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# Supporting the LGBTQ Senior in Healthcare

Dr. Kathleen Weissberg, OTD, OTR/L, CMDCP, CDP  
June 17, 2019

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## Learning Outcomes

After this course, participants will be able to:

- Define at least four common terms associated with sexual orientation, gender identity, and gender expression including lesbian, gay, bisexual, and transgender.
- Identify at least two health and social challenges historically seen in the LGBT community.
- Identify at least two reasons why LGBT older adults may hide their identity.
- Identify at least two important factors of professionalism in the healthcare setting that determine the attitude of a provider and how this can affect health care access and willingness of patients to participate in their care.
- Identify at least three best practices to help create a supportive environment for current and future LGBT patients.

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## Cultural Competence

“Cultural competence is a set of behaviors, attitudes, and policies that come together in a continuum to enable a health care system, agency, or individual rehabilitation practitioner to function effectively in trans-cultural interactions. In practice, cultural competence acknowledges and incorporates, at all levels, the importance of culture, the assessment of cross-cultural relations, the need to be aware of the dynamics resulting from cultural differences, the expansion of cultural knowledge, and the adaptation of services to meet culturally unique needs.”

(Cross, Bazron, Dennis, and Isaacs (1989))

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## Competency Basics

1. Acknowledge the immense influence of culture
2. Assess cross-cultural relations and be vigilant concerning the dynamics that result from cultural differences
3. Expand our cultural knowledge and incorporate this knowledge into our everyday practice
4. Adapt to diversity

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## Cultural Proficiency

- Recognize the need for research on cultural differences and the development of new approaches to enhance culturally competent practices are recognized
- Cultural proficiency means working collaboratively with community resources and clinical partners to develop these new approaches.

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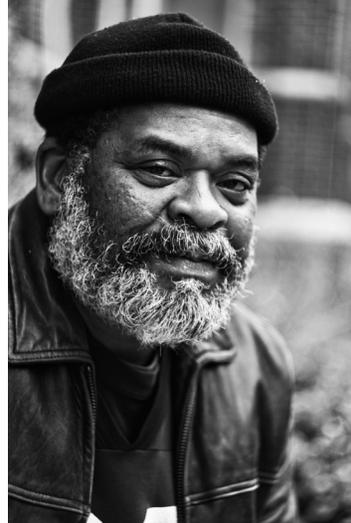
## What Matters Most?

- To be treated with dignity
- To have life experiences, histories, and accomplishments acknowledged
- To have friends, family, loved ones and partners a part of their life
- To have compassionate caregivers helping to manage their care in the most respectful way possible

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Consider This ...



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## Statistics

- Nearly 35 million Americans are aged 65 and older
- During the next 25 years, this will increase to 69.4 million
- In 2014, there were approximately 3 million gay and lesbian older adults
- By 2030, there will be approximately 7 million LGBT older people in the United States

(Administration on Aging, 2010; U.S. Census Bureau, 2000)

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## Preparing for Diversity of Elders

1. Basic Health Care
2. Caregiving Issues
3. Financial Insecurity
4. Social Isolation
5. Access to Aging Services

(AARP, 2011)

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## Definitions

- Sexual Orientation
- Gay
- Lesbian
- Bisexual, Bi
- Heterosexual
- Coming out
- Out

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## Definitions

- Agender
- Bigender
- Cisgender
- Gender expression
- Gender identity
- Gender dysphoria

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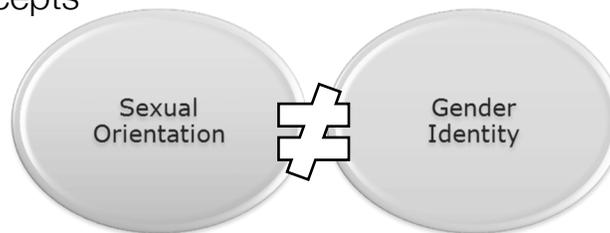
## Definitions

- Gender non-conforming
- Gender questioning
- Misgender
- Transgender
- Transitioning

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## Sexual Orientation and Gender Identity

- All people have a sexual orientation and a gender identity
  - How people identify can change; terminology varies
- Gender identity and sexual orientation are separate concepts



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## Terms to Avoid

- Sexual preference
- Homosexual
- Alternative lifestyle
- Queer
- Transsexual

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## The Evolution of Language

- Consider using “LGBT older adults”
- Avoid terms such as “queer” and “dyke” that have negative connotation
- LGBT older adults may not have kept up with cultural language shifts and may still use terms that are now considered outdated or offensive
- LGBT older people may rely on euphemisms to describe their partners or significant others, such as “friend,” “special friend,” “roommate,” “companion,” or “cousin”
- If you are ever unsure about how to address a person, let the person guide you

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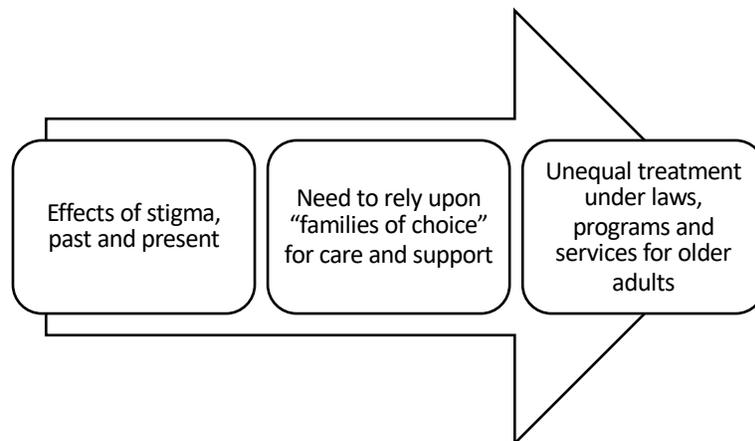
## Healthy People 2020

- Benefits of addressing health concerns include:
  - Reductions in disease transmission and progression
  - Increased mental and physical well-being
  - Reduced health care costs
  - Increased longevity

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## LGBT Elders Face Unique Challenges to Successful Aging



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## Health Disparity and Equity

Health disparity:

- A particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on racial or ethnic group; sexual orientation; gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion

Health equity:

- Attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities.

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## Resulting Health Disparities

- Women:
  - Higher rates of disability and mental distress
  - Higher rates of cardiovascular disease and obesity
  - Less likely to have mammograms
  - Higher rates of smoking
  
- Men:
  - Higher rates of disability and mental distress
  - Higher rates of HIV
  - Higher rates of smoking

Source: The Aging and Health Report – Disparities and Resilience among Lesbian, Gay, Bisexual, and Transgender Older Adults - <http://caringandaging.org/>

## Health Disparities (AAMC, 2014)

Compared to heterosexual counterparts:

- LGB adults 1.5 x risk of asthma
- LGB adults >2x risk for cardiovascular disease
- B 2x risk of smoking
- Young GB men increased biomarkers of cardiovascular disease
- LGB on average become disabled at significantly lower age
- L 2x risk becoming disabled
- B 3x risk of becoming disabled
- G and T women (MTF) increased risk of HIV/AIDs and other STIs
- T increased uninsured rate and likely to postpone medical care than cisgender individuals (highest in FTM)
- G increased risk anal cancer
- LGBT increased lifetime risk of violent victimization and maltreatment

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## Health Disparities

- Lesbians are less likely to get preventive services for cancer
- Gay men are at higher risk of HIV and other STDs, especially among communities of color
- Lesbians and bisexual females are twice as likely to be overweight or obese
- Transgender individuals have a high prevalence of HIV/STDs, victimization, mental health issues, and suicide and are less likely to have health insurance than heterosexual or LGB individuals.
- Elderly LGBT individuals face additional barriers to health because of isolation and a lack of social services and culturally competent providers.
- LGBT populations have the highest rates of tobacco, alcohol, and other drug use

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## Social Determinants Affecting Health

- Legal discrimination in access to health insurance, employment, housing, marriage, adoption, and retirement benefits
- Lack of social programs targeted to and/or appropriate for LGBT
- Shortage of health care providers who are knowledgeable and culturally competent in LGBT health

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## Physical Environment Affecting Health

- Safe neighborhoods and housing
- Access to recreational facilities and activities
- Availability of safe meeting places
- Access to health services

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## A Historical Perspective

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## The Facts

- 40% of LGBT older adults say their healthcare providers do not know their sexual orientation
- 33% of LGBT survey respondents who saw a healthcare provider had at least 1 negative experience related to being transgender
- 40% of LGBT older adults say their social networks have become smaller as compared to 27% of non-LGBT people
- 1 in 4 transgender older adults reports discrimination when seeking housing

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## The Facts

- Twice as likely to have lived their lives alone
- Three to four times less likely to have children for support
- More likely to be disconnected from their family of origin
- Five times less likely to have accessed health and social services out of fear of mistreatment or being stigmatized in some way

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# A Historical Snapshot

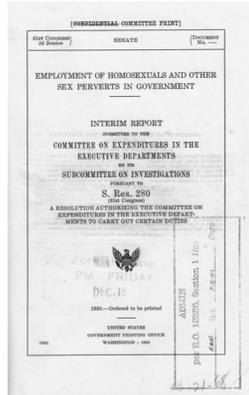


Image from national archives.gov

1953

President Eisenhower calls for the dismissal of homosexuals from government service

Susan is 16 years old

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# A Historical Snapshot

1969

Stonewall Riots occur in New York City

Susan is 32 years old



Diana Davies, copyright owned by New York Public Library [CC BY-SA 3.0 (<http://creativecommons.org/licenses/by-sa/3.0/>)]

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## A Historical Snapshot

1973

The American  
Psychiatric  
Association declares  
homosexuality is not  
a mental disorder

Susan is 36 years old

Diagnostic and Statistical Manual of Mental Disorders

99

### Seventh printing of the DSM-II, 1974

As described by Ronald Bayer, a psychiatrist and gay rights activist, specific protests by gay rights activists against the APA began in 1970, when the organization held its convention in San Francisco. The activists disrupted the conference by interrupting speakers and shouting down and ridiculing psychiatrists who viewed homosexuality as a mental disorder. In 1971, gay rights activist Frank Kameny worked with the Gay Liberation Front collective to demonstrate against the APA's convention. At the 1971 conference, Kameny grabbed the microphone and yelled, "Psychiatry is the enemy incarnate. Psychiatry has waged a relentless war of extermination against us. You may take this as a declaration of war against you."<sup>[10]</sup>

This activism occurred in the context of a broader anti-psychiatry movement that had come to the fore in the 1960s and was challenging the legitimacy of psychiatric diagnosis. Anti-psychiatry activists protested at the same APA conventions, with some shared slogans and intellectual foundations.<sup>[11][12]</sup>

Presented with data from researchers such as Alfred Kinsey and Evelyn Hooker, the seventh printing of the DSM-II, in 1974, no longer listed homosexuality as a category of disorder. After a vote by the APA trustees in 1973, and confirmed by the wider APA membership in 1974, the diagnosis was replaced with the category of "sexual orientation disturbance".

Wikipedia authors (listed in the PDF) and Imafute [CC BY-SA 3.0 (<https://creativecommons.org/licenses/by-sa/3.0/>)]

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## A Historical Snapshot



The U.S. Food and Drug Administration  
[Public domain]

1980

AIDs Coalition to  
Unleash Power  
(ACT-UP) starts  
public  
demonstrations

Susan is 50 years old

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## A Historical Snapshot

1994

“Don’t Ask,  
Don’t Tell” was  
passed

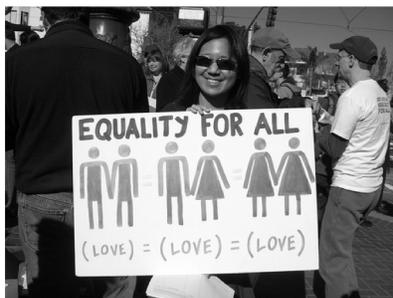
Susan is 57 years old



Department of Defense. Defense Information Systems Agency. White House Communications Agency. 6/25/1991- [Public domain]

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## A Historical Snapshot



Susan is 59 years old in 1996  
She is 66 in the 2000s

1996

Congress passes Defense of  
Marriage Act

2000S

US Supreme Court  
invalidates the remaining  
laws that had criminalized  
same-sex sexual acts

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## A Historical Snapshot

2015

The US  
Supreme Court  
extends  
marriage  
equality to all  
50 states



Susan is 78 years old

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## Through the Lens of History

- LGBT individuals came of age at a time when there was great prejudice and violence against LGBT people
- They were labeled by the religious and medical communities
- This history may make people less open about their LGBT identity and may choose not to identify

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## Nursing Home Reform Act

- The right to receive visitors
- The right to privacy
- The right to be treated with dignity
- The right to be free from mistreatment/abuse
- The right to self-determinations

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## Patient Rights Code

- All patients have the right to be free from discrimination based on sex, race, color, religion, ancestry, national origin, sexual orientation, disability, medical condition, marital status, or registered domestic partner status
- All patients have the right to be free from mental and physical abuse
- All patients have the right to be treated with dignity and respect, which includes privacy in their treatment
- All patients have the right to meet with their spouses or domestic partners and be assured privacy for these visits

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## Unruh Civil Rights Act

“All persons within the jurisdiction of this state are free and equal, and no matter what their sex, race, color, religion, ancestry, national origin, disability, medical condition, genetic information, marital status, or sexual orientation are entitled to the full and equal accommodations, advantages, facilities, privileges, or services in all business establishments of every kind whatsoever.”

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## Legal Obligation

- Penalties include but are not limited to:
  - Fines
  - Imposed staff training
  - Increased monitoring
  - Temporary outside management
  - Loss of Medicare or Medicaid certification

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## Your Role as a Clinician

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## Barriers to LGBTQ Education

- Lack of leaders/champions
- Generational and cultural differences
- Time
- Training requirements are vague
- Tendency is to piece meal and just add boxes to hit requirements without full appreciation or understanding
- “Mandatory” training or forced tolerance
- “Sensationalization” of sexuality/gender
- Apathy
- Don’t ask/don’t tell culture

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## A Survey of Residents' Opinions

- Every question should not be based on an assumption of heterosexuality
- Fear of verbal or physical harassment from other residents or from staff
- Refusal of being admitted, or being discharged prematurely or abruptly
- Staff refusing to accept medical power of attorney from a partner or a spouse
- Visitors will be restricted from seeing them
- Staff refusal to provide basic services or care
- Over 80% said they wanted providers who've been trained around LGBT issues and there is advertising for LGBT services

Source: AARP, SAGE (2018)

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## Avoid Common Assumptions

- We really don't have LGBT older adult clients
- We can identify the LGBT people within our community
- It is illegal to ask people about their sexual orientation or their gender identity
- People will resist answering questions
- We treat everybody as equals, actually everybody the same, so we don't need to know so much about sexual orientation or gender identity

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## Avoiding Assumptions

- A key principle of effective communication is to avoid making assumptions:
  - Don't assume you know a person's gender identity or sexual orientation based on how they look or sound
  - Don't assume you know how a person wants to describe themselves or their partners
  - Don't assume all of your patients are heterosexual and cisgender (not transgender)

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## Avoiding Assumptions

- To avoid making assumptions about gender identity or sexual orientation with new patients, use gender-neutral terms and avoid using pronouns. *For example:*
  - *Instead of:* "How may I help you, sir?"
  - *Say:* "How may I help you?"
  - *Instead of:* "She is here for her appointment."
  - *Say:* "The patient is here in the waiting room."
  - *Instead of:* "What are your mother and fathers' names?"
  - *Say:* "What are your parent(s) or guardian(s) names?"
  - *Instead of:* "Do you have a wife?"
  - *Say:* "Are you in a relationship?" or "Do you have a partner?"

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## Using Names and Pronouns

- Another key principle is to use patients' preferred names and pronouns
- Transgender people often change their name to affirm their gender identity
  - This name is sometimes different than what is on their insurance or identity documents
- Transgender people also want others to use pronouns that affirm their gender identity

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## Using Names and Pronouns

- Registration forms should have a space for patients to enter their preferred name and pronouns
- This information should also be included in medical records
- A patient's pronouns and preferred name should be used consistently by all staff

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## Using Names and Pronouns

- If you are unsure about a patient's preferred name or their pronouns:
  - *"I would like be respectful—what name and pronouns would you like me to use?"*
- If a patient's name doesn't match insurance or medical records:
  - *"Could your chart/insurance be under a different name?"*
  - *"What is the name on your insurance?"*
- If you accidentally use the wrong term or pronoun:
  - *"I'm sorry. I didn't mean to be disrespectful."*

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## Communication "Don'ts"

- **Don't** laugh or gossip about a patient's appearance or behavior
- **Don't** use stereotypes or ask questions that are not necessary for care. Examples of "don'ts":
  - *"You're so pretty! I cannot believe you are a lesbian."*
  - *"Are you sure you're bisexual? Maybe you just haven't made up your mind yet."*
  - *"I see you checked 'gay' on your registration form. How's the club scene these days?"*
  - *"Wow. You look just like a real woman!"*

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## Accountability

- Creating an environment of accountability and respect requires everyone to work together
- Don't be afraid to politely correct your colleagues if they make a mistake or make insensitive comments
  - *"Those kinds of comments are hurtful to others and do not create a respectful work environment."*
  - *"My understanding is that this patient prefers to be called 'Jane', not 'John'."*

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## Recommendations for the Clinician

- Set parameters at the beginning of your evaluation or interview
- Have discussions in private
- Use gender neutral language
- Don't make assumptions about an LGBT person's life history
- Don't assume that the person in front of you is open about their sexuality or gender identity
- Maintain confidentiality and professionalism
- Restate to the person their preferred identification or pronoun
- Focus on the person as a whole

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## Policy Recommendations

- Assume that you have LGBT residents in your organization
- Ask questions related to gender identity and sexual orientation of everyone upon admission
- Examine your programming and referrals with respect to LGBT inclusion
- Respect gender identity with regard to sex segregated services
- Create a welcoming environment

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## Organizational Assessment for Inclusion for LGBT Population

- Does your facility display an anti-discrimination policy with a positive statement of equal care?
- Does your facility use brochures and other marketing materials that depict people of diverse backgrounds, sexual orientation, and gender identities?
- Do caregivers and staff use inclusive language such as partner versus husband/wife?
- Do your admissions forms include gender-neutral options like domestic partner or same-sex partner as well as options to select male, female, both, neither?

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## Organizational Assessment for Inclusion for LGBT Population

- Does your facility adopt an inclusive definition of “family” that might include significant others, children, friends, same-sex partners, etc.?
- Is it obvious to all that confidentiality related to sexuality and orientation is upheld at the facility?
- Do staff ask gender neutral questions to ask about sexuality and relationships?
- If a same-sex partner visits a resident, are they afforded the same courtesy and treatment a heterosexual spouse does?
- When a transgender person enters the home, do you address them as their chosen gender?

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## Organizational Assessment for Inclusion for LGBT Population

- Do caregivers treat sexual orientation and gender identity as highly sensitive information?
- Does your facility have a written anti-discrimination policy that also references gender identity and sexual orientation?
- Is there a policy to deal with complaints of discrimination or harassment including follow-up procedures and consequences?
- Is there a way to disseminate these policies to all staff and residents? To translate to those for who English is not the primary language?
- Do you have written confidentiality policies that specifically address sexual orientation and gender identity?

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## Organizational Assessment for Inclusion for LGBT Population

- Is there a policy in place that addresses training staff in cultural competency and specifically the health issues faced by the LGBT community?
- Have all staff received training related to LGBT issues including health issues, privacy and confidentiality?
- Are members of the LGBT community actively recruited as potential staff members? And treated fairly during the interview process?
- Are employees who identify with the LGBT community entitled to the same benefits, terms, and conditions of employment as other employees?

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## Organizational Assessment for Inclusion for LGBT Population

- Does your organization offer sponsored health benefits with same-sex partner coverage and/or with transgender/transsexual employee benefits?
- Does your facility have formal employee engagement surveys that address LGBT inclusion and in which employees can confidentially self-identify as LGBT?
- Does your facility have an LGBT network or employee resource group?
- Does your facility have systems in place to ensure privacy measures are in place to protect employees who choose to self-identify in surveys or in human resources information systems?

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## Case Scenarios

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### Scenario 1

Person 1: You should be ashamed of yourself, why are you flirting with men and women like that? What has gotten into you lately? You have changed so much since your husband left. Snap out of it!

Person 2: I cannot believe she would say this to me? I don't know how to tell her that I am bisexual? Or even if I did tell her if it would help the situation? What do I do?

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## Scenario 2

Person 1 (Michael): Linda, Please let me see Paul ... he's been my best friend for 20 years! I'm here every day, just please let me see him.

Person 2 (Maggie): No, you have been taking advantage of my poor father. He shouldn't be friends with people like you.

Person 3 (nurse): Do you want to see him?

Person 4 (patient/Paul): Yes. Please. But she won't listen to me.

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## Scenario 3

Nevine: My name is Nevine and I'm 64. In the last year or so my health has been a bit difficult to manage. My son and I both think it's a good idea for me to live somewhere where I can get a little help and meet new people.

Nurse: Tell me about yourself

Nevine: One thing that I want you to know is that I'm transgender, so I'm a little nervous about the staff and other residents

Nurse: well I'm sorry to hear about your health, but I'm very happy to have you here. I am also very happy that you felt comfortable enough to share that you identify as transgender.

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## Scenario 3

Nevine: I saw that you had the rainbow flag on the door and honestly I don't want to live somewhere that won't support me.

Nurse: I want to support her but I have no idea what to do about room assignments and I don't know how our residents will react. I think I'll just place her in a single room for her protection.

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## Keep in Mind ...

- Always ask what pronoun they use and their preferred name
- If you have to use their birth name such as for filling out government forms be sure to let them know why you are using their birth name
- It's not appropriate to ask for people's previous names just because you are curious.
- Older adults may use terms that you find outdated or offensive when defining themselves
- Be aware that the fact that many people use gender neutral pronouns

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## Scenario 4

Person 1: And here is our final new resident. Her name is Sarah, she has 2 children that are very involved. She also has an old friend that will be coming by often, her name is Ellen. Ellen comes to all of Sarah's doctors appointments too.

Person 2: Do you think Ellen and Sarah are partners or a couple?

Person 2: I don't know. Sarah was pretty clear in our intake that Ellen is an old friend of hers and Sarah has children. Should I ask them?

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## Best Practices

- Try not to assume that everyone is heterosexual or cisgender
- Expand your definition of family
- Use LGBT affirming language
- Examine your programming and publicity materials
- Reflect back the same language that they use with you

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## Resources for More Information

- National Resource Center on LGBT Aging
  - <https://lgbtagingcenter.org>
- SAGE Advocacy & Services for LGBT Elders
  - <https://www.sageusa.org>
- American Society on Aging
  - <http://www.asaging.org>
- AARP -- American Association of Retired Persons
  - <https://www.aarp.org>

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THANK YOU!!

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