



# LGBT SENIORS AND HEALTHCARE

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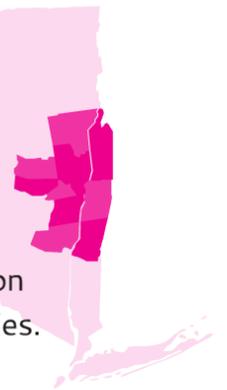
# Pride Center of the Capital Region

- **Mission:** To promote the well-being of all lesbian, gay, bisexual, transgender and queer- identified (LGBTQ) people and those affected by discrimination based on gender identity and expression.
- Oldest, continuously operating LGBTQ Community Center in the Country!
- Since 1970: 48 Years!



## The Pride Center's Service Area

Albany, Schenectady, Rensselaer, Saratoga, Warren, Washington, Columbia, Greene, Fulton and Montgomery counties.



# Programs

- Center Youth (18 & Under)
- Vintage Pride (55 & Over)
- Family Pride
- Women's Pride
- Men's Pride
- Trans\* Pride
- Center Arts
- Capital PRIDE
- Training and Education Services

# Welcome!

- A little bit about me...
  - *Master's degree in Social Work from Ualbany*
  - *Director of Programs*
  - *Working with the LGBTQ Community since 2002*
  - *She/Her/Hers*



# Why this Training is Important

- “While the public perception of LGBT people is largely one of a young, affluent community, there are more than 2.7 million LGBT adults ages 50 or older living in communities across the country.” (MAP & Sage, 2017)
- “Health and wellbeing, economic security, and social connections are among the cornerstone for successful aging, yet these are areas in which many LGBT elders face substantial barriers-stemming from current discrimination as well as the accumulation of a lifetime of legal and structural discrimination, social stigma, and isolation.” (MAP & Sage, 2017)
- “A 2011 report by the Institute of Medicine ascertains that LGBT older adults are one of the least understood groups in terms of their health and aging-related needs.” (Hudson, 2011)
- “Among the keys to successful aging are good health and competent healthcare; economic stability and security; and strong social and family support.” (MAP & Sage, 2017)

# Training Objectives

- Understand concepts of sexual orientation and gender identity
- Increase knowledge of language and terms used by LGBT seniors
- Identify health disparities experienced by older LGBT patients
- Identify barriers to healthcare experience by LGBT older adults
- Learn effective tools for creating affirming intake and healthcare services
- Improve confidence in providing competent healthcare to older LGBT patients

# Notes Before we Begin...

- Knowledge & Experience
- Foundation First
- Better Practices
- Ask Questions
- Personal Experiences

## Better Practice

**Beware of placing the responsibility  
of education on community  
members.**

# Prevalence

- Estimate of 1.5 million adults over age 65 identifying as LGB.
- Estimate of nearly 3 million by 2030.
- No precise data for the number of trans\* older people; estimate hundreds of thousands- and many more over the next few decades.

(National Resource Center & Sage, 2012)

# TERMINOLOGY



# LGBT...

- What does this mean?
  - *L-Lesbian*
  - *G- Gay*
  - *B-Bisexual*
  - *T-Transgender*



# Terminology

- Becoming familiar with and knowing the most up to date terminology is important, especially for allies.
- It's important to reflect/mirror the language of the individual

# Terms to Avoid with LGBT Older Adults

- **Queer**
  - *Historically a negative term. “While in recent years, some younger LGBT people have begun using the term to describe themselves, older adults have often had bad experiences with the word.” (Sage, nd)*
- **Lifestyle**
  - *“Just as there is no one “straight lifestyle”, there is no one LGBT lifestyle.” (Sage, nd).*
- **Homosexual**
  - *“An outdated, clinical and medical term that is no longer the preferred word to describe someone who is gay or lesbian. It has taken on negative connotations because of its previous use to denote a mental illness.” (Sage, nd).*
- **Sexual preference**
  - *“A term that conveys the suggestion that being gay or lesbian is a choice and therefore can be “cured” or change.” (Sage, nd)*

# WHAT'S THE DIFFERENCE

Sexual orientation, Sex, Gender Identity, and Gender Expression



# Sexual Orientation

- The type of **sexual, romantic, emotional/spiritual attraction** one feels for others, often labeled based on gender relationships between the person and the people they are attracted to (often mistakenly referred to as sexual preference).
- Lesbian
- Gay
- Bisexual
- Queer
- Pansexual
- Asexual
- Others

# Assigned Sex

- The sex (male or female) assigned to a child at birth, most often based on child's external anatomy.
  - *Also referred to as birth sex, natal sex, biological sex, or sex.*
- Male
- Female
- Intersex
  - *Refers to a range of conditions associated with atypical development of physical sex characteristics.*

# Gender Expression

- This term describes the way (e.g. feminine, masculine, androgynous) in which a person communicates their gender to the world through their clothing, speech, behavior, etc. Gender expression is fluid and is separate from assigned sex at birth or gender identity.
- Masculine
- Feminine
- Androgynous
  - *A gender expression that has elements of both masculinity and femininity.*

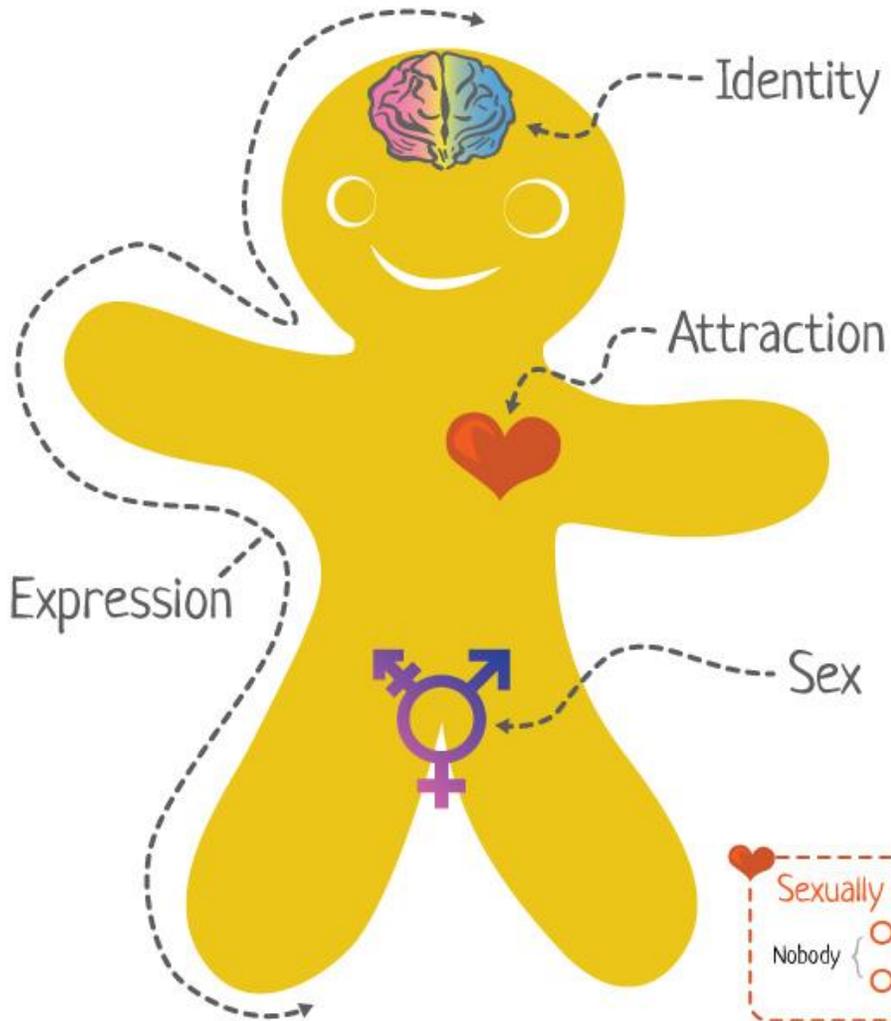
# Gender Identity

- The internal perception of one's gender, and how they label themselves, based on how much they align or don't align with what they understand their options for gender to be.
- Man
- Woman
- Genderqueer
- Gender Non-Conforming
- Trans\*
- More

# The Genderbread Person v3.3

by its pronounced **METROsexual**.com

Gender is one of those things everyone thinks they understand, but most people don't. Like *Inception*. Gender isn't binary. It's not either/or. In many cases it's both/and. A bit of this, a dash of that. This tasty little guide is meant to be an appetizer for gender understanding. It's okay if you're hungry for more. In fact, that's the idea.



Plot a point on both continua in each category to represent your identity; combine all ingredients to form your Genderbread

4 (of infinite) possible plot and label combos

**Gender Identity**

⊘ Indicates a lack of what's on the right.

Woman-ness

Man-ness

How you, in your head, define your gender; based on how much you align (or don't align) with what you understand to be the options for gender.

Labels: "woman", "man", "two-spirit", "genderqueer"

**Gender Expression**

Feminine

Masculine

The ways you present gender; through your actions, dress, and demeanor, and how those presentations are interpreted based on gender norms.

Labels: "butch", "femme", "androgynous", "gender neutral"

**Biological Sex**

Female-ness

Male-ness

The physical sex characteristics you're born with and develop, including genitalia, body shape, voice pitch, body hair; hormones, chromosomes, etc.

Labels: "male", "female", "intersex", "MtF Female"

**Sexually Attracted to**

Nobody

(Women/Females/Femininity)

(Men/Males/Masculinity)

**Romantically Attracted to**

Nobody

(Women/Females/Femininity)

(Men/Males/Masculinity)

In each grouping, circle all that apply to you and plot a point, depicting the aspects of gender toward which you experience attraction.

For a bigger bite, read more at <http://bit.ly/genderbread>

# Sexual Orientation is Different than Gender (Expression and Identity)

- Gender is personal (how we see ourselves) while sexual orientation is interpersonal (who we are physically, emotionally/and or romantically attracted to).
- It's important that we are aware of this distinction.
- One's gender expression or identity does not determine one's sexual orientation.

# THE “T” IN LGBT



# Gender vs. Sex

- **Gender:** An idea create by society (A.K.A a social construct) that tells us what certain genders are “supposed” to be like, based on a group of emotional, behavioral and cultural characteristics (like how we express our feelings or how we dress).
- **Sex:** One’s biological and physical attributes- external genitalia, sex chromosomes, and internal reproductive structures- that are used to assign someone as male or female at birth.

# Trans\*/Transgender

- (1)An umbrella term covering a range of identities that transgress socially defined gender norms. Trans with an \* (asterisks) is often used to indicate that you are referring to the larger group nature of the term. (2)A person who lives as a member of a gender other than that expected based on sex assigned at birth.
- Trans\* Woman/Transgender Woman
- Trans\* Man/Transgender Man
- Gender Non-Conforming (GNC)
- Genderqueer
- Gender Variant
- Non-binary
- Others

# Language Matters

## ■ Do Use:

- *A transgender person*
- *Someone who is trans\**
- *Transgender people*
- *Trans\* woman/girl*
- *Trans\* man/boy*
- *Woman of trans\* experience*
- *Man of trans\* experience*

## ■ Do Not Use:

- *A transgender, a trans\**
- *Transvestite, tranny, he-she*
- *The transgender, those people*
- *... who thinks they are a...*
- *... who wans to be a...*
- *Doing the transgendering thing*
- *Transgendering*

# Cisgender

- A person whose gender identity and assigned sex at birth correspond (i.e a person who is not transgender).

# Better Practices

- Use the language the individual is using
- In other words, if the individual considers themselves to be Gender Non-Conforming, then respect that.
- Find out what pronouns the individual uses, and use them properly.

Subjective	Objective	Possessive Adjective	Possessive Pronoun	Reflexive	Pronunciation
She	Her	Her	Hers	Herself	Pronounced as it looks
He	Him	His	His	Himself	Pronounced as it looks
Ze	Zim	Zir	Zirs	Zirself	Pronounced as it looks
Sie/Zie	Hir	Hir	Hirs	Hirself	Pronounced: zee, here, here, heres, hereself
Zie	Zir	Zir	Zirs	Zirself	Pronounced : zee, zere, zere, zeres, zereself
Ey	Em	Eir	Eirs	Eirself	Pronounced: A, M, ear, ears, earsel
Per	Per	Pers	Pers	Perself	Pronounced as it looks
They	Them	Their	Theirs	Themselves	Pronounced as it looks

Forge Forward (2010). *Gender Neutral Pronouns* [PDF].

Retrieved from <https://forge-forward.org/wp->

# Until Known, Avoid Using...

- Gendered greetings
- Pronouns
- Former names, pronouns, or gender descriptions when referring to a person's past
- Do not disclose legal name to non-essential staff or community members without consent.

# Better Practices

- When you make a mistake
  - *Apologize quickly*
  - *Correct yourself without emphases*
  - *Move on*
- When others make a mistake
  - *Model correct name, pronouns, etc.*
  - *Directly address away from individual*
- Share your pronouns upon introduction
- Confirm name & pronoun as soon as possible
- Inquire about confidentiality needs for family, referrals, etc.
- Add pronouns to e-mail signatures, etc.

# LGBT HISTORY



# Discrimination

- “LGBT older adults have lived through decades of their lives when they face being arrested and/or institutionalized just for being a known homosexual. Staying in the closet was rarely a choice-it was a necessity for survival.” (Meyer, nd).
- “Enduring so much social stigma, bias, prejudice, and legally-condoned discrimination for so many years has affected the LGBT older adult populations in numerous and documented ways.” (Meyer, nd).

# Minority Stress

- “The impact of exposure to both interpersonal and structural discrimination.” (Map & Sage, 2017)
  - *Discrimination by individuals and be legal structures*
- Has a negative impact on health and well-being
- “LGBT older adults who have lived through a lifetime of discrimination and social stigma, family rejection, and the aging and deaths of their support networks, experience minority stress.” (Map & Sage, 2017)

# Effects of Minority Stress

- “Aging service providers should be aware that the effects of a lifetime of stigma, discrimination, rejection and ridicule puts LGBT older adults at great risk for physical and mental illnesses, and other issues including:
  - *Social isolation*
  - *Depression and anxiety*
  - *Poverty*
  - *Chronic illnesses*
  - *Delayed care-seeking*
  - *Poor nutrition*
  - *Premature mortality” (National Resource Center & Sage, 2012)*

# Resiliency

- “Born between 1946 and 1964, LGBT Baby Boomers advanced in the U.S gay rights movement and within one generation succeeded in changing social attitudes from seeing homosexuality as a psychiatric condition to winning same-sex marriage rights and acknowledgment of their civil rights in an increasing number of states.”  
(MetLife, 2010)

# LGBT OLDER ADULT HEALTH DISPARITIES



# What makes aging different for LGBT adults?

- “The lack of social and legal acceptance, both historically and currently, of LGBT people has a profound impact on LGBT older adults.” (MAP & Sage, 2017)
- “The cumulative effect of discrimination, stigma, and living with unequal and discriminatory laws and policies for much of their lives is that LGBT elders face unique challenges as they age.” (MAP & Sage, 2017)

# Health Disparities

- “LGBT adults, in general, frequently report poorer health outcomes, which are frequently linked to experiences of discrimination in society as a whole and by health providers specifically.” (MAP & Sage, 2017)
- Mental distress
- Physical limitations
- Poor general health
- “Health disparities among LGBT people have been linked to a lifetime of stigma, discrimination, violence and victimization; higher poverty rates; a lack of access to LGBT-competent providers; and low rates of health insurance coverage.” (Espinoza, 2014)

BARRIERS



# Difficulty in Receiving Healthcare

- LGBT elders' health disparities are overlooked and ignored
  - *“Governments and service providers rarely track, and are largely unaware of the health disparities of LGBT elders.” (MAP & Sage, 2010)*
- There is limited government and social support for families of choice
  - *“LGBT elders rely on family-of-choice caregivers, who often do not receive the same legal or social recognition as biological family caregivers.” (MAP & Sage, 2010)*
- Health care environments often are inhospitable to LGBT elders
  - *“Many professional caregivers are not accepting of, or trained to work with, LGBT elders.” (MAP & Sage, 2010)*

# Difficulty in Receiving Healthcare, cont.

- Nursing homes often fail to protect LGBT elders
  - *“Nursing home rules, together with prejudice and hostile treatment on the part of staff and fellow patients, can create unwelcoming environments for elders who are unable to advocate for themselves.” (MAP & Sage, 2010)*
- Visitation policies and medical decision-making laws often exclude families of choice
  - *“Without complex and often expensive legal arrangements in place, LGBT elders’ partners or other loved ones may be shut out of medical decision making or denied visitation.” (MAP & Sage, 2010)*

# Disclosure to Healthcare Providers

- “Many LGBT older people report not disclosing their identities to their healthcare providers for fear of being judged.” (Espinoza, 2014)
- “Those LGBT persons 80 or older were more likely to keep their identity a secret from their physicians.” (Foglia & Fredriksen-Goldsen, 2014)
- “Failure to disclose sexual orientation or gender identity may have adverse health consequences for LGBT older adults, such as delay in diagnosing a serious medical problem.” (Foglia & Fredriksen-Goldsen, 2014)
- “If providers are not aware of their patients’ sexual orientation and gender identities, and the lack of information is due in part to a fear of bias and discrimination from LGBT people themselves, the integrity of the patient-provider relationship has been compromised.” (Espinoza, 2014)

# Accessing Healthcare Services

- “Nearly 15% of LGBT older adults participating in (the CAP study) reported that they were fearful about accessing health care services outside of the LGBT community, and nearly 13% reported that they were denied health care services or provided with inferior care as a result of their sexual orientation or gender identity.” (Foglia & Fredriksen-Golsen, 2014)

# Culturally Competent Providers

- “Students and practitioners in the social and health services generally not been well prepared to practice in a culturally competent manner with LGBT populations.”  
(Fredriksen-Goldsen, et al, 2014)
- “It should not be incumbent upon LGBT older adults to educate providers, services, and programs about their unique challenges and needs; this responsibility lies squarely on the shoulders of providers, educators, and other stakeholders.”  
(Fredriksen-Golden, 2014)

# LGBT ELDERS OF COLOR



# Unique Challenges

- “Research finds increased disparities across many measures of wellbeing, including physical and mental health outcomes, economic security, and experiences of discrimination for LGBT people of color and LGBT older adults of color specifically.” (MAP & Sage, 2017)
- “The challenges facing LGBT elders of color intensify as they age into the long-term care system, where they often find environments that are unwelcome.” (Auldridge & Espinoza, 2013)
- “According to a 2011 National study on LGBT older adults, LGBT elders of color deal with significant health disparities across areas related to physical and mental health, including high blood pressure, cholesterol, diabetes, heart disease, HIV/AIDS and more.” (Auldridge & Espinoza, 2013)

# Health Disparities

- More likely to report:
  - *HIV*
  - *Asthma*
  - *Diabetes*
  - *Visual impairments*
  - *obesity*
  - *High blood pressure*

*(Fredriksen-Goldsen, 2011)*

TRANS\* ELDERS



# Unique Challenges

- “Transgender people in general experience high levels of discrimination, poverty and victimization, but little is known about the growing population of older transgender people and their needs.” (Hudson, 2011)
- Have specific medical needs
  - *Necessary transition-related care*
- “Prior to the 1980s, TGNC people who transitioned were strongly encouraged by providers to pass in society as cisgender and heterosexual and to avoid associating with other TGNC people.” (American Psychological Association, 2015)
- Even if comfortable in the younger years to disclose their gender identity, may not be so willing in later stages of life.

# Barriers in Receiving Care

- “Many Trans\* older adults have experienced abuse in long-term care facilities, including the denial of medication or personal care services, physical abuse, and psychological abuse such as being isolated from other residents, involuntarily outed, and prevented from dressing consistently with their gender identity.” (Hudson, 2011)
  - *“Still other trans\* people are simply refused admission into long-term facilities.” (Hudson, 2011)*
- “Transgender older adults also face numerous obstacles in accessing adequate health care.” (Hudson, 2011)
  - *Routine preventative screenings*

# Barriers in Receiving Care, cont.

- “In terms of health care access, transgender older adults’ fear of accessing services was a significant mediator across the physical and mental health outcomes. Transgender older adults are hesitant to seek medical attention, due to both negative experiences with and fear of judgements by health care providers.” (Fredriksen-Goldsen, et al, 2013)
- “To date, many health care providers are inadequately prepared to address the needs of transgender older adults, a growing and underserved population.” (Fredriksen-Goldsen, et al, 2013)

# Barriers in Receiving Care, cont.

- “Existing research indicates transgender people are twice as likely as other to have served in the armed forces, thus many rely on the Veterans Administration (VA) for health care and other supports.” (Hudson, 2011)
  - *Discrimination*
  - *Refusal of care*
  - *Refusing to use affirmed name and pronouns*
  - *Refusing to provide evaluations and prescriptions for hormone therapy*
  - *Asking invasive questions when not relevant to care*

*(Hudson, 2011)*

# Barriers in Receiving Care, cont.

- “Transgender adults’ reluctance to access health care and to disclose their gender identity, combined with the failure of health care providers to deliver culturally competent care, are likely to create barriers to care and subsequently lead to diminished health.” (Fredriksen-Goldsen, et al, 2013)

# Health Disparities

- Heightened risk for:
  - *Depression*
  - *Suicidal ideation*
  - *Loneliness*
- “TGNC elders may face obstacles to seeking or accessing resources that support their physical, financial, or emotional well-being.”
  - *Concerned about applying for social security benefits*
  - *Avoid medical care*

# Long-Term Care

- “Nursing homes and assisted living facilities are rarely sensitive to the unique medical needs of TGNC elders.” (American Psychological Association, 2015)
- “Some TGNC individuals who enter congregate housing, assisted living, or long-term care setting may feel the need to reverse their transition to align with sex assigned at birth to avoid discrimination and persecution by other residents and staff.” (American Psychological Association, 2015)

# ADDRESSING BARRIERS



# Open Communication

- “Proper health treatment requires candid communication between patients and providers, and LGBT patients deserve professional interactions that affirm their sexual and gender identities at all ages.” (Espinoza, 2014)
- “Open communication between providers and LGBT patients allows providers to better identify, understand and treat LGBT patients, and some research has shown that patients who disclose their sexual orientation might also feel safer discussing their risk behaviors.” (Espinoza, 2014)

# Asking Questions

- “An important principle of person-centered care is that the more providers know about their individual clients, the better service they will be able to provide. (Inclusive Questions for Older Adults)
- “Questions regarding sexual orientation and gender identity should be integrated into clinical settings so that medical professionals capture demographic data during the intake process that identifies LGBT people- this limits the changes that an LGBT person might withhold this information for fear of being judged.” (Espinoza, 2014)
- Requires proper training of personnel to protect against discrimination and to protect confidentiality.

# LGBT OLDER ADULTS AND HEALTH SERVICES



# Long-term Care

- Very expensive; “may be prohibitive to LGBT elders who may not have family members to assist, or who may not be able to access benefits that other elders can access to help pay for long-term care.” (MAP & Sage, 2017)
- “For LGBT elders, entering long-term care may be a foreboding concept: to live for the first time in many years among people who may not accept you for who you are or whom you love.” (MAP & Sage, 2017)
- “A study conducted in 2011 identified the top issues of concern to LGBT elders entering long term care for the first time: discrimination by staff and residents, isolation, and abuse or neglect from staff.” (MAP & Sage, 2017)

RESILIENCE



# LGBT Older Adult Resiliency

- “In many respects, LGBT elders show remarkable resilience given that many of their experience as young people were in a time when being LGBT was less accepted- or worse, criminalized.” (MAP & Sage, 2017)
- “Many have built vibrant communities and a sensibility that they can count on each other, as exemplified during the height of the AIDS pandemic in the United States.” (Fredriksen-Goldsen, 2014)

# LGBT Older Adult Resiliency

- The ability to handle adversity and challenges successfully.
- “According to the American Psychological Association, a primary factor in resilience is having caring and supportive relationships within and outside the family. Relationships that create love and trust, provide role models, and offer encouragement and reassurance can help bolster a person’s resilience.” (Fredriksen-Goldsen, et al, 2011)
- For LGBT community, the resilience and adversity is a complex issue
- Members of the LGBT community “often have to choose between claiming a sexual or gender identity that provides the opportunity for community, belonging, and support and the risk of rejection, loss, discrimination, and violence.” (Fredriksen-Goldsen, et al, 2011)

# LGBT Older Adult Resiliency, cont.

- While coming out is better for mental health; coming out also encompasses many adversities, such as rejection from friends and family, losing employment or housing, and many other adversities.
- Members of the LGBT community can seek support and develop families of choice through the LGBT community.
- Isolation and the feeling of being alone is one of many disparities seen within the LGBT older population.
- Support, whether from friends or family, has a critical part in helping deal with daily tasks and coping as individuals age.

# Health Strengths

- Older gay and bisexual men:
  - *Lower likelihood of obesity*
  - *Higher likelihood of receiving a flu shot and an HIV test*
- Older lesbian and bisexual women
  - *More likely to receive an HIV test*

(Hudson, 2011)

- “Most LGBT older adults engage at least weekly in leisure and wellness activities and engage in moderate physical activities.” (Hudson, 2011)

# Family of Choice

- “A reliance on chosen family, due to family rejection and legalized discrimination, creates social isolation and vulnerability for LGBT elders.” (MAP & Sage, 2017)
- “While LGBT elders’ networks of chosen family and friends may be strong and resilient, a lack of legal family ties manifests itself in two profound ways:
  - *Friend networks often age simultaneously, meaning they may not be in the physical or mental condition to care for one another adequately;*
  - *Friend networks don’t have the legal recognition to take time away from work, share health insurance plans, or make medical decisions for one another.”* (MAP & Sage, 2017)

# Living Alone

- “LGBT older adults are twice as likely to live alone as heterosexual older adults and more than four times as likely to have no children, meaning that the informal caregiving support structure we assume is in place for older adults might not be there for LGBT older people.” (Espinoza, nd)
- “Social isolation compounds the physical and mental health concerns that many elders experience as they age. Research suggests that social isolation can lead to a number of mental and physical ailments such as depression, delayed care-seeking, poor nutrition, and poverty.” (Espinoza, nd)
- “Living in isolation, and fearful of the discrimination they could encounter in mainstream aging settings, many marginalized elders are also at a higher risk for elder abuse, neglect and various forms of exploitation.” (Espinoza, nd)

# WHAT HEALTHCARE PROVIDERS CAN DO



# LGB Elders

- “Improving the health of LGBT people can improve health and well-being, reduce healthcare costs, increase the length and quality of life and reduce the spread of disease.” (Espinoza, 2014)

# Tips for Working with LGB Older People

- Do not assume that everyone you meet is heterosexual
- Use inclusive terms, phrases and language that do not presume a sexual orientation or relationship status
- Create a welcoming tone in all of your interactions with older adults
- Promote diversity and inclusion at all levels of your agency, from staff to volunteers
- Examine current programs and presentation to see if they can be modified for LGB older people

*(Sage, nd)*

# Addressing Trans\*/TGNC Disparities

- “Stigma reduction strategies for health care professions and improved education about gender identity and aging are essential to reduce stigma and discrimination in health care settings for transgender older adults.” (Physical and Mental Health of Transgender Older Adults)

# Creating a Safe Environment

- “First impressions go a long way. As a group of people who have been historically marginalized, LGBT older people have a tendency to “scan the room” when they first enter a new facility, looking for visible signs that it is welcoming.” (National Resource Center & Sage, 2012)
- “Personnel at every level of an agency must play a role in ensuring that the agency’s culture, mission, and vision is inclusive and welcoming for LGBT and other diverse elders.” (National Resource Center & Sage, 2012)
  - *Should be trained*

# Does your facility show positive signs of inclusion?

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

(National Resource Center & Sage, 2012)

# Reviewing Fist Impressions

- Hang images of LGBT older adults in your welcome area or other high traffic common areas.
- Hang rainbow flags, rainbow-colored items, or Safe Zone signs around the agency.
- Post agency's non-discrimination policy on website, all paper or print materials, and in the lobby of your agency.
- Have single-stall, gender-neutral restrooms available for staff members and clients.
- Display copies of LGBT-relevant magazines, publications, and information about local LGBT resources in your welcome area.
- Highlight or display your partnership with, or outreach to, the LBBT community.

(National Resource Center & Sage, 2012)

CULTURE COMPETENCY



# Heterosexism

- “The dominant culture’s valuing of heterosexuality as the only natural, normal expression of human sexuality.” (Fredriksen-Goldsen, 2014)
- “When internalized, individuals, groups, and institutions hold and enact associated anti-LGBT stereotypes, beliefs, and attitudes.” (Fredriksen-Goldsen, 2014)
- “Unaddressed biases can manifest in the form of micro-aggressions, generally characterized as brief, daily assaults on minority individuals, which can be social or environmental, as well as intentional or unintentional.” (Fredriksen-Goldsen, 2014)

# Components of Cultural Competency

- “Critically analyze personal and professional attitudes toward sexual orientation, gender identity, and age, and understand how factors such as culture, religion, media, health and human service systems influence attitudes and ethical decision-making.” (Fredriksen-Goldsen, 2014)



# Components of Cultural Competency, cont.

- “In culturally competent practice with LGBT older adults, it is important to understand not only the current contexts of their everyday lives, but also the continuing influences of historical, social, and cultural forces throughout the courses of their lives.” (Fredriksen-Goldsen, 2014)
- “When using empathy and sensitive interviewing skills during assessment and intervention, ensure the use of language is appropriate for working with LGBT older adults to establish and build rapport. “ (Fredriksen-Goldsen, 2014)
  - *“Those who work with LGBT older adults need to understand, and be comfortable with, the array of terms used to represent differing sexualities and gender identities.” (Fredriksen-Goldsen, 2014)*



