



Thank you for your interest in offering safe, welcoming and inclusive services for all older adults, including lesbian, gay, bisexual and transgender (LGBT) elders. If you are new to LGBT aging issues, the online learning tool *Building Respect for LGBT Older Adults* is a great introduction. In it, you will find an overview of the barriers that many LGBT older people face as they age, concrete strategies you can implement now to make your facility more welcoming, and ideas for further learning and next steps.

Building Respect for LGBT Older Adults was originally developed for long-term care facilities. LGBT older adults face many of the same issues no matter where they receive services, and so you will most likely find that many of the principles, practices and suggestions found in the tool's six modules are easily applied to other settings. This document, intended as a companion piece to the online learning tool, offers additional information and ideas for service providers in non-residential settings. You should review each module on the online learning tool, then read through each of the corresponding Module compendium pieces.

Module 1: Introduction

In Module 1, you were introduced to the issues facing LGBT older adults, including lifelong discrimination and prejudice, a greater likelihood of social isolation, and higher incidents of health problems. It also highlighted several statistics that explain why many LGBT older people might hesitate to enter a nursing home or other long-term care facility. Fear of accessing services is not limited to long-term care facilities, however. Consider:

- After years of fighting for LGBT rights, greater openness, and protections from harassment and violence, LGBT older adults often find they are fearful of discrimination in the continuum of care and social services and therefore hide their sexual orientation and gender identity.
- LGBT people are only 20% as likely as their heterosexual counterparts to access services like senior centers and meal programs. Surveys show that older gay men or lesbians would not be welcome at 46% of local senior centers if their sexual orientation were known.
- More than one in ten (13%) of LGBT older adults report being denied healthcare or provided inferior care because they are LGBT. Overall, 15% of LGBT older adults fear accessing healthcare services outside the LGBT community.
- In one study, 82% of LGBT older adult participants report having been victimized at least once, and 64% report experiencing victimization at least three times in their lives. One-quarter (23%) have been threatened with disclosure of their sexual orientation or gender identity. More than half of LGBT older adults have been discriminated against in employment and housing.

Sources:

Fredriksen-Goldsen, K. I., Kim, H.-J., Emlert, C. A., Muraco, A., Erosheva, E. A., Hoy-Ellis, C. P., Goldsen, J., Petry, H. (2011). *The Aging and Health Report: Disparities and Resilience among Lesbian, Gay, Bisexual, and Transgender Older Adults*. Seattle: Institute for Multigenerational Health.

LGBT Movement Advancement Project (MAP) and Services and Advocacy for Gay, Lesbian, Bisexual, and Transgender Elders (SAGE), *Improving The Lives of LGBT Older Adults* (March 2010). Page 48.

Openhouse, *From Isolation to Inclusion: Reaching and Serving Lesbian, Gay, Bisexual and Transgender Seniors (Openhouse LGBT Cultural Humility Curriculum for Senior Service Providers)* (2009). More information available at <http://openhouse-sf.org>.

Module 2: Little Things That Make a Big Difference

This module presented some simple steps and ideas you can implement right away to create a more welcoming environment for LGBT older adults. Here are a few additional tips and ideas for non-residential settings:

- 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.
- Prominently post your agency's non-discrimination policy on your website, all paper or print materials, and in the lobby and website 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. This should be done regardless of whether your state specifically protects against sexual orientation and/or gender identity and expression discrimination.
- Develop LGBT-specific programming for clients, which is one of the best ways to demonstrate your commitment to inclusion and to attract LGBT older adults to your agency. You might modify current programming 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. You can also create groups specifically for LGBT clients, such as an LGBT caregivers group or transgender discussion group.
- 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. For example, make your agency's meeting space available for LGBT groups to meet or hold events—this can also lead to your agency fostering new partnerships within the LGBT community. Or, volunteer to speak at LGBT community organizations about your agency's services.

Further Reading

For guidance on launching a program for LGBT older adults, see [LGBT Programming for Older Adults: A Practical Step-by-Step Guide](#), available at SAGE's National Resource Center on LGBT Aging (lgbtagingcenter.org).



For more information on best practices when working with LGBT older people, read [*Inclusive Services for LGBT Older Adults: A Practical Guide to Creating Welcoming Agencies*](#), available at SAGE's National Resource Center on LGBT Aging (lgbtagingcenter.org).

Module 3: Dos and Don'ts

In Module 3, you were presented with a variety of scenarios that staff in long-term care facilities might encounter when working with LGBT residents, some of which may also arise in non-residential settings.

Here are a few additional scenarios.

Scenario:

Dorothy is a transgender woman who attends dinner and other programs at your senior center. Dorothy identifies as female, prefers “she” and “her” when being addressed, and presents as female. Dorothy is open about being born biologically male and her transition. She wants to join a women’s discussion group you are starting at the center, but a few of the other women in the group object, saying Dorothy isn’t a “real woman.”

You should:

- A. Tell Dorothy that she cannot join the group since she may not have the same life experiences as the other women in the group.
- B. Let the clients with objections know that the group is open to all women, including Dorothy because she identifies as female.
- C. Cancel the women’s group to avoid conflict.

Answer: B. Dorothy considers herself a woman, and should be treated accordingly. Inclusion in group activities should be based on the client’s gender identity, not sex assigned at birth. If other clients are disrespectful or rude to Dorothy, you need to step in or ask a supervisor for help, if needed. If your agency has non-discrimination policies in place that require staff and clients to treat others respectfully, regardless of their personal beliefs, gently remind clients that your center serves a wide variety of people and that everyone has the right to be respected. If not, consider implementing such policies to ensure that every client feels safe and welcome, and even without a formal policy, such a staff requirement should be known and enforced. In addition, consider offering training or education for clients and staff on transgender issues.

Scenario:

Dan is new to your center and during intake, you ask him about his sexual orientation and gender identity, as you would any new client. Dan appears to be uncomfortable and struggles to answer this question. What should you do?

- A. Keep asking the question until you get an answer from him.



- B. Move on to the next question, but make a note to ensure that Dan sees how LGBT-friendly your center is, since you think he might be gay.
- C. Reassure Dan that he can answer or not, as he wishes, but that any information he discloses will not be discussed with other clients, his family or friends without his permission.

“C” is the best course in this case. This allows Dan to skip the question, but gives you an opportunity to explain or reinforce your agency’s confidentiality policy. You can also ask Dan if there is any information in particular he wishes to keep confidential. Skipping the question with the intent to show how LGBT-affirming your agency can be is a good intention, but do not assume that any client is LGBT unless they confirm that with you. Remember, clients may disclose their sexual orientation or gender identity over time in different stages; when they are comfortable and ready, they will let you know.

Suggested Viewing

[Clip from *Gen Silent: Fear of Hostile Home Care Workers*](#). In this excerpt from the documentary *Gen Silent*, Lawrence describes his partner Alexandre’s fear that paid home care providers will know that they are gay. View the clip on SAGE’s National Resource Center on LGBT Aging site (lgbtagingcenter.org/resources/resource.cfm?r=15).

Further Resources

Interested in education on transgender aging issues for your staff? SAGE’s National Resource Center on LGBT Aging offers a variety of cultural competency trainings, including the one-hour webinar, “Transgender Aging: What Service Providers Need (and Don’t Need!) to Know.” For more information on webinars and in-person trainings, visit lgbtagingcenter.org/training.

Module 4: Rights and Resources

Module 4 reviews the Federal Nursing Home Reform Act (FNHRA) that details the rights of all long-term care residents and protects them from discrimination. While the FNHRA does not apply to non-residential settings, as you can read below, the Administration on Aging (AoA) has provided guidance to service providers on steps they can take to ensure that LGBT older adults’ needs are met.

A Population of “Greatest Social Need”

In July 2012, AoA announced that service providers who receive AoA funding could consider LGBT older adults as a population of “greatest social need.” The Older Americans Act—the country’s leading vehicle for funding and delivering services to older people nationwide—allows communities to identify populations in their service area that experience isolation for cultural, social or geographic reasons. The AoA guidance provides specific examples of these populations, including increased need based on sexual orientation and gender identity:

“While the definition of ‘greatest social need’ in the Older Americans Act includes isolation caused by racial or ethnic status, the definition is not intended to exclude the targeting of other populations that experience cultural social or geographic isolation due to other factors. In some



communities, such isolation may be caused by minority religious affiliation. **In others, isolation due to sexual orientation or gender identity may restrict a person’s ability to perform normal daily tasks or live independently.** Each planning and service area must assess their particular environment to determine those populations best targeted based on ‘greatest social need’.” [emphasis added; source: Administration on Aging, Frequently Asked Questions (FAQs), at aoa.gov/AOA_programs/OAA/resources/faqs.aspx]

This guidance is an encouraging step for Area Agencies on Aging and other AoA-funded providers to think about LGBT older adults when prioritizing funding, engaging in outreach, evaluating unmet needs and collecting data. Some of the ways you might include LGBT older adults in your work include:

- Creating a system to continually review and assess if your agency is effectively responding to the needs of LGBT clients. You might collect this information through engaging staff and clients in various forms of feedback, such as one-on-one conversations with LGBT clients, or surveys of clients and their families or other support networks. 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. You can also survey your 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 clients.
- Engaging in outreach to your local LGBT community to demonstrate that you welcome LGBT clients. Some ways to do this include co-sponsoring events or programs with LGBT groups, volunteering to speak at LGBT community center events, or speaking with members of the LGBT community who are experienced in working with LGBT older adults for suggestions on how you can effectively engage this population.
- Collecting data on sexual orientation and gender identity. As a provider, you most likely 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/transgender status from client demographic information limits the ability of service providers and healthcare professionals to address the complete needs and issues of LGBT older adults.

LGBT-Affirming Policies and Resources

Your agency can create and implement policies and resources that echo the rights laid out in the Federal Nursing Home Reform Act or the role played by Ombudsmen. For example:

- 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 client—and their “family of origin”—biological family members or those related by marriage or kinship.
- Consider selecting at least one person to be responsible for ensuring 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 and their loved ones, taking input and suggestions on improving care for LGBT clients.



- Create ongoing monitoring mechanisms for clients to report and address biased behavior from fellow clients or staff or for staff to report discriminatory behavior.
- Have a designated staff person, preferably a Human Resources manager, handle complaints quickly and confidentially. Avoid creating a confrontational environment that places one person's account against another person's account.

Further Reading

For tips and guidance on how to ask questions about sexual orientation and gender identity in a safe and respectful manner, download "[Inclusive Questions for Older Adults: A Practical Guide to Collecting Data on Sexual Orientation and Gender Identity](#)" at SAGE's National Resource Center on LGBT Aging (lgbtagingcenter.org).

For more information on creating LGBT-affirming policies, read "[Inclusive Services for LGBT Older Adults: A Practical Guide to Creating Welcoming Agencies](#)," at SAGE's National Resource Center on LGBT Aging (lgbtagingcenter.org)

Module 5: Training Video

This module offered a glimpse at an in-person cultural competency training offered through SAGE's National Resource Center on LGBT Aging. If you would like to explore more training options, visit SAGE's National Resource Center on LGBT Aging at lgbtagingcenter.org/training.

Module 6: Making a Difference

You've seen the impact that creating an inclusive and welcoming environment for all older adults, including LGBT elders, can have on a residential community. You can create the same impact in your agency. The ideas presented throughout the previous modules include many changes or actions that seem simple, but can mean a world of difference to LGBT older people.

For example, Harold K., age 76, emphasizes the importance of first impressions when entering an agency: "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." And Phyllis S., age 78, speaks about how openness about her sexual orientation is key to improved relationships—and therefore improved well-being—with service providers: "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."

While gathering data on sexual orientation and gender identity/transgender status can seem daunting, awkward, or even unnecessary, it is another component to fully meeting the needs of your LGBT clients. Brian D., age 44, states, "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."

Agencies that want to serve LGBT elders often start with small, low-budget efforts that become important community touchstones in their local LGBT communities. Emily Lewis and Nancy Grimes of Boulder County Aging Services in Boulder, Colorado, have provided cultural competency training to service providers throughout their state and built a statewide mailing list of LGBT older people. They advise, "Start small and build. Find a handful of 'rainbow elders' to include in an initial planning process; they will enlist their friends. Expect the closet, but delight when it's gone... Educate yourself on the unique issues of transgender elders and be transgender visible."

Bruce Williams, Senior Services Coordinator at The Pride Center in Wilton Manors, Florida, realized it was important for his organization to reach out to LGBT older adults, and offers this suggestion for agencies with strapped resources: "I know many organizations have limited budgets, but you don't need much. We started with a coffee and conversation group and got someone to donate a dozen doughnuts and someone else brought coffee. It's now the flagship for our older adult programming. We have a boisterous group of 157 LGBT older adults who come to chat and socialize with each other—it's the place to see and be seen in south Florida."

Finally, while you may not (yet!) be an expert on LGBT issues, you may find plenty of enthusiasm and willingness to collaborate once you start building relationships with your local LGBT community. Sherrill Wayland, MSW, Executive Director of SAGE Metro St. Louis in Missouri, says, "Having worked in the field of LGBT older adult advocacy for the past six years, one of the biggest lessons I have learned is the importance of community building and collaboration. Through our work we increasingly find older adult service organizations who are eager to welcome LGBT older adults. It is important that we capitalize on these relationships in helping to shape a future where LGBT older adults have access to the full range of older adult services without fear of discrimination."

And you may also find LGBT older adults themselves who are eager to become engaged with your agency and bring others in as well. Caesar Libonati, a volunteer at The SAGE Center, an LGBT senior center in New York City, states: "I feel connected to the community here, and I want to put my energy into helping members of the LGBT community who may have felt marginalized their whole lives. I smile so that when people come to The SAGE Center they feel more comfortable, less isolated and more willing to be themselves. This simple act can make a big difference; maybe no one smiled at them all day... LGBT people of all ages need to have places to go where we can reenergize and feel comfortable being ourselves."

Thank You

Thank you for completing this online e-learning tool. If you would like to print a certificate of course completion, return to the online training tool, and click on the Certificate of Completion available at the end of Module 6.

