ordinance also covers the community agencies that contract with these departments. The ordinance takes effect on July 1, 2017. Response to collected demographic questions will be voluntary and confidential. The legislation is based on a survey conducted by the Task Force and the subsequent deliberations of that body. In addition the State of California earlier this year passed and the Governor signed legislation requiring certain State agencies to begin collecting LGBT data.”

Tom Nolan
Manager, Special Projects
Department of Adult & Aging Services
City of San Francisco

ADDRESSING COMMON QUESTIONS AND MISCONCEPTIONS

We often hear misconceptions about data collection and LGBT older people. Below we have outlined a few of the most common concerns we hear from service providers about this diverse population.

We don't have any LGBT older adult clients.

- LGBT individuals live in almost every county in the United States and access services across the lifespan. Service providers should always work from the premise that they have (or will eventually have) LGBT clients, even if no one has openly identified as LGBT.

I can identify the LGBT people within my service population.

- LGBT older adults do not all look the same way or adopt the same mannerisms or ways of dressing. And many LGBT people report “passing” as heterosexual or cisgender for most of their lives. Additionally, they might also have past life experiences—such as being previously married or having children or grandchildren—that counter common assumptions about LGBT older people.

It is illegal to ask about a person's sexual orientation or gender identity.

- It is not illegal to ask about sexual orientation and gender identity but there are many laws that make it illegal to refuse services because someone is LGBT. In addition, while service providers and healthcare professionals should ask about sexual orientation and gender identity, they cannot force an individual to answer these questions.

Remember, many LGBT older adults have profound histories of stigma and prejudice and might be less willing to disclose these parts of their identities, especially if they are accessing services for the first time. But asking these questions opens the door to future conversations and shows clients that your agency is LGBT-friendly.

Our clients will resist answering questions related to sexual orientation or gender identity.

- While some LGBT older adults will not want to self-identify as LGBT, they should be offered the opportunity to do so. Further, asking sets an important tone of inclusion. Also, remember that sexual orientation and gender identity are different concepts, so in some cases clients might disclose their sexual orientations but not their gender identities—or vice versa.

“If you can't be open, how can you trust your provider to help make decisions with you? I think there needs to be trust with my provider—and knowing about all of me, including my sexual orientation, helps build trust.” Phyllis S., Age 78

Why do I need to ask about both sexual orientation and gender identity? Aren't they the same thing?

- It is important to remember that sexual orientation and gender identity are two different aspects of an individual and should not be incorporated into one question. "Sexual orientation" is defined by who a person is primarily physically, romantically and/or emotionally attracted to (for example, males, females, both, neither, etc.). "Gender identity" is defined as the gender you feel you are inside. For transgender people, their birth-assigned sex and their personal sense of gender identity do not match.

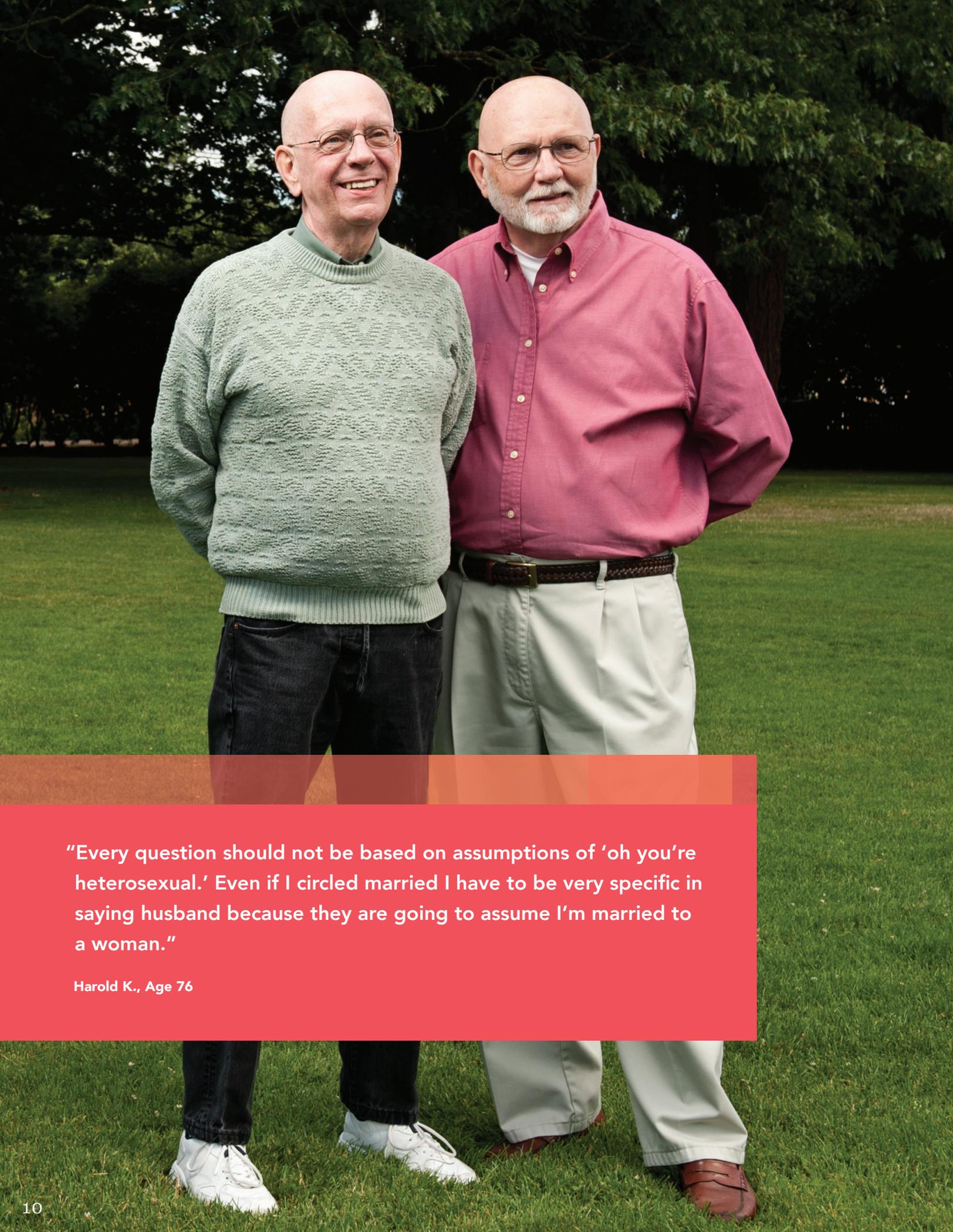
We treat everyone as equals, so we don't need to ask our clients about sexual orientation or gender identity.

- Treating everyone the same often discounts the particular challenges that LGBT older adults encounter; it often translates into treating everyone as heterosexual and cisgender. This assumption can undervalue the life experiences of LGBT older adults, such as experiences of discrimination, physical and emotional stress, and violence. Understanding all aspects of your clients' identities will lead to better person-directed care.

We have regulated forms that do not ask about sexual orientation and gender identity. What are we supposed to do?

- Many service providers utilize additional questions that are not included on regulated forms to get a broader sense of a client's experiences, special issues, and needs. Sexual orientation and gender identity questions can be included on these forms and in client databases.

"From my own experience, filling out the form seems to be the first thing I do when I go to the dentist, primary care, etc., and I always check 'single.' I have a partner of 10 years, but am not legally married so we have to fill out official documents as 'single.' But I always make sure to say 'partner' in the emergency contact relationship status line. The form is really important because it provides me an opportunity to test the waters a bit. I wish there were more specific questions, because without a partner, I'd continue to only check 'single' and that doesn't give them enough information about me."



“Every question should not be based on assumptions of ‘oh you’re heterosexual.’ Even if I circled married I have to be very specific in saying husband because they are going to assume I’m married to a woman.”

Harold K., Age 76

SUGGESTED QUESTIONS ON SEXUAL ORIENTATION AND GENDER IDENTITY

Note to the reader: The testing on the wording of the questions about sexual orientation and gender identity is very much underway and findings are beginning to emerge. However, there are still different forms of questions being tested and currently there is no standard procedure for questions to ask older adults. This section gives some ideas that may help inform your process, but they are not meant to be a catch-all for every provider. When deciding which questions to use, providers should have full discussions with staff about what is important to learn from your clients and the most useful approaches to do so. You may also contact SAGE at 212-741-2247 for further guidance about the best approach for your agency.

Incorporating data collection on sexual orientation and gender identity into daily practice can be handled in a variety of ways. Some providers may be able to incorporate questions about sexual orientation and gender identity seamlessly into their current service process, while others may find it feasible to only use certain suggestions or components. Questions regarding sexual orientation and gender identity should be integrated into the general demographics section on all forms. By weaving sexual orientation and gender identity questions into the general demographics section, it underscores the message that these are two parts of the whole individual. In contrast, creating a separate section for sexual orientation and gender identity may unknowingly enforce feelings of stigma and discrimination in LGBT older adults.

All providers will need to address confidentiality and privacy concerns when planning for data collection on sexual orientation and gender identity (as with many other questions captured during the intake process). Also, there are pros and cons for each method of questioning. For example, while some questions might be more difficult to understand on paper, it's possible that some people will have an easier time disclosing information in written or electronic form, rather than in conversation.

It is important to remember that sexual orientation and gender identity are two different aspects of an individual and should not be incorporated into one question. "Sexual orientation" is defined by who a person is primarily physically, romantically and/or emotionally attracted to (for example, males, females, neither or both). "Gender identity" is defined as the gender you feel you are inside (male, female, neither or both). For most transgender people, their birth-assigned gender and their personal sense of gender identity do not match.

Sexual Orientation and Sexual Activity

A simple and commonly used form for the question on sexual orientation is:

Do you think of yourself as:

- Lesbian or gay
- Straight, that is, not gay or lesbian
- Bisexual
- Not listed above. Please specify _____
- Not sure

Tip: If someone chooses this response, it might be useful to ask more questions to find out if they aren't sure of whether they understand the question or if they aren't sure of, or are questioning, their own sexual orientation.

Additionally, forms should use inclusive language that does not presume sexual orientation or relationship status. Questions about marital status and cohabitation should include options such as “partner,” “spouse,” “life partner,” “primary caregiver,” or “domestic partner” to reflect the significant relationships that LGBT older adults can maintain. It might also be helpful to speak with LGBT-identified clients to solicit what terms and options they would prefer. If possible, marital status questions should be changed to relationship status. Depending on the services you provide you may also want to include questions on sexual behavior. Not all older adults who engage in sexual relations with members of the same sex will identify as LGB. These types of questions should only be included on forms or asked in interviews if they are essential to providing services, such as programs that offer safer sex advice. A sample sexual behavior question is below:

*In the past (time period, e.g., year) with whom have you engaged in sexual activity?
Choose ALL that apply.*

- Men
- Women
- One or more of my partners have been transgender
- I have not engaged in sexual activity with a partner

*“It’s very important that providers know I’m a lesbian. It’s important that questions about sexual orientation, and sexual behavior when relevant to medical providers, are asked so they know what additional questions to ask. It is imperative that it become a conversation. They should be asking heterosexual older adults these questions too.”
Sandy W., Age 79*

If you have clients who have self-identified as transgender, be sure to ask the clients what name and gender pronouns (him/he or her/she or something else) they use. For example, "What name would you like me and the rest of the staff to call you? How about pronouns— would you use he/him or she/her or something else?"



Gender Identity

Transgender older adults might face additional challenges to successful aging than their cisgender peers. In particular, related to the stigma and myths surrounding one's gender identity and expression. For example, it is often reported that service providers continue to use the incorrect name or pronoun that does not align with the current gender identity of a transgender older adult.

There are a couple of different approaches you could consider when asking people about their gender identity and transgender status (found on the next page).

A note on "sex/gender" questions

Many agencies have forms that ask clients about their sex or gender—yet the questions are not asked in ways that capture a client's gender identity or transgender status (i.e., the forms only allow for "male" and "female" responses). In such instances, we encourage agencies to modify their current "sex/gender" question to include the more inclusive trans-related responses related to gender identity that are listed in this section. If the current sex/gender question (and the related responses) in your forms cannot be adjusted, we encourage a separate question that captures a client's transgender status, also detailed here. This question should be asked after the "sex/gender" question to minimize confusion. For guidance, please call SAGE at 212-741-2247.

Special note for medical providers

Section 1557 of the Affordable Care Act prohibits discrimination on the basis of sex. It applies nationwide to any health entity or program receiving federal funds, including hospitals, clinics, doctors' offices, state Medicaid programs, and health insurance carriers. Under the law, Section 1557's sex nondiscrimination protections include gender identity and sex stereotypes, including stereotypes related to sexual orientation. (An example is the expectation that men should only be in relationships with women, or vice versa.) Section 1557 thus prohibits discrimination in health insurance coverage and health care against LGBT people.

Among other applications, these protections mean that insurance carriers cannot refuse to cover services simply because someone is transgender, or because of the gender marker on the person's insurance card or medical record. Insurance carriers must cover preventive screenings such as a prostate exam and mammogram for a transgender woman, or a cervical Pap test for a transgender man who still has a cervix, regardless of the individual's sex assigned at birth, current gender identity, or gender marker on ID documents.

For additional information and resources visit the following: Center for American Progress (lgbthealtheducation.org), Fenway Health (doaskdotell.org), FORGE Transgender Aging Network (forge-forward.org), The Center for Excellence for Transgender Health (transhealth.ucsf.edu), the Transgender Law Center (transgenderlawcenter.org), and the National Center for Transgender Equality (transequality.org).

Approach 1

Many transgender people identify simply as “male” or “female” and will not check a “transgender” or “other” box even when it is offered. To address this, many researchers are recommending a pairing of questions. Answers to the two questions can then be used to identify those who have a transgender history, i.e., were assigned one sex at birth but now identify as another gender and/or those who identify as transgender by choosing one of those answers.

This pair of questions is recommended if your goal is to identify as many transgender people as possible, as well as signaling that people should feel safe talking about their transgender identity or history.

What is your current gender identity (choose ALL that apply)?

1. Male
2. Female
3. Female-to-Male (FTM)/Transgender Male/Trans Man
4. Male-to-Female (MTF)/Transgender Female/Trans Woman
5. Not listed above: Please specify _____
6. Decline to Answer

What sex were you assigned at birth on your original birth certificate (Check one)?

1. Male
2. Female
3. Decline to Answer

Or, another pair of questions is:

What was your sex at birth (meaning, on your original birth certificate)?

1. Male
2. Female

Some people identify as transgender if they have a different gender identity from their sex at birth. For example, a person born into a female body, but who feels male or lives as a man.

Do you consider yourself to be transgender?

1. Yes
2. No
3. Not sure

An alternate answer set for this question could be:

1. Yes, transgender, male to female
2. Yes, transgender, female to male
3. Yes, transgender
4. No

Tip: If someone chooses this response, it might be useful to ask more questions to find out if they aren't sure of whether they understand the question or if they aren't sure of, or are questioning, their own gender identity.

Approach 2

If your goal is to encourage people to feel safe talking about their transgender identity or history, one of these simpler questions may be appropriate:

What is your gender?

1. Male
2. Female
3. Other gender: Please specify _____

Or,

What is your gender? _____ (write in response)

Additional Considerations

It is important to reiterate that while many transgender people will only mark that they are “female” or “male” even if given other options, having those options on forms sends this crucial message: “We know transgender people exist, and it is safe to talk about your gender identity or history here if and when you choose to.”

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, Medicare 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 legally changed names and/or sex.

Because transgender people are subjected to an even higher level of discrimination and violence than their cisgender 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 is very personal and private information and therefore find some questions invasive and offensive. For many providers it is not necessary to ask questions regarding hormone use and surgery or personal history. Before asking clients about their transgender status, staff members should think carefully about how they plan to use this data and share the exact level of confidentiality the client can expect.

“If I could share just two basic things about how healthcare providers could give better care to Trans patients, it would be this. Listen. Listen to what the patient is trying to tell you. It’s OK to make a mistake. You may use the wrong pronoun, or an incorrect name, but the world won’t end. Correct, apologize briefly, and move on. We’ll all get through this, just fine. I promise.”

Jaimie H., Age 50

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, including information on sexual orientation and gender identity.

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

"My reaction is somewhat defensive when asked about sexual orientation and gender identity. Why do you need to know? I went through things in the 1950s that were really horrendous. I don't really mind if they know I identify as LGBT—but the fact that I am supposed to trust them with this information without being told how this knowledge will affect my treatment makes me want to not answer the question."

Ken W., Age 80



Best Practices Checklist

- ❑ 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 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 his/her family or friends without the client's 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 to have certain areas, such as their preferred gender pronouns, 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.

HELPFUL SUGGESTIONS FOR STAFF

It is important to remember that incorporating sexual orientation and gender identity into data collection forms and processes will likely be new for both staff and clients. LGBT older adults will be more likely to self-identify when they believe they are in a safe, welcoming and inclusive environment. There are many steps an agency can take to create an inclusive atmosphere such as featuring same-sex couples in marketing materials, posting LGBT community events on bulletin boards, or hanging rainbow colored items or Safe Zone signs in public areas, to name a few.

Suggestions for Staff

- ❑ Discuss sexual orientation and gender identity in private. Questions about sexual orientation and gender identity and other private information should never be asked in public or in group settings.
- ❑ Set parameters at the beginning of interviews. It is helpful to start any in-person intake or interview stating why you are going to be asking demographic and personal questions as well as the agency's confidentiality policy. In addition, state that the client has the right to not answer any questions. It is important to set these parameters at the start of the client meeting.
- ❑ Individuals should not be forced to answer questions on sexual orientation and gender identity. "Coming out" to a service provider is an individual experience. It might take LGBT older adults some time to build a relationship of trust before revealing their LGBT identification. Other LGBT older adults may never feel comfortable identifying. Given the histories of stigma, prejudice and violence many LGBT older adults have encountered it is important to respect their comfort level. If a client appears uncomfortable with a question about sexual orientation or gender identity, move to the next question.

*For more information on creating a safe, welcoming and inclusive environment see **Inclusive Services for LGBT Older Adults: A Practical Guide to Creating Welcoming Agencies at the National Resource Center on LGBT Aging (lgbtagingcenter.org)**.*

"From my own experience all the nonverbal clues that are in place matter. What's on the wall? What magazines are there? What is the atmosphere before anyone says anything? This is what makes an LGBT older adult feel comfortable." Harold K., Age 76

Suggestions for Staff (continued)

- ❑ Use gender neutral language. Avoid making assumptions about a client's gender or the gender of an older adult's partner. Utilize terms such as "partner," "spouse," and "significant other" when conducting interviews and intakes with clients. Additionally, avoid questions or statements that assume relationship status (e.g., "Are you married?" or "Tell me about your wife/husband.") or cisgender status (e.g., instead of using "he" or "she" when referring to clients, use clients' names).
- ❑ Ask open-ended questions. Ask questions that allow older adults to respond in a way that is comfortable for them. Questions such as, "Who are the important people in your life?" or "Who is family to you?" allow LGBT older adults the opportunity to speak about their experiences without having to abide by the automatic assumption of heterosexuality.
- ❑ Don't make assumptions about an LGBT older adult's life history. If an older adult identifies as LGBT do not assume the person has not had previous relationships/marriages with someone of another gender and/or doesn't have children/grandchildren.
- ❑ Ask for clarification on unfamiliar terminology. If an LGBT older person uses a term you do not understand ask him/her to define it for you. It can also be helpful to reiterate your understanding of the term to the client and ask him/her if you understand it correctly.

"I have a lesbian doctor and we were talking last week and there were certain questions she didn't ask me because she assumed she didn't need to ask me because I was a lesbian. She said, 'I've been treating you all these years and you never told me you've been pregnant.' I said, 'Well you never asked.' She had assumed I had been a lesbian all my life."

Diane F., Age 57

Suggestions for Staff (continued)

- ❑ Restate your LGBT older adult clients' preferred identification, name and pronoun back to them. Many LGBT older adults prefer a variety of self-identifiers based on their personal experience. For example, some older LGBT women prefer the term "lesbian" while others may prefer "gay." Clients who identify as transgender should be called by the name and pronouns they use, which you can find out by simply asking "What is your name and what pronouns do you use? Him/he, her/she or something else?" If you make a mistake, simply apologize and move on.
- ❑ Do not assume LGBT older adults are open about sexuality and gender identities in every aspect of their lives. Do not refer to an individual as LGBT in a public setting without first getting permission. This is particularly important in group settings such as senior centers, day programs or support groups. There are many LGBT people who are out and have no issues being so to anyone and everyone. But it's important for you to have the client's permission.
- ❑ Be supportive when an individual self-identifies as LGBT. When an LGBT older adult self-identifies (especially if they appear nervous or uncomfortable) it is helpful to provide supportive affirmation (e.g., "Thank you for telling me..." or "I appreciate you sharing that with me...").
- ❑ Focus on the whole person. Sexual orientation and gender identity are just two aspects of an LGBT older adult. A way to build trust with an LGBT older adult is to be sure to ask about their hobbies, social circles, and interests. While sexual orientation and gender identity are important, they should not be the sole focus of discussion.



“Many of our LGBT elders are fearful of mainstream social services and elder programs. They have learned to ‘fly under the radar’ and have coped with harassment. Aging service providers must be mindful of this history of fear and be respectful of their reluctance to disclose personal information.”

Ed Walsh

Director

Riverside County Office of Aging (California)

CULTURAL COMPETENCY TRAINING

Training all staff on how to identify and address the needs of LGBT older people is key to making an agency inclusive—training also helps staff members be comfortable with asking questions about sexual orientation and gender identity. Staff members can benefit from participating in training programs with trusted and credible trainers who will enhance their 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.

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.

“You have to train your people on culturally competent care—then the questions about sexual orientation and gender identity won’t be a problem. The questions are one thing—but training at every level of staff is essential. Changing the forms is not enough.”

Sandy W., Age 79



SAGE and The National Resource Center on LGBT Aging offer comprehensive cultural competency training for all levels of staff through SAGECare. Find out more at sageusa.care.



Evaluate Us!

SAGE's National Resource Center on LGBT Aging wants to know what you thought of this guide, and how you used it. Your feedback is an important part of our work to improve the lives of LGBT older adults across the country. Visit <https://www.surveymonkey.com/s/SafeSpaces> and let us know.

CONCLUSION

This guide was intended to help service providers learn how to ask questions about sexual orientation and gender identity to older adults in safe and respectful ways. Incorporating sexual orientation and gender identity data collection among older clientele will likely be new for both staff and clients and should be seen as an ongoing process that will evolve in response to both client and organizational needs. Data collection is but one step providers can take to create inclusive and welcoming services. SAGE's National Resource Center on LGBT Aging is committed to providing service providers with the tools and resources necessary to support their desire to serve LGBT older adults in their communities. For further guidance about the topics covered in this guide and other information related to LGBT aging, please call SAGE at 212-741-2247 or visit our websites: lgbtagingcenter.org and sageusa.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 identify as "bisexual" have not had any sexual experience at all.

Cisgender

Individuals whose gender identity and/or gender expression do align with their biological or assigned sex. If someone was assigned the sex female at birth and lives comfortably as a woman, she is likely cisgender.

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.

Family of Origin

The family in which a person grows up, or the first social group a person belongs to, which is often a person's biological family or an adoptive family.

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 as 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.

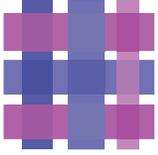
Two-Spirit*

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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