Welcome!

LGBT AGING
The Journey Toward the Future of Culturally Competent Care

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04A: Ohio Area Agencies on Aging
Today’s Objectives

<table>
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<tr>
<th>Understand</th>
<th>Understand</th>
<th>Implement</th>
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<tbody>
<tr>
<td>the Minority Stress Model as it relates to LGBT older adults</td>
<td>social determinants of health impacting older LGBT adults</td>
<td>basic terminology, concepts and techniques to help better provide culturally competent care for LGBT older adults</td>
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Want to Better Serve Us? Understand Our History and Our Journey

#LivingHistory of the LGBT Movement
Why?

- Tortured healthcare history
- Prevalent health disparities
- General lack of medical training/knowledge
- >111,283 LGBT+ Ohioans age 55+
  - ~30k in SW Ohio
- Minority Stress Model
- Life Course Theory
- Relational Cultural Theory

Transgender health care targeted in crusade to undo ACA

However, the Sunlight Foundation
Stigma, Discrimination, and Health

Stigma/Discrimination
- Chronic and Acute Stress

Impacts
- Mental Health
- Physical Health
- Access to Care
- Access to Competent Care

Health Disparities/Inequities
Life Course Theory

Relational Cultural Theory & Shame

Distal Stressors
• Heterosexual Harassment
• Rejection
• Discrimination

Proximal Stressors
• Internalized Homophobia
• Concealment Motivation

Relational Cultural Theory Recommendations:
• Address/advocate against societal forces contributing to discrimination
• Intervene/combat heterosexism and sexual prejudice at all societal levels

Trauma-Informed Care

Anyone have a good definition?

**Trauma-informed care** = treating a whole person, taking into account past trauma and the resulting coping mechanisms when attempting to understand behaviors and treat the patient.

Do You Know Me Like That?

Head = gender identity  
(Who you are)

Heart = sexual orientation  
(Who you love)

Sex = biological genitalia  
(Assigned at birth)
There are Several Models

The Gender Unicorn

To learn more, go to: www.transpride.org/gender
Design by: Lodynamix and Anna Marie

Rainbow Elder Care of Greater Dayton
What’s the “T” On These Terms:

• **Transgender** – No “ed”; Not transsexual; Not drag queen or cross-dresser

• **Cisgender** - self-identity matches the sex or gender assigned at birth; not transgender. “Cis” and “Trans” from Latin meaning on the same side (Cis) or across from (Trans)

• **Gender dysphoria** – medical diagnosis for the stress that some trans people experience when their identity doesn’t align with the sex or gender assigned at birth. Not all trans people experience this.

• **Q** = Can equal Queer or Questioning; Older LGBT generally don’t like it due to prior pejorative use

• **I** = Intersex – those with ambiguous genitalia

• **Lifestyle** – there is no ONE “gay lifestyle” It’s not a choice like brand loyalty or geographic regionality

• **Homosexual** – Don’t use it; Not only about sex; not a disease; can be homosexual without being gay or lesbian
Transgender vs. Gender Non-Conforming or Non-Binary: Terms that Get Confused
Health Disparities

• Less preventive care
• Lesbians at higher risk of some cancers and diabetes
• Transgender care challenging and political
  • SOGIE not captured jeopardizing care
• Gay men at higher risk of HIV, some communicable diseases and other STDs, especially among communities of color
• Exponentially higher rates of smoking (2 – 3x rate)

• Much higher rates of substance abuse/addiction (2 – 3x rate)
• Greater prevalence of mental health issues
• Greater risk for isolation and depression
• Bisexual health care basically ignored
• People with HIV age on average 8 – 10 years faster with pronounced conditions
  • Hyper immune system causes inflammation

Seven Major Areas of Concern

1. Medical/healthcare
2. Legal
3. Institutional/housing
4. Spiritual
5. Family
6. Mental health
7. Social

Issues same as straight people but importance, rank, impact differ
Major Healthcare Issues/Fears

• Fear and discrimination are real and are a barrier to care
  • Nearly 63% with HIV experienced discrimination in health care

• Availability of culturally competent care is a big issue
  • Most medical schools lack education

• Laws that threaten equality undermine health care

• Geographic access to culturally competent care is an issue

• Transgender care is fraught with gaps, discrimination and hostility
  • 70% of transgender or gender-expansive people had negative experiences

Source: Center for American Progress Healthcare Study, 2017; Lambda Legal: When Healthcare Isn’t Caring, 2009
Social Determinants of Health

- Economic Stability
- Education
- Social and Community Context
- Health and Healthcare
- Neighborhood and Built Environment

Economic Instability

LGB incomes lower except bisexual men
Economic Instability

- Real and lasting effects on financial security, particularly in retirement years

- **LGBT+ women:** 40% < $30k vs. 24% (non-lgbt+)

- Transgender poverty and unemployment higher than the general population:
  - 17% household income of $10,000 or less vs. 4% of the general population
  - 17% were unemployed vs. 7% in the nation (at time of survey)

Economic Instability & Social/Community Context

Denied Social Security Survivor Benefits Because They Couldn’t Marry
Economic Instability - Housing

• 200 secret-shopper tests across 10 states to measure discrimination

• 48% with a same-sex spouse experienced at least one type of discrimination
  • 12.5% experienced multiple forms of discrimination
  • Ohio = 9 of 20 tests (45%) experienced discrimination

• Discrimination subtle, not blatant
  • No one BR appts., emphasize fees vs. amenities, etc.

• Fear drives need to go back into the closet
  • 34% concerned about need to hide identity to access suitable housing
  • 52% afraid will be forced to hide for long-term care

• >60% fear they will experience neglect, harassment or limited access

Source: AARP Maintaining Dignity Study, 2018; Equal Rights Center Housing Study, 2014
Mary Walsh & Bev Nance
(together 40 yrs)
Denied Housing

“All this stuff just keeps coming at you, and then you’re in your 70s, and you think it’s going to be easy from now on and then you face this kind of prejudice. In my mind, the time has come for this to be corrected.”

- Bev Nance
Social & Community Context

- Families of choice vs. families of origin
  - 76% concerned about having adequate family and/or social support as they age
  - 90% of LGBT seniors report having no children, compared to 20% of their cisgender heterosexual counterparts

- Cohort issues (pre/post): Stonewall; AIDS crisis; marriage equality

Sources: AARP, Maintaining Dignity Survey, 2018; Lambda Legal, 2009, Williams Institute, 2016,
Social & Community Context: Discrimination

Funeral home refused to handle services for Jack Zawadski’s deceased husband Bob after learning they were a married couple.
Why? Discrimination is Real

Meet Marsha Wetzel
Cultural Competence and Humility

Cultural Competence

- Learned practices and concepts
- Knowledge, skills
- Standards and guidelines
- Policies, procedures, laws
- "I am expert"
- All about YOU and WHAT you do

Cultural Humility

- Comfort with ignorance
- Empathy
- Self-evaluation and critique
- Mitigate power imbalances
- Culture, privilege, education vs. experience
- "They are the expert"
- All about THEM and HOW you do it


It’s not about being selfless. It’s thinking about yourself LESS!
Strategies for Proper Care

**POLICIES**
Organizational, legal, policies/procedures, accreditation

**TRAINING/CULTURE**
What sort of diversity, sensitivity or cultural competence training is done with staff, clients/residents, etc.?

**PEOPLE**
Recruit and hire people who will make LGBT people feel safe and affirmed

**FORMS**
How do you collect and utilize demographic, gender, relationship information?

**IMAGERY/ENVIRONMENT**
Is environment and marketing material inclusive and reflective of your goals, policies & procedures?
Culturally Competent Care: Names and Pronouns

- Use client/patient appropriate names and pronouns
  - Use “They” if unknown
- Transgender people often change their name to affirm their gender identity
  - Name is sometimes different than insurance or identity documents
- People want others to use pronouns that affirm their gender identity

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What name and pronouns would you like us to use on your records?
Why Names and Pronouns are Culturally Competent Care

- Conveys cultural sensitivity and safety
- Respect for the individual
- Gender expression is NOT the same as gender identity.
  - You can’t always tell by looking!
- Electronic communication de-personalizes people
- Gender-neutral names

Tristyn
Cameron

Chris
Coyote

Jude

If you accidentally use the wrong term or pronoun:
"I’m sorry. I didn’t mean to be disrespectful” Then MOVE ON!
Policies/People: Include SOGIE in Client, Employee and Vendor Policies

- SOGIE = sexual orientation, gender identity or expression
- Actively recruit LGBT+ people
- Include LGBT+ people in development of training related to SOGIE
- Influence vendors
- Don’t just invite LGBT+ to the party, ask them to dance!
Tips: Inclusive Forms

• All forms (e.g. intake/admitting, employment applications, etc.) are NON-binary.
  
  • Use gender neutral terms – use “What is your gender?” instead of Sex?
    • Use “spouse” or “domestic partner” not “husband/wife”
    • Parent not mother/father
    • Avoid Mr., Mrs., Ms.

  • Two-stage gender questions: sex at birth + current identity

• Allow clients/patients to enter their preferred name and personal pronouns

• Info 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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1. What is your current gender identity?
   - Male/Man
   - Female/Woman
   - Transmale/Transman
   - Transfemale/Transwoman
   - Genderqueer/Gender non-conforming
   - Something else: __________________________

2. What sex were you assigned at birth?
   - Male
   - Female
Imagery: You Can Make a Difference

• Display community symbols to connote affirmation, inclusion and safety

• Ensure wall photographs/décor, reading material, marketing collateral, etc. reflect inclusion and diversity
Imagen: Puedes hacer una diferencia

HEALTH STARTS HERE.

FOR EVERYONE.

We are PROUD to be LGBTQ-welcoming.
Training/Culture: Make it Real!
You Can Make a Difference

- Educate employees, residents and other clients
- Engage with the LGBT+ community
  - Ask what they need/want
- Recognize important celebrations/dates in the LGBT community
  - LGBT Pride month - June
  - LGBT History Month – October
    - Many don’t realize important historical figures were LGBT
  - Transgender Awareness Month/Week – November
  - World AIDS Day – remember those lost or those living with HIV or AIDS - December
  - Bisexual Health Month = March

Good resource: GLSEN.ORG SCHOOL CALENDAR
The Future is Bright: John & Jerry
“Behold the turtle: He only makes progress when he sticks his neck out.”

James Bryant Conant

“Not everything that is faced can be changed. But nothing can be changed until it is faced.”

James Baldwin
Let’s Take a Quiz – Just for Fun!

• Take out your cell phone
• On the web, go to Kahoot.it
• Enter the Game PIN I give to you
• Enter your name or nickname
• Click “OK-Go!”
Thank You!

“I KNOW YOU CAN’T LIVE ON HOPE ALONE; BUT WITHOUT HOPE, LIFE IS NOT WORTH LIVING. SO YOU, AND YOU, AND YOU: YOU GOT TO GIVE THEM HOPE; YOU GOT TO GIVE THEM HOPE.”

-HARVEY MILK
Sources


