

Inclusive Questions for Older People

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



sage

Advocacy &
Services for
LGBTQ+ Elders

**National Resource Center
on LGBTQ+ Aging**



**National Resource Center
on LGBTQ+ Aging**

The National Resource Center on LGBTQ+ 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 LGBTQ+ Aging provides training, technical assistance and educational resources to aging providers, LGBTQ+ organizations and LGBTQ+ older adults. The center is led by SAGE, in collaboration with 18 leading organizations from around the country.
lgbtagingcenter.org

For 40-plus years, SAGE has worked tirelessly on behalf of LGBTQ+ older people. Building off the momentum of the Stonewall uprising and the emerging LGBTQ+ civil rights movement, a group of activists came together to ensure that LGBTQ+ older people could age with respect and dignity. SAGE formed a network of support for LGBTQ+ elders that's still going and growing today. SAGE is more than just an organization. It's a movement of loving, caring activists dedicated to providing advocacy, services, and support to older members of the LGBTQ+ community. LGBTQ+ elders fought—and still fight—for our rights. And we will never stop fighting for theirs.
sageusa.org



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DEAR SERVICE PROVIDER:

Thank you for your interest in providing the best possible services to all communities, including older people who are LGBTQ+.

As our world and our services become more inclusive and sensitive to the needs of all people, we are excited to partner with you to ensure that LGBTQ+ people are seen and supported in our organizations.

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 LGBTQ+ 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 LGBTQ+ people live in almost every county in the United States, many providers report that they do not know of any LGBTQ+ 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 LGBTQ+.

SAGE's National Resource Center on LGBTQ+ Aging was created to address the country's need for information on these unique and diverse populations. One of our first tasks was to create this guide, which has been updated in 2016 and 2023 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 LGBTQ+ older people 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 LGBTQ+ older adult clients. Thank you for your support as we continue to help every LGBTQ+ older person successfully age with dignity and respect.

SHERRILL WAYLAND (she/they)

Senior Director of Special Initiatives and Partnerships
SAGE National Resource Center on LGBTQ+ Aging

Unique Needs of LGBTQ+ Older People

Many LGBTQ+ older people 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, these experiences have 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 scared to open up to health care professionals and other service providers.

In addition to this fear, LGBTQ+ older people are often invisible in aging service demographic data and program planning. From federal to local levels, the identities of LGBTQ+ older people are rarely included in population-level research studies, service intake forms, or client notes. This lack of data collection across aging policy and programs can amplify the special challenges facing LGBTQ+ older people. Providers might lack the information they need to better understand and serve LGBTQ+ elders, and the broader research field is left with little data to study questions related to health and well-being among aging LGBTQ+ populations.

Service providers should be aware that the effects of a lifetime of stigma, discrimination, and violence put LGBTQ+ older people at greater risk for physical and mental illnesses.

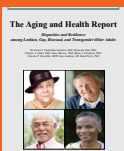
These effects can include:

- 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 LGBTQ+ older people are less likely than heterosexual, and/or cisgender elders to access aging services and providers—like senior center and, meal programs—because they fear discrimination or harassment if someone finds out that they are LGBTQ+.

Many others use these services but stay 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 LGBTQ+-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 LGBTQ+ 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 results from the most comprehensive health study about LGBTQ+ older adults to date.

Why Data Collection is Important



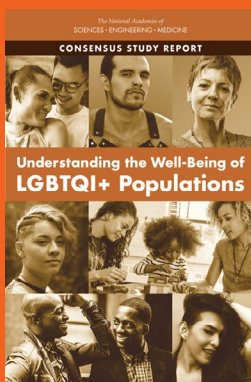
Aging services and healthcare providers rely on client data to inform their planning as well as to guide decisions about individual service and treatment.

Given the unique barriers and challenges many LGBTQ+ older people face, not asking questions about sexual orientation and gender identity limits the ability of service providers and healthcare professionals to address the complete needs and issues of LGBTQ+ older people.

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 grief, pain, and/or depression. Additionally, the social worker can refer the client to an LGBTQ+ 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.
- Knowing a person is transgender is important for medical care. For example, when a doctor orders routine exams for a transgender woman, the doctor may need to suggest a prostate exam.



IT IS BECOMING INCREASINGLY MORE COMMON for health and social service settings, including the Veteran's Health Administration, the Centers for Medicare and Medicaid Services, and the Administration for Community Living to promote the collection of sexual orientation and gender identity data, yet there remain gaps in understanding the needs of LGBTQ+ communities. A 2020 report by the National Academies of Sciences, Engineering, and Medicine calls for government agencies, private entities, community-based organizations and others to collect data on sexual orientation and gender identity. See [Understanding the Well-Being of LGBTQI+ Populations](#).



IN 2022, SAGE JOINED NEARLY 200 ORGANIZATIONS calling for data collection inclusive of sexual orientation and gender identity. A fact sheet produced by MAP, SAGE and other leading organizations, states:

“Including questions about sex, sexual orientation, gender identity, and variations in sex characteristics on surveys and forms helps make sure that the experiences and needs of LGBTQ+ people are studied, considered, and responded to with good policy and meaningful funding.”

Download the fact sheet: [The New National Academies Report & The Importance of LGBTQ+ Data Inclusion.](#)

- When a senior center director knows there is a population of LGBTQ+ older people interested in legal and financial information, they can engage presenters with local expertise in LGBTQ+ legal and financial planning to ensure participants get the most appropriate information for their specific concerns, which often differ by state.

nature of health disparities among older people, as well as where money can be spent to better reach LGBTQ+ older people. When this data is collected, examined, and reported, it can yield powerful, data-driven insights about the profound inequities facing LGBTQ+ older people. This helps government officials and other funders understand the importance of funding programs and services that support your clients.

Collecting data on sexual orientation and gender identity can also help show the

“The Maine Department of Health and Human Services issued A Strategic Plan to Advance Diversity, Equity, and Inclusion (DEI) in 2021 that includes a strategy to collect demographic data across all Departmental programs and service contracts in a manner that allows for comparative analysis across programs, while simultaneously allowing for disaggregation of demographic data and assuring compliance with various State and Federal requirements. In alignment with the objectives of this strategic plan and Maine’s State Plan on Aging, the Maine Office of Aging and Disability Services secured SAGECare Training for its entire aging network in 2022. With this training and modifications to data collection systems, Maine’s aging network is now collecting sexual orientation and gender identity data statewide to better understand the service needs of LGBTQ older adults and make data-driven decisions to address service gaps.”

—JAMES MOORHEAD (HE/HIM), AGING SERVICES MANAGER, OFFICE OF AGING AND DISABILITY SERVICES, MAINE DEPARTMENT OF HEALTH AND HUMAN SERVICES



Addressing Common Questions and Misconceptions

We hear a lot of questions about data collection and LGBTQ+ older people. Below we have outlined a few of the most common things we hear along with some answers you might find helpful:

WE DON'T HAVE ANY LGBTQ+ OLDER ADULT CLIENTS.

LGBTQ+ individuals live in every community and access services across the lifespan. They may not identify openly, but they are certainly accessing your services. Service providers should always work from the idea that they have (or will eventually have) LGBTQ+ clients, even if no one has openly identified as LGBTQ+ right now.

I CAN IDENTIFY THE LGBTQ+ PEOPLE WITHIN MY SERVICE POPULATION.

LGBTQ+ older people do not all look the same way or adopt the same mannerisms or ways of dressing. And many LGBTQ+ people report “passing” as heterosexual or

“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

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 LGBTQ+ older people. The only way to know for sure if someone is LGBTQ+ is if that person tells you they are LGBTQ+.

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 LGBTQ+. 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 LGBTQ+ older people have profound histories of facing stigma and prejudice and might be less willing to talk about these parts of their identities, especially if they are accessing services for the first time. That is why these questions are optional, and asking these questions opens the door to future conversations, showing clients that your agency is LGBTQ+-friendly.

OUR CLIENTS WILL RESIST ANSWERING QUESTIONS RELATED TO SEXUAL ORIENTATION OR GENDER IDENTITY.

While some LGBTQ+ older people will not want to self-identify as LGBTQ+, they should be offered the opportunity to do so. Further, asking sets an important tone of inclusion. As always, if a client does not want to answer these questions they do not have to do so. One best practice is to always include a “Prefer not to answer” option when asking for this information.

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 parts of an individual and should not be asked in one question. “Sexual orientation” is defined by who a person is primarily physically, romantically and/or emotionally



attracted to (for example, men, women, 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. In some cases clients might disclose their sexual orientations but not their gender identities—or vice versa.

There is finally some serious movement around SOGI, which is exciting to see. But mandating these data to be collected without proper training around 1) why these data matter; 2) how to ask these questions in a way that doesn't perpetuate discrimination; 3) when to ask them, and 4) how to actualize utilize the data to provider better care, it will be difficult to have quality data and quality conversations. For me, for SOGI data collection to be done well, people need to understand that not only do we have incomplete data on the LGBTQ community, but that knowing this information (SOGI) about patients, actually improves health outcomes.

The bottom line is: Including SOGI in medical records and treatment plans creates the opportunity for improving care delivery and reducing disparities; it is also a way to improve measurement and recognition.”

**—CAREY CANDRIAN (SHE/HER), ASSOCIATE PROFESSOR,
UNIVERSITY OF COLORADO SCHOOL OF MEDICINE**

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 misses out on the unique challenges that LGBTQ+ older people encounter, and may result in treating everyone as heterosexual and cisgender. This assumption can ignore the life experiences of LGBTQ+ older people, such as experiences of discrimination, physical and emotional stress, and violence. Understanding all aspects of your clients' identities will lead to better care.

WE HAVE REGULATED FORMS THAT DO NOT ASK ABOUT SEXUAL ORIENTATION AND GENDER IDENTITY. WHAT ARE WE SUPPOSED TO DO?

Many service providers add more 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 extra forms and in client databases, as long as that information is kept confidential and protected like all other sensitive demographic data.



“ 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



Incorporating data collection on sexual orientation and gender identity into your work can be handled in a variety of ways and settings, like written forms or intake interviews.

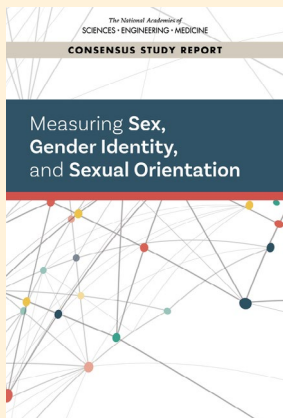
Questions regarding sexual orientation and gender identity should be integrated into any place where your agency collects general demographic information. By weaving sexual orientation and gender identity questions into the general demographics section, it underscores the message that these are two parts of the whole individual. In contrast, creating a separate section for sexual orientation and gender identity may reinforce feelings of stigma and discrimination in LGBTQ+ older people.

All providers will need to address confidentiality and privacy concerns when planning for data collection on sexual

orientation and gender identity. Setting expectations around privacy and data protection can help clients feel more confident answering questions openly and honestly.

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. “Do you identify as LGBTQ+” is not a fully inclusive question because it does not give you specific information about sexual orientation and gender identity. This is why we suggest the approaches listed on the following pages.

NOTE TO THE READER



The questions that follow are based on the study Measuring Sex, Gender Identity, and Sexual Orientation by The National Academies of Sciences, Engineering, and Medicine. While these questions reflect an emerging consensus, there are many other ways to ask these questions. When deciding which questions to use, providers should talk with staff about what is important to learn from your clients and the most useful approaches to do so. In some cases, it can be equally helpful to also ask clients themselves. You may also contact the National Resource Center on LGBTQ+ Aging by completing the Technical Assistance Request Form or by calling SAGE at 212-741-2247 for further guidance about the best approach for your agency.

Sexual Orientation and Sexual Activity

A simple and commonly used question on sexual orientation is:

Do you think of yourself as:

- Lesbian or gay
- Straight, that is, not gay or lesbian
- Bisexual
- Two-Spirit*
- I use a different term: _____
- Don't Know**
- Prefer not to answer

* The *National Academies recommend* including the Two-Spirit category in automated data collection where racial identity is collected and American Indian Alaskan Native is indicated.

** 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.

 **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



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 LGBTQ+ older people can maintain other than marriage. It might also be helpful to speak with LGBTQ+-identified clients to solicit what terms and options apply to them. 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. 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) have you engaged in sexual activity with another person(s)?

- Yes
- No
- I don't know

If yes, what is/are the gender(s) of your sexual partner(s)? _____

See additional guidance from the CDC's *A Guide to Taking a Sexual History*.

Gender Identity

Transgender older people might face additional challenges to successful aging than their cisgender peers, especially challenges related to the stigma and myths surrounding gender identity and expression.

For example, it is often reported that service providers continue to use the incorrect name or pronoun that does not match 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).



GENDER PRONOUNS are words that indicate a person's gender like "she, her, hers," "he, him, his," "they, them, theirs," or other pronouns. Everyone has gender pronouns, but this often goes unnoticed for people who identify with the gender they were assigned at birth. We encourage providers to ask about gender pronouns during the intake process and when meeting with clients. Here is an example of how to ask about the name and pronouns a client uses:

"What name would you like me and the rest of the staff to call you? How about pronouns—what pronouns do you use?"

See the factsheet, [How to Use Gender Pronouns](#), for additional information.

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 LGBTQ+ 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 (healtheducation.org), Fenway Health (doaskdotell.org), FORGE Transgender Aging Network (forge-forward.org), The Center of 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 “I use a different term” box even when it is offered. To respect this, and still collect information on people of transgender experience, many researchers are recommending a pairing of questions. Answers to the two questions can then be used to learn how someone identifies while also getting more comprehensive information about them.

What sex were you assigned at birth, on your original birth certificate?

- Female
- Male
- Don't know
- Prefer not to answer

What is your current gender?

- Female
- Male
- Transgender
- Two-Spirit**
- I use a different term: _____
- Don't know
- Prefer not to answer

***The National Academies recommend including the Two-Spirit category in automated data collection where racial identity is collected and American Indian Alaskan Native is indicated.*

Or, another pair of questions is:

What was your sex at birth, on your original birth certificate?

- Male
- 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?

- Yes
- No
- Don't know*
- Prefer not to answer

*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.

An alternate answer set for this question could be:

- Yes, transgender, male to female
- Yes, transgender, female to male
- Yes, transgender
- No

 **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

APPROACH 2

If your goal is to encourage people to feel safe talking about their current gender identity, and letting them decide how much detail to provide, one of these simpler questions may be appropriate:

What is your gender?

- Male
- Female
- Other gender: Please specify _____

Or,

What is your gender? Please specify _____

ADDITIONAL CONSIDERATIONS

It is important to emphasize that while many transgender people will only mark that they are “female” or “male” even if given other options, having inclusive 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 body and physical characteristics more in line with their gender identities. Some transgender people may legally change their names and paperwork (e.g., insurance documents, Social Security card, Medicare card and driver’s license). A person’s gender identity should be respected, regardless of whether the person has gone through particular medical interventions and/or legally changed names and/or sex.

Because transgender people report even higher levels 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.

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 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 complete the [National Resource Center on LGBTQ+ Aging Technical Assistance Request Form](#) or by calling SAGE at 212-741-2247 for further guidance about the best approach for your agency.

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.

Another example, some clients may be comfortable with you sharing the name they use and their pronouns, to make sure staff address them correctly, but may prefer their LGBTQ+ identity be kept confidential.

The key is to be clear about privacy, and use these conversations as an opportunity to partner with the client to demonstrate your commitment to respect and inclusion.



“ 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 LGBTQ+—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. Ask clients if they have any questions before continuing with the intake.



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. For more information, visit [hhs.gov/ocr/privacy](https://www.hhs.gov/ocr/privacy).



EMPHASIZE THAT YOUR AGENCY

will not discuss a client's sexual orientation or gender identity with their family or friends without the client's specific permission.



AFTER THE INTAKE,

be sure to ask clients if there is any information that they expect to be kept confidential, or if they wish to have certain areas, such as their gender pronouns, to be known and used by other older people 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 may be new for both staff and clients.

LGBTQ+ older people 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 LGBTQ+ community events on bulletin boards, or hanging rainbow items or Safe Zone signs in public areas, to name a few.

SUGGESTIONS FOR STAFF

- ✓ **When possible, allow individuals to fill out intake and registration forms on their own.** When this is not possible, conduct the intake in a private setting. Questions about sexual orientation and gender identity and other private information should never be asked in public or in group settings.
- ✓ **Set expectations 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 expectations 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 LGBTQ+ older people some time to build a relationship of trust before revealing their LGBTQ+ identification. Other LGBTQ+ older people may never feel comfortable identifying. Given the histories of stigma, prejudice, and violence many LGBTQ+ older people 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.
- ✓ **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 or "they" to refer to the client) if they have not shared their pronouns with you.

- ✓ **Ask open-ended questions.** Ask questions that allow older people 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 LGBTQ+ older people the opportunity to speak about their experiences.
- ✓ **Don’t make assumptions about an LGBTQ+ older adult’s life history.** If an older adult identifies as LGBTQ+ do not assume the person has not had previous relationships/marriages with someone of another gender and/or does not have children/grandchildren.
- ✓ **Ask for clarification on unfamiliar terminology.** If an LGBTQ+ older person uses a term you do not understand, ask him/her to define it for you. You can say, “I’m not familiar with that word, can you tell me what it means to you?” It can also be helpful to reiterate your understanding of the term to the client and ask them if you understand it correctly.
- ✓ **Restate your LGBTQ+ older adult clients’ identification, name and pronouns back to them.** Many LGBTQ+ older people prefer a variety of self- identifiers based on their personal experience. For example, some older LGBTQ+ 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, they/them or something else?” If you make a mistake, **simply apologize and move on.**
- ✓ **Do not assume LGBTQ+ older people are open about sexuality and gender identity in every aspect of their lives.** Do not refer to an individual as LGBTQ+

 **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

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 LGBTQ+ people who are out, but many others are only out to some people in certain contexts.

- ✓ **Be supportive when an individual self-identifies as LGBTQ+.** When an LGBTQ+ 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 LGBTQ+ older adult. A way to build trust with an LGBTQ+ older person 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.

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 LGBTQ+ Aging.

Cultural Competency Training



Training all staff on how to identify and address the needs of LGBTQ+ 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 LGBTQ+ older people 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 LGBTQ+ aging trainings and training organizations. Your agency should critically evaluate the options available in order to choose the training program that is the best fit for your agency.

SAGECare has number of training topics available including Asking Demographic Questions About Sexual Orientation and Gender Identity. Visit [SAGECare at sageusa.care](https://www.sageusa.care) for additional information.



“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



Conclusion

This guide was intended to help service providers learn how to ask questions about sexual orientation and gender identity to older people 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 LGBTQ+ Aging is committed to

providing service providers with the tools and resources necessary to support their desire to serve LGBTQ+ older people in their communities.

For further guidance about the topics covered in this guide and other information related to LGBTQ+ aging, please call SAGE at 212-741-2247 or visit our websites: lgbtagingcenter.org and sageusa.org.

It is not enough to display rainbow flags or post messages on inclusivity on our website or in the entranceway of our buildings. If we do not follow-up with sensitive questions inviting LGBTQ+ elders to share their personal information and expectations with us during their intake into our communities, we will merely continue to follow patterns of mistrust that they have experienced with healthcare professionals throughout their lives. In order for us to most completely serve their social, physical, emotional and spiritual needs, we must invite their trust so that they can be their authentic self in our communities. The questions we ask during their admission is one pivotal point in that journey of trust."

—REV. BETH LONG-HIGGINS, MDIV (SHE/HER/HERS), VP OF ENGAGEMENT AND DIRECTOR, RUTH FROST PARKER CENTER FOR ABUNDANT AGING

Glossary

Ally*: A person who works for social change for a group that faces injustice. The ally is not a member of that oppressed group, e.g., a straight and/or cisgender person who advocates for LGBTQ+ people.

Bisexual, Bi*: A person who has the potential to be physically, romantically, and/or emotionally attracted to people of more than one gender.

Cisgender*: An adjective used to describe people who are not transgender. A cisgender person is a person whose gender identity is aligned with the sex they were assigned at birth.

Coming Out*: A lifelong process of self-acceptance. People come to understand their own sexual orientation first, and then they may reveal it to others. It is not necessary to have sexual experiences to come out as LGBTQ+, nor is it necessary to tell others. It is possible to simply be out to oneself. People may be out to some people in their life, but not out to others due to fear of rejection, harassment, violence, losing one's job, or other concerns.

Family of Choice: Describes diverse family structures created by LGBTQ+ 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 or adoptive family.

Gay*: Word used to describe a person whose enduring physical, romantic, and/or emotional attractions are to people of the same sex (e.g., gay man, gay people). Sometimes lesbian is the preferred term for women.

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 Confirmation Surgery*: A medical transition that involves bringing a person's body into alignment with their gender identity. Not all transgender people choose to, are physically healthy enough to, or can afford to undergo surgeries.

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 align their gender expression with their gender identity, rather than their sex assigned at birth.

Gender Identity*: A person's internal, deeply held knowledge of their own gender. For most people their gender identity matches the sex they were assigned at birth (see Cisgender). For transgender people, their gender identity does not align with the sex they were assigned at birth. Many people have a gender identity of man or woman (or, for children, boy or girl). For other people, their gender identity does not fit neatly into one of those two binary genders (see Non-binary).

Gender Role: Societal, ethnic or 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.

Heterosexual*: Used to describe a person whose enduring physical, romantic, and/or emotional attraction is to people of a sex different than their own; 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 LGBTQ+ sexuality. The term refers to the negative attitudes, bias, and discrimination exhibited by people with this belief.

HIV*: A preventable, treatable, and when treated properly, untransmittable condition. The impact of HIV is systemic, related to racism and discrimination in healthcare access and in stigma around HIV and being LGBTQ+.

Homophobia/Transphobia/Biphobia*: Prejudice or hatred toward gay, lesbian, transgender, bisexual, or queer people, expressed in speech or actions.

Homosexual: An outdated clinical term used to refer to lesbians and gay men that is now considered derogatory and offensive.

Hormone Therapy: The use of hormone treatments to bring a person’s gender expression and/or body into alignment with their gender identity.

Intersectionality: A term used to describe how we are all a combination of different traits or identities, such as culture, ethnicity, race, education, age, language, and sexual orientation and gender identity.

Lesbian*: A woman whose enduring physical, romantic, and/or emotional attraction is to other women. Some lesbians may prefer to identify as gay (adj.) or as gay women. While younger women may use the terms “dyke” or “queer,” these terms are generally considered offensive to older people.

LGBTQ+: Acronym for lesbian, gay, bisexual, transgender and queer or questioning. The + recognizes all non-straight, non-cisgender identities.

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

Lifestyle*: Term used to inaccurately imply that being LGBTQ+ is voluntary or a “choice.” Just as there is no one straight “lifestyle,” there is no one LGBTQ+ 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.

Non-binary*: A term used by people who experience their gender identity and/or gender expression as falling outside the binary gender categories of man and woman.

Out*: A person who self-identifies as LGBTQ+ in their personal, public, and/or professional lives. For example: Ricky Martin is an out gay pop star from Puerto Rico. Preferred to the now-dated term “openly gay.”

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 LGBTQ+ 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*: While historically a negative term, queer has been reclaimed by some, particularly younger LGBTQ+ people to describe themselves. Its usage is not universally accepted should be avoided unless quoting or describing someone who self-identifies that way.

Questioning*: A term used by some people who are in the process of exploring their sexual orientation and/or gender identity.

Same-Gender Loving (SGL)*: A cultural term used most frequently in communities of color that affirms same-sex attraction. The term may be favored by some over the labels gay, lesbian, or bisexual, its usage explicitly recognizes the histories and cultures of people of African descent.

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.

SOGIE*: Acronym for sexual orientation, gender identity and gender expression that refers to all humans with sexual orientations and gender identities, including cisgender and straight people.

Sexual Orientation*: A term for a person's enduring physical, romantic, and/or emotional attraction to another person. Sexual orientations can include heterosexual (straight), lesbian, gay, bisexual, queer, asexual, and other orientations. It should be used instead of the offensive term "sexual preference," which inaccurately suggests that being gay or lesbian is voluntary or curable.

Transgender*: A term that describes people whose gender identity differs from the sex they were assigned at birth.

Transition*: The process a person undertakes to bring their gender expression and/or their body into alignment with their gender identity. It is important to note that being transgender is not dependent upon physical appearance or medical procedures.

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*: This term refers to LGBTQ+ people and reflects traditions among many Native American communities that accept and celebrate the diversity of human gender, spirituality, and sexuality.

*Adapted from the Gay & Lesbian Alliance Against Defamation (GLAAD) Media Reference Guide, 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. openhouse-sf.org

LGBT Aging Project, Boston, MA. lgbtagingproject.org

LGBT Aging Health Issues, Cook-Daniels, FORGE Transgender Aging Network, Milwaukee, WI. 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. sageusa.org

Improving the Quality of Services and Supports Offered to LGBT Older Adults, National Resource Center on LGBT Aging, New York, NY. lgbtagingcenter.org

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