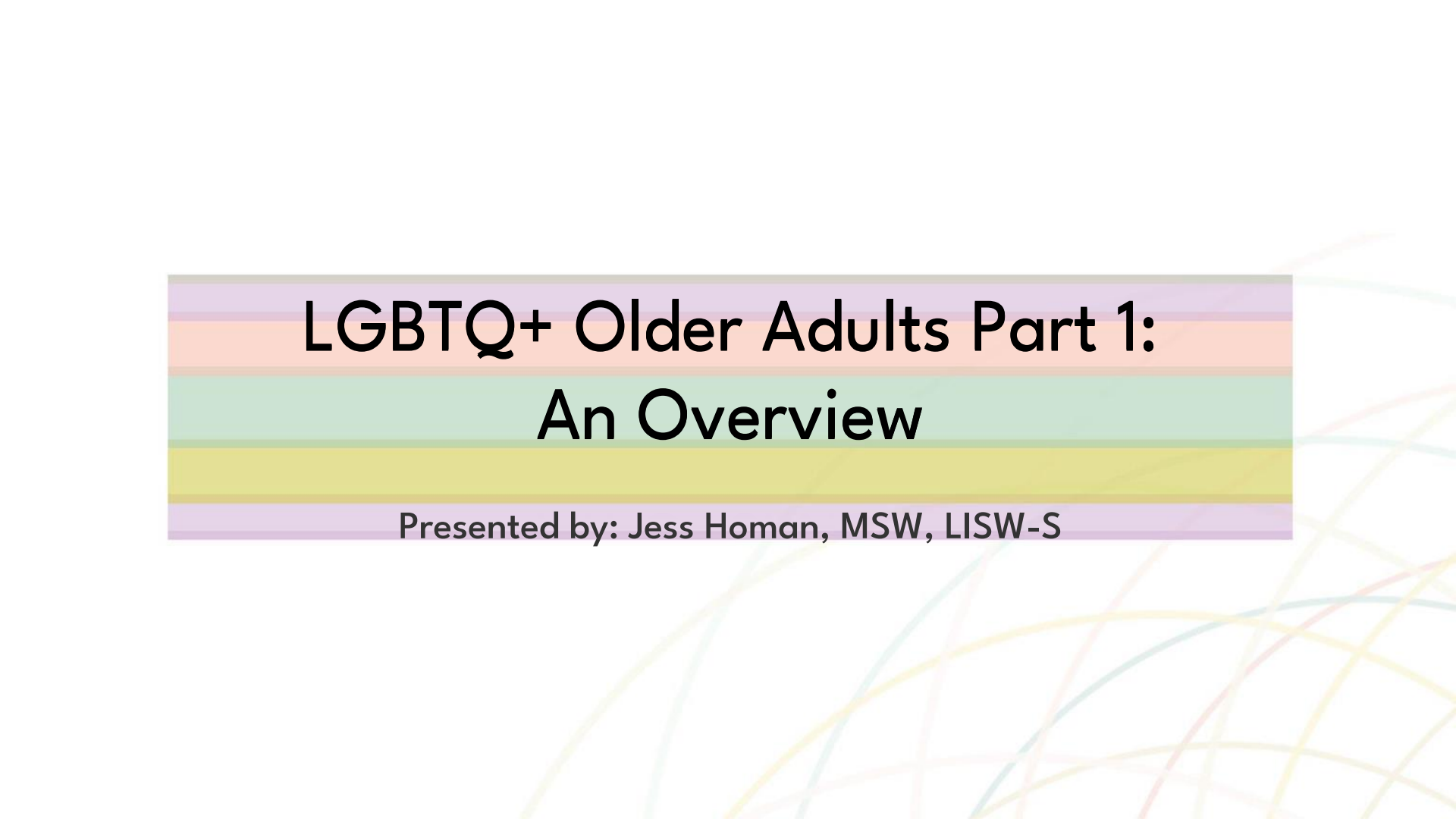




AFFIRMATIVE CARE  
ACADEMY

BY CLINTONVILLE COUNSELING AND WELLNESS

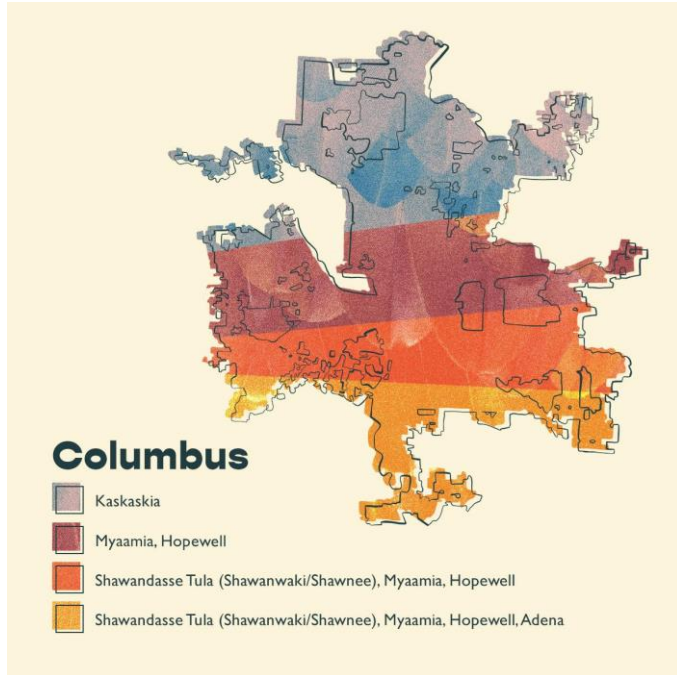




# LGBTQ+ Older Adults Part 1: An Overview

Presented by: Jess Homan, MSW, LISW-S

# Land Acknowledgement



## Columbus, Ohio

This land was originally occupied by the Kaskaskia, the Shawandasse Tula, the Myaamia, the Adena, and those who are referred to today as the Hopewell. These people were forcibly removed from their land and were victims of genocide and involuntary assimilation.

Today, we commit to name, acknowledge and uplift the voices and traditions of the original Indigenous inhabitants of this land as well as the Indigenous relatives caring for this land today.

# Meet the Presenter!

## **Jess Homan, MSW, LISW-S**

Jess is a bisexual, cis-gender, neurodivergent, white woman who considers herself an “elder millennial.” She has 7 years of experience working with LGBTQ+ veterans and developing education on this topic nationally for The Department of Veterans Affairs.

She is currently a therapist, clinical supervisor, and the Education Coordinator for the Affirmative Care Academy at Clintonville Counseling and Wellness.

The logo for 'The Her Hers' is displayed in a white, cursive font on a light pink rectangular background. The text is arranged in three lines: 'The' on the top line, 'Her' on the middle line, and 'Hers' on the bottom line.

This presenter has no actual or potential conflict of interest in relation to this program or presentation

# Bi the way....

You've heard of the  
gay agenda?

Introducing.....  
The Bi-tinerary!



# Objectives

- To know the difference between gender, sex assigned at birth, gender expression, and attraction.
- To name barriers to care that are specific to LGBTQ+ older adults
- To have a better understanding of historical context and generational differences within the LGBTQ+ community

# Before we get started...

- Please be respectful to one another and of each others time
- Please be respectful of names and pronouns
- Use “I statements”
- Any personal information that is shared, please keep in this space
- Please be HIPAA Compliant
- Questions are welcome!
  - We share different degrees of understanding and I want to empower everyone to ask the hard and silly questions - and everything in between (no matter how uncomfortable)





# What is the right thing to say?

- Many providers avoid LGBTQ issues because they are afraid to offend the patient or are unsure of what to say.
- Becoming familiar with common LGBTQ terminology can help providers be more comfortable with having conversations with clients about their LGBTQ identity.

# LGBTQ - What are all of these letters?

- **Lesbian**
  - A female identified person who is attracted (romantically, sexually, emotionally) to other females
- **Gay**
  - A male identified person who is attracted to other males. This can also describe the general sexual minority community as an umbrella term (For example, a lesbian may describe themselves as gay)



# Letters continued

- **Bisexual**
  - Someone who is attracted to or has sexual behavior toward more than one gender, or attraction to people of any sex or gender identity
- **Transgender**
  - An individual whose gender identity differs from that associated with their sex assigned at birth.
  - This can also be an umbrella term for folks who are gender nonconforming

# Letters continued

- **Q**ueer
  - Umbrella term for sexual and gender minorities who are not heterosexual or are not cisgender. Originally meaning "strange" or "peculiar", queer came to be used pejoratively against LGBTQ people in the late 19th century. Queer has since been taken back by the community. It can have political undertones.
- **C**isgender
  - When someone's gender identity matches their sex assigned at birth

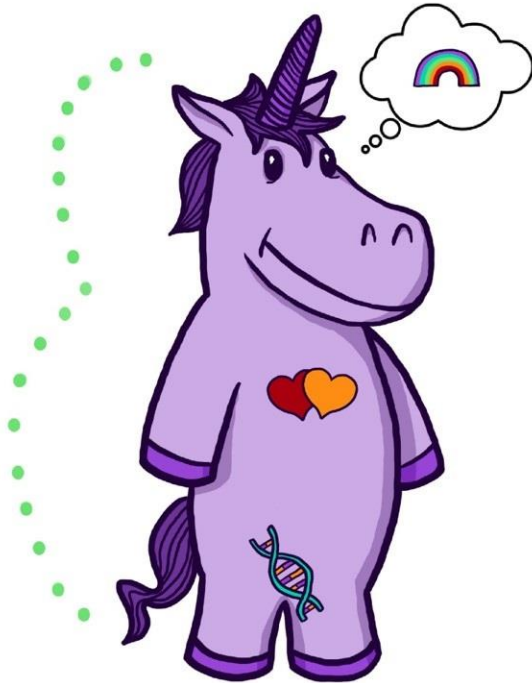
# More letters, more identities!

- LGBTQQIAP2: Lesbian, gay, bisexual, transgender, queer, questioning, intersex, asexual, pansexual, 2-spirit.
- Language and identities are changing frequently. The best way to know how someone identifies is to ask!
- **Always reflect the language the client uses**
  - Generational considerations
  - Cultural considerations
  - Location and context



# The Gender Unicorn

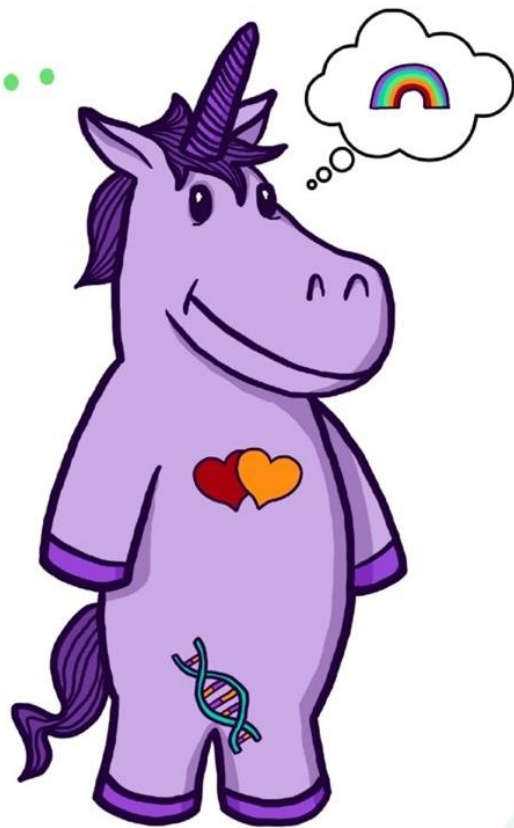
Graphic by:  
**TSER**  
Trans Student Educational Resources



To learn more, go to:  
[www.transstudent.org/gender](http://www.transstudent.org/gender)

Design by Landyn Pan and Anna Moore

● Gender Expression



🌈 Gender Identity

🧬 Sex Assigned at Birth

❤️ Emotionally Attracted to  
🧡 Physically Attracted to

**We can't tell just by looking at someone!**







“Do the  
best you  
can until  
you know  
better.  
Then when  
you know  
better, do  
better.”

- *Maya Angelou*

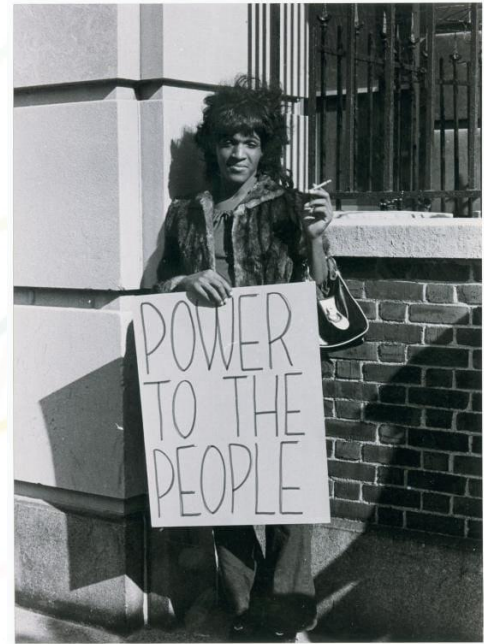
# Why is this important information?

- We don't treat all clients the same, because all clients aren't the same!
- Intersectionality and cultural differences/impact
- Generational differences
- Healthcare settings that are Religious
- Hiding, shame, and culture – families, military, work, caregivers
- All the reasons it's important to understand all clients, plus unpacking things that may not even be on your radar!

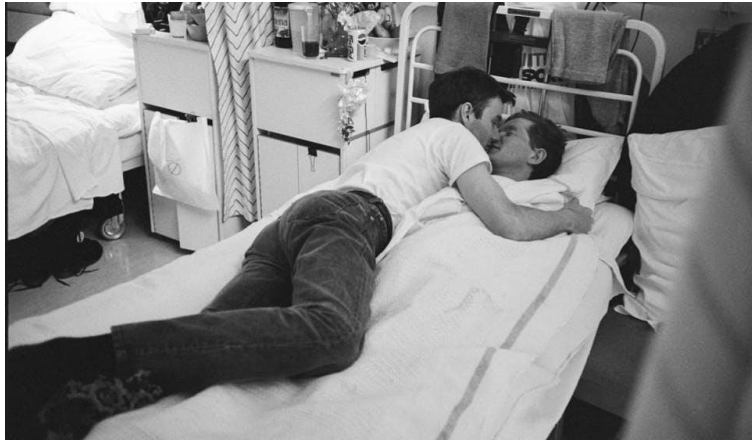


# Some LGBTQ History

- 1924: Society for Human Rights is founded – the first documented gay rights organization
- 1952: APA DSM lists homosexuality as a sociopathic personality disturbance
- 1953: Eisenhower signs executive order that bans homosexuals from working for the federal government, saying they are a security risk
- 1969: Police raid The Stonewall Inn in NYC
- 1970: Community members in NYC march through the streets for the 1 year anniversary of Stonewall Riots. This is considered the first gay pride parade. (protest)



# Some LGBTQ History



- 1973: APA removed homosexuality from its list of mental illnesses
- 1975: Supreme Court allows teacher to be fired for being a lesbian
- 1979: First National March on Washington for Lesbian and Gay Rights; 100,000 people attend
- 1980's: AIDS epidemic, generations of LGBT people dying and little to no response from the Government
- 1990's: Implementation of DADT and brutal murder Matthew Shepard.
- 2000's: "Hate Crimes" expand to include sexual orientation and gender identity, Massachusetts becomes the first state to allow same-sex marriage

# Some LGBTQ History

- 2004: First same-sex marriage takes place in Massachusetts
- 2011: Don't Ask, Don't Tell (DADT) was repealed
- 2015: Same-sex marriage is legalized in all 50 states
- 2017: Trump announces via Twitter: "After consultation with my Generals and military experts, please be advised that the United States Government will not accept or allow Transgender individuals to serve in any capacity in the US Military"
- 2019 Supreme Court allows trans military ban to go into effect.
- President Biden reversed the ban on Jan. 25, 2021.



## What does this mean?

- The elder LGBTQ cohort has survived a discriminatory history
- Societal and personal stigma contributes to delayed entrance into healthcare
- It's been easier to hide “in the closet” for many people because of jobs, church/religion, housing, and medical care
- We understand that client perceived prejudice on the part of healthcare professionals is a barrier

# One Client's Story





# Access to Medical Care

- Personal, Societal, and Financial barriers within the Health Care System
- Significant health disparities are caused by minority stress and compounded vulnerabilities
  - Recognition of chosen family, financial issues, past experiences, word of mouth
  - These can manifest in access issues, presence of disease in a population, quality of healthcare, and health outcomes
  - The CDC recognizes this as a particularly vulnerable population

# Barriers to Care

- **Health Industry Barriers**

- LGBTQ people are less likely to have had/have health insurance
- Marriage is one of the primary routes to health insurance in the US
- Limited coverage – ex: may cover breast exam, but not prostate exam
- Limited research/standardized data collection

- **Personal Barriers**

- Internalized homophobia/biphobia/transphobia and shame
- Fear of discrimination/past negative experience

# Barriers to Care

## Societal Barriers

- Homophobia/Biphobia/Transphobia and hostility
- Financial Barriers
- May have experienced workplace discrimination over time
- 35% of older LGBTQ adults live below the poverty line vs 10% of the general population (more women than men on the lower end)
- Delayed retirement
- Marriage was legalized in all 50 states on June 26, 2015

# General LGBTQ Health Disparities

- Worse health outcomes are linked to
  - Minority stress
  - Postponing care
- Tobacco
- Cancer
- Depression and Mental Health
- HIV/STIs
- Eating Disorders
- IPV
- Substance abuse



# Family Structure



- Chosen Family
- Who someone relies on for physical and emotional support
- Less likely to have children
- Caregivers

# Family Structure - Lack of Resources

- Long-term care
- Financial needs
  - SS survivor benefits
  - Transfer of retirement funds
  - Estate/Inheritance taxes
  - Can lose housing – spousal impoverishment protection for Medicaid recipients
- Insurance and benefits – partner/spouse
- FMLA barrier – covers spouse. May be hiding relationship at work
- Importance of Advanced Directives, end of life decisions
- Higher risk of elder abuse (neglect, physical, psychological, financial, sexual)
  - Fear of being outed, distrust of law enforcement, more likely to live alone

**Questions? Comments? Feedback?**



# Stay Tuned!

Part 2 will cover:

- Specific health disparities
- How to build trust and rapport
- Policies, procedures, and other practical applications for your services
- Exploring our implicit bias (personally and culturally) and identifying ways to move through it with kindness, compassion, and curiosity.



# AFFIRMATIVE CARE ACADEMY

BY CLINTONVILLE COUNSELING AND WELLNESS

## Continuing Education

Check out our library of recorded trainings for counselors, social workers, marriage and family therapists, and nurses.

## Supervision and Consultation

We offer supervision for licensure for counselors and social workers, as well as EMDR and LGBTQ+ consultation.

## Personalized Business Trainings

Looking for something specific? We can create and tailor LGBTQ+ related trainings for you!

Contact our Education Coordinator, Jess Homan LISW-S  
[jess@clintonvillecounselor.com](mailto:jess@clintonvillecounselor.com)

[ClintonvilleCounselingAndWellness.com](https://ClintonvilleCounselingAndWellness.com)