

# LGBT Aging: What Makes It Different?

Vanessa Shelmandine  
Hudson Valley LGBTQ Community Center

Kim Dill  
Sage Upstate

# Today's Presentation

- Why is cultural competency training important?
- What we know about older LGBTQ adults
- What makes a difference
- Making your services more inclusive
- Q & A

# Hudson Valley LGBTQ Center

- Provides a safe and supportive environment for lesbian, gay, bisexual, transgender, queer and questioning individuals and families
- Offers programs, services and professional resources
- Collaborates with health and human service providers to increase understanding of the needs of LGBTQ clients

# Hudson Valley LGBTQ Center

- SAGE of the Hudson Valley, affiliate of national SAGE organization
- Old Lesbians Organizing for Change, chapter of national organization
- Member: New York State LGBT Health and Human Services Network, Senior Issues Committee; Ulster County Long-Term Care Council

# Sage Upstate



- Serves lesbian, gay, bisexual, and transgender people (LGBT) “as they age” in seven CNY Counties: Cayuga, Cortland, Jefferson, Madison, Oneida, Onondaga, Oswego
- Established in 1997
- Guided by the question: “who will take care of me when I am older?”

# Sage Upstate

- Creation of opportunities to help people build their own **support networks**
- Offer **health and wellness** programs
- **Education** for providers and other audiences
- **Member:** New York State LGBT Health and Human Services Network, Senior Issues Committee, Rainbow Alliance of CNY



# Getting Started



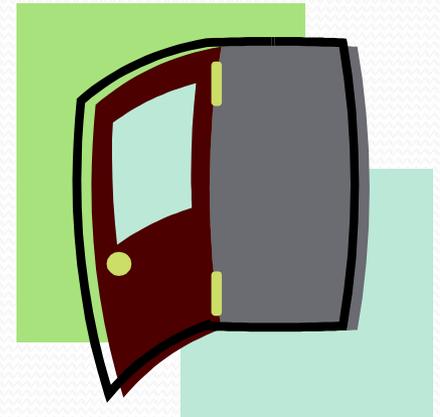
- Pre-training survey
- Safe space
  - Confidentiality
  - Active listening
  - No stupid questions
- Who's in the room?
- Exercise: matching terms

# Helpful Terms

- **Sexual Orientation:** who people fall in love with and/or are sexually attracted to
- **Sex:** scientific term for what makes males and females different, not everyone fits into these two categories
- **Gender:** socially-determined characteristics of a particular sex, commonly referred to as “masculine” and “feminine“
- **Gender Identity:** describes how people perceive their own internal sense of maleness or femaleness
- **Transgender:** an umbrella term that refers to people who live differently than the gender presentation and roles expected of them by society

# Why is cultural competency training important?

- Increases our capacity to serve ALL older adults
- Assumptions limit our ability to understand needs
- Helps everyone feel welcome instead of alienated and marginalized





# Older LGBTQ People speak for themselves

- Excerpts from the film, *10 More Good Years*”

# What We Know

Earlier eras were more hostile to LGBTQ people

- Homosexuality was defined as a mental disorder by American Psychological Association until 1973
- Painful “therapies” such as shock treatments
- Seen as sinners, criminals

# What We Know

LGBTQ People who are older today lived through the devastation of the AIDS Pandemic



- Within 5 years of the first AIDS case, more than 10,000 New Yorkers were diagnosed with AIDS and 6,000 of these had died.
- LGBTQ community members, especially men, may have attended a funeral a week during that time

# What We Know

- The best estimates indicate that 4 – 7 % of the US population is LGBTQ, and 2.5 million are age 60 or older
- US Census data: same sex households
- In 2009, the New York State LGBT Health and Human Services Network commissioned a needs assessment survey of LGBT People in NY State

# What We Know

Findings from the 2009 needs assessment survey:

- 3,500 respondents from across the state
- 40% said that health professionals are not trained to deliver care to LGBT people
- More than half of older LGBT respondents feel lonely
- 2/3 from rural areas feel isolated
- Transgender respondents are more likely to experience barriers to health care, homelessness, and violence.
- Higher rates of uninsured in LGBT population

# What Makes A Difference

- Older LGBTQ People face the same challenges as all aging populations
- However, many of the supports that other older adults rely on are absent among older LGBT people



# What Makes A Difference



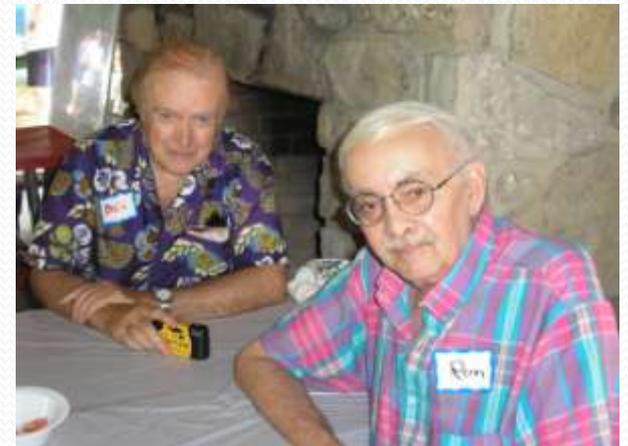
Older LGBT People are less likely to have the support of biological family

- Came out in earlier eras – may have been separated from family
- Less likely to have children

# What Makes A Difference

Older LGBT Adults are more likely to give support to family members and others. According to a recent MetLife Study:

- 1 in 4 older LGBT people are providing care for parents, partners, friends
- A third expect to be caregivers, but 1 in 5 are unsure who will take care of them



# What Makes A Difference

Older LGBT People are more likely to be on their own



- Studies have found up to 65% live alone
- In the general population, about 1/3 of seniors live alone

# What Makes A Difference

Older LGBT People are less likely to reach out for services

- Many fear prejudice and discrimination
- Most at one time lived in secrecy for survival and find it hard to reach out now
- Older LGBT people may avoid services, or remain closeted while accessing them
- Both staff and other clients/residents are a concern

# What Makes A Difference

## Issues faced when LGBT people access services

- Are they able to be open with providers?
- Are “families of choice” respected and included in the “circle of care”?
- Will they feel comfortable with other clients/residents?
- Older transgender people fear how they will be treated if their anatomy does not match the gender they are presenting

# Stresses of Inequality

- Aging outside the norm can be a challenge for anyone
- Stigma, prejudice and discrimination create a stressful environment that affects health
- In addition, a lifetime of abandonment can lead to other conditions, such as anxiety, isolation, depression

# Stresses of Inequality

No right to marry, no right to the following federal benefits:

- Spousal Social Security benefits
- Spousal impoverishment protections
- Benefits for surviving spouses of veterans
- Filing joint tax returns
- Medical decision making
- Sick/bereavement leave
- Shared rooms in nursing homes
- Insurance coverage for spouses



# Stresses of Inequality

## Faith and Religion

- Faith-based institutions may discriminate; many of these provide congregate meals to seniors
- Religion has been used against most LGBT people at one time or another
- Things are changing – there are many welcoming faith groups; still many denominations are struggling with this in a very public way



# Stresses of Inequality

*Healthy People 2010* report found:

- Lesbians are more likely to be overweight
- Higher rates of substance abuse, depression
- Lesbians and gay men may avoid breast, cervical, prostate cancer screenings because they do not want to have to discuss sexuality
- Long-term hormone use by transgender people may be related to cardiovascular conditions; trans people also face barriers to access when providers are not culturally competent

# Stresses of Inequality

## *State and local laws*

- SONDA
- Visitation Access
- Control of Partner Remains
- Pending: GENDA, Marriage

# Stresses of Inequality

## *Creating Legal Ties*

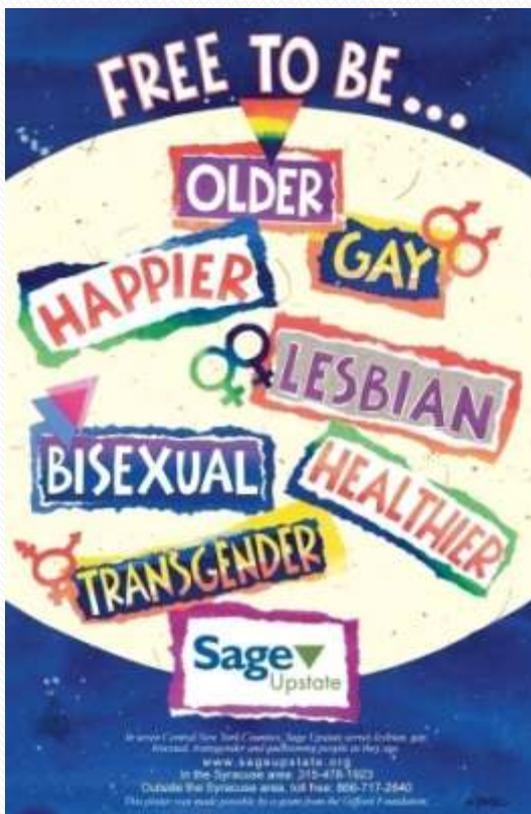
- Advance directives are important for everyone, but especially LGBTQ people
- Wills, Health Care Proxies, Power of Attorney, Adoption
- SONDA – how does it apply?

# There Are Positives Too

- Resilience: have been on their own, can operate outside of gendered activities (cooking, repairs)
- Application of strengths: used to dealing with homophobia, can use same strategies with ageism
- Networks: families of choice
- Activism: those who have been a part of social change over the years now give voice to the needs of older LGBT people



# Making your services more inclusive



## Visual Materials

- Make sure people in materials illustrate the many faces of aging
- Include books, other materials with LGBTQ content
- Display symbols of acceptance

# Making your services more inclusive



## Intake forms and interview

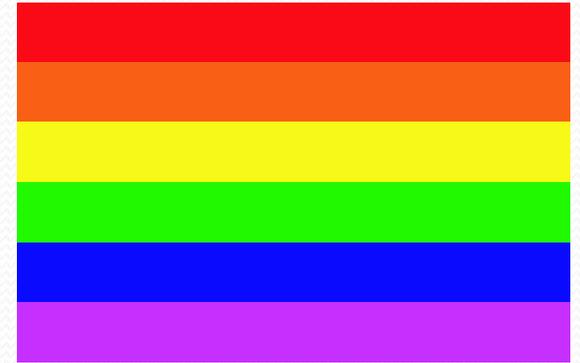
- Consider alternatives to “are you married?” For example, “who do you live with?” “who in your life is especially important to you?”
- Ask what gender pronouns to use
- Use inclusive language: “partner,” “significant other”
- Ask about caregivers, not family members; find ways to include families of choice

# Making your services more inclusive

Listen for your LGBT clients to tell you what they need

- Determine comfort level – some will be glad to talk about it, others will be cautious
- Don't assume that your client is out to everyone – find out when it is ok to recognize them as LGBTQ
- Avoid gender assumptions – ask
- If you mess up, apologize and move on – good intentions make a difference

# Making your services more inclusive



Resources to recommend/  
offer to clients

- Health Care Proxies, Living Will, Durable Power of Attorney, Last Will and Testament
- Information on local LGBTQ organizations (providers may find resources here too)
- Invite speakers to talk about LGBT Q concerns and issues

# Making your services more inclusive

## Policies

- Non-discrimination policies should be posted and well known
- Offer continuing training – for staff and clients
- Make sure policies and training cover both sexual orientation and gender identity



# Questions?

