



**National Center for Assisted Living**

Your National Assisted Living Leader for Advocacy, Knowledge, Education  
and Professional Development

**Better Serving the Lesbian, Gay,  
Bisexual and Transgender  
Populations in Assisted Living  
Communities**

# Overview

- **This educational resource is for all levels of staff in assisted living communities to help them better meet the needs of lesbian, gay, bisexual or transgender (LGBT) residents living in the community.**



# Educational Goals

- To understand the needs of the LGBT community.
- To respect each person's uniqueness as part of our commitment to deliver person-centered care.
- To enhance our ability to listen, respond and provide care to all residents regardless of personal feelings, beliefs, and values.



# Identifying Stereotypes

- **Stereotypes are often oversimplified and inaccurate ways of looking at groups of people who are different from ourselves.**
- **When we let stereotypes control the way we see a person, we do not really see that person for who they really are.**



# Identifying Stereotypes

- **We tend to treat people with less respect for their individuality.**
- **More often than not, that stereotype is rooted in untruths and misinformation.**
- **Stereotypes focus on our differences and ignore the common characteristics that make us human.**



# Background Data

- **UCLA's Williams Institute on Sexual Orientation and Law estimates:**
  - 4.1 percent of American adults identify themselves as lesbian, gay, or bisexual
  - It is estimated that there are 1.5 million LGBT Americans today
  - By 2030, there will be 3 million LGBT elders

*"Improving the Lives of LGBT Older Adults, SAGE, March 2010"*



# LGBT Characteristics

- **LGBT seniors are:**
  - **Less likely to be connected to biological family**
  - **Less likely to have children (4x less likely)**
  - **More likely to live alone**
  - **Less likely to reach out to mainstream services**

(No Need to Fear, No Need to Hide, SAGE, 2004)



# LGBT Characteristics

- **When dependent on health care, home care or long term care systems, older LGBT people may:**
  - **Be treated as if they are heterosexual**
  - **Have had a history of discrimination**
  - **Have been separated from life partners**
  - **Be forced to hide their sexual identity**

(No Need to Fear, No Need to Hide, SAGE, 2004)



# Interaction with Health Care Providers

- **LGBT elders are five times less likely than straight seniors to seek out medical care because of fear of care provider's reactions.**
- **75 percent of LGBT elders said they were not completely open about their sexual orientation to health care workers.**

(No Need to Fear, No Need to Hide, SAGE, 2004)



# A New LGBT Resource Center

- In October 2009,
  - HHS Secretary Kathleen Sebelius announced plans to establish the first national LGBT elder resource center.
  - The Department of Housing and Urban Development (HUD) issued LGBT nondiscrimination regulations in publicly funded housing, with explicit language redefining family so that LGBT families do not face impediments to qualifying for HUD programs.



# Terminology

**Heterosexual**: people who are romantically and/or sexually attracted to someone of the other gender.

**Homosexual**: people who are romantically and/or sexually attracted to people of the same gender. Homosexual is generally used only in medical terms. People who are homosexual generally refer to themselves as gay or lesbian.

(“LGBT Aging: What Makes It Different?” A training Curriculum from the New York State Health and Human Services Network and compiled and edited by SAGE)



# Terminology

**Gay men**: men who are romantically and/or sexually attractive/active with men. “Gay” should be used as a description, and not as a noun.

**Lesbians**: women who are romantically and/or sexually attracted/active with women.

**Bisexuals**: people who are attracted to and/or sexually active with people of both genders.

(“LGBT Aging: What Makes It Different?” A training Curriculum from the New York State Health and Human Services Network and compiled and edited by SAGE)



# Terminology

## Same-Sex Partner(s)

- Refers to same sex couples in committed relationships including marriage, domestic partnerships, civil unions, or similar relationships that may not be recognized under law.

*“Improving the Lives of LGBT Older Adults, March 2010”*



# Terminology

**Transgender**: is independent of sexual orientation and describes those whose gender identity and/or gender expression do not match the stereotypes associated with the gender assigned to them at birth-- and who often live as members of the “opposite sex.”

(Improving the Lives of LGBT Older Adults, March 2010)



# Terminology

**Cross-dressers**: people who choose to wear the clothing generally associated with the opposite gender.

**Transsexual**: a term for people who seek to live in a gender different from the one assigned at birth and who may seek or want medical intervention (through hormones and/or surgery) for them to live comfortably in that gender.

("LGBT Aging: What Makes It Different?" A training Curriculum from the New York State Health and Human Services Network and compiled and edited by SAGE)



# Terminology

**Coming Out**: to disclose one's gender identity or sexual orientation to someone.

**Homophobia**: refers to hatred or fear of lesbian, gay or bisexual people.

**Internalized homophobia**: refers to people who identify as LGBT but hate themselves for feeling these desires.

("LGBT Aging: What Makes It Different?" A training Curriculum from the New York State Health and Human Services Network and compiled and edited by SAGE)



# Minority Stress

**A chronic stress related to stigmatization and actual experiences of discrimination and violence.**

*“Improving the Lives of LGBT Older Adults, March 2010”*



# LGBT Challenges to Successful Aging

- **The effects of stigma, past and present.**
- **Reliance on informal “families of choice” who lack social and legal recognition.**
- **Unequal treatment under laws and programs for older adults.**



# Families of Choice

- **A circle of friends who are like family to the LGBT elder.**
- **Very important for LGBT seniors who have been rejected by their families of origin.**
- **LGBT residents should not be denied visitation from their partners or families of choice.**

(Caring for LGBT Residents, Kathleen Lourde)



# Cultural Competence

**Refers to the ability of care providers to interact with members of different cultural groups. It not only involves an acceptance of and respect for differences, but a degree of understanding of community norms, vulnerabilities, and practices.**

(Outing Age 2010)



# Culturally Competent Services

- **Communicate the community's services to LGBT elders**
- **Communicate the message of sincerity and caring to our LGBT residents**
- **Create appropriate and acceptable services for our LGBT residents.**
- **Affordability**

*"Improving the Lives of LGBT Older Adults, March 2010"*



# Education and Training

- **Ongoing sensitivity training that includes sexual orientation can decrease instances of discrimination.**
- **Posting of the community's non-discrimination policy for public view may help LGBT seniors be less wary and feel more welcomed.**



# Sexuality

- **Sex is part of aging.**
- **It is normal for seniors to remain sexual regardless of age.**
- **Elder's sexual needs in assisted living communities should be treated with respect and privacy.**



# The Right to Privacy

- Every resident has the right to privacy.
- It is never acceptable to speak or gossip about the consensual sexual activities of any resident with other residents or with others outside of the community.



# Do Aging LGBT Individuals Have Unique Needs? No.

- What all residents need is to feel acknowledged, included, respected and understood.
- Person-centered care focuses on meeting the resident's needs through the development of meaningful relationships. Staff need to know each resident, their history, their individual needs, preferences and expectations.
- This approach to care minimizes any bias toward residents based on their sexual identity, culture, or belief system.



# Ways to Achieve Person-Centered Care

- Encouraging the resident's personal development
- Maximize the resident's dignity, autonomy, socialization, privacy and choice
- Supporting their lifestyle
- Promoting family and community involvement (including families of choice)
- Development of positive relationships with staff, residents, and the community



# How Do We Best Provide Care to LGBT Elders

- **Admissions**

- Intake forms: should ask for information about families of origin and families of choice so that we capture what is most important to the resident
- Interviews: one-on-one conversations may create a more comfortable atmosphere for the resident to share personal information

- **Marketing Materials**

- Look for new materials that illustrate the diversity and many faces of aging.



# How Do We Best Provide Care to LGBT Elders

- Understand and respect diversity within the aging population
- Be guided by the resident
- Recognize that minority stress is a real factor in the lives of some LGBT elders
- Determine the level of self-acceptance, support and social network as part of the admission process
- Avoid assumptions and judgments
- Acknowledge and respect family of choice and friends
- Apologize if you make a mistake



# Resident Rights in LTC

- The right to choose one's physician (thus being able to choose LGBT-friendly doctors)
- The right to privacy, dignity, and respect (protecting the resident from hostility)
- The right to one's own possessions (thus allowing transgender elders to dress as the gender of their choice)
- The right to receive visitors of choice
- The right to be free from abuse
- The right to voice grievances without restraint

(Improving the Lives of LGBT Older Adults, March 2010)



# Frequently Asked Questions



# What Difference Will it Make in the Care I Provide Whether the Resident is Heterosexual or Homosexual?

As a caregiver, demonstrate your level of understanding of any special needs the resident may have and your ability to let the resident know he or she is being cared for by a person whom they can trust. The bottom line is that you will provide the same quality care to gay, lesbian and transgender residents as you do others. It is important to accept who they love as their family of choice and to recognize their partners as wives and husbands.

(Understanding and Caring for Lesbian and Gay Older Adults, Council for Jewish Elderly, Center for Applied Gerontology)



# **Aren't homosexuals primarily responsible for the spread of HIV/AIDS?**

- **No. It is not true that homosexuals are primarily responsible for the spread of HIV/AIDS.**
- **It is important to practice standard precautions for all residents.**

(Understanding and Caring for Lesbian and Gay Older Adults,  
Council for Jewish Elderly, Center for Applied Gerontology)



# Isn't it difficult to talk with staff about caring for lesbian and gay residents without getting into a debate about whether homosexuality is right or wrong?

- It is not necessary to get into a debate about whether homosexuality is right or wrong when speaking with staff about caring for residents.
- The goal of training is to convey that staff are to provide quality care to all residents and that sexual orientation should not change this.

(Understanding and Caring for Lesbian and Gay Older Adults, Council for Jewish Elderly, Center for Applied Gerontology)



# Group Activity (#1)

- **Case study (optional)**
- **What is one thing you will do differently as a result of today's learning?**
- **Did you learn anything today that surprises you?**



# Group Activity (#2)

- Case study (optional)
- What is one thing you will do differently as a result of today's learning?
- Did you learn anything today that surprises you?



# Additional Resources

- **Movie “If These Walls Could Talk”**
- **Pre and Post tests available in the “LGBT Aging: What Makes it Different” document on page 30 and 31.**
- *[www.sageusa.org](http://www.sageusa.org)*



# Conclusion

- **No one fully understands everyone else's culture or personal characteristics.**
- **It is necessary to learn and show respect for the cultures of those with whom we interact.**

(Caring for LGBT Residents, Kathleen Lourde)



# Credits

This educational resource was developed by the National Center for Assisted Living (with permission) from materials developed by the Senior Action in a Gay Environment (SAGE) organization. These materials include:

- “No Need to Fear, No Need to Hide” published by SAGE in conjunction with Brookdale Center on Aging at Hunter College.
- “LGBT Aging: What Makes It Different? A Training Curriculum from the New York State Health and Human Services Network, compiled and edited by SAGE



# Credits

Other resources and materials cited in this presentation include:

- “Understanding & Caring for Lesbian & Gay Older Adults”- Council for Jewish Elderly, Center for Applied Gerontology
- “Outing Age 2010- Public Policy Issues Affecting Lesbian, Gay, Bisexual and Transgender Elders”- National Gay and Lesbian Task Force Policy Institute and SAGE



# Credits

- **“Improving the Lives of LGBT Older Adults,” March 2010, SAGE**
- **“Caring for Lesbian, Gay, Bisexual, and Transgender Residents: Ensuring LGBT People Are Cared for with Respect and Awareness of Their Particular Issues,” Kathleen Lourde**

