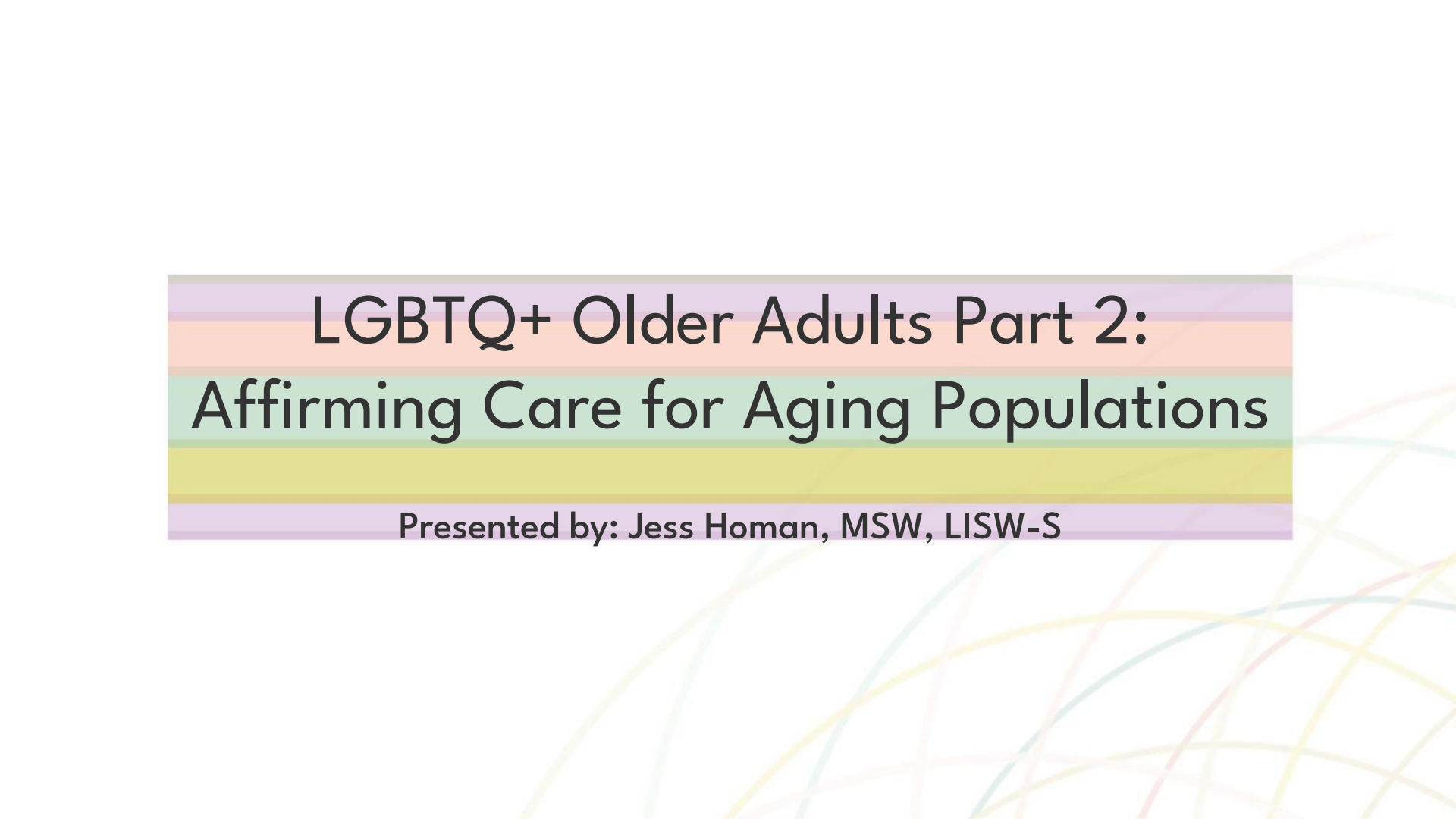




AFFIRMATIVE CARE  
ACADEMY

BY CLINTONVILLE COUNSELING AND WELLNESS

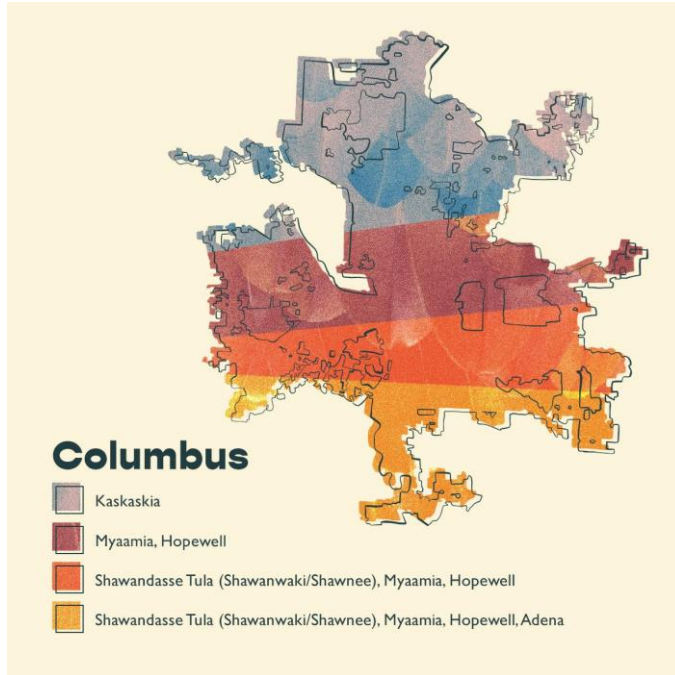




# LGBTQ+ Older Adults Part 2: Affirming Care for Aging Populations

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 with a yellow outline, set against a light pink rectangular background.

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

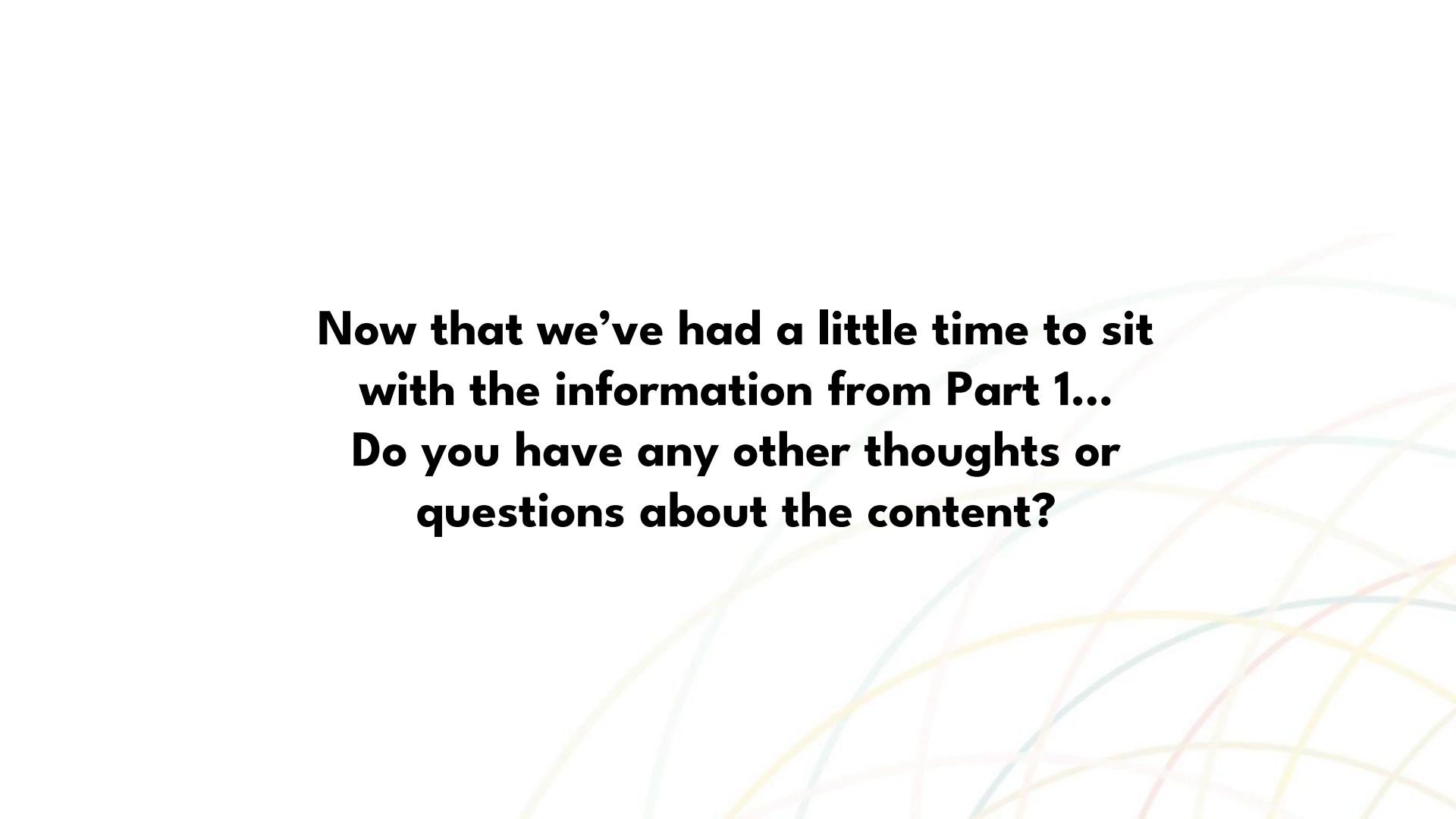
- To identify strategies to navigate building trust and rapport with a population that has faced a lifetime of discrimination and invalidation
- To be able to identify specific policies to provide safe and inclusive spaces for LGBTQ+ aging adults to receive services
- To recognize and reflect our own personal bias and ways to challenge systemic and personal beliefs to improve quality of care

# 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)







**Now that we've had a little time to sit  
with the information from Part 1...  
Do you have any other thoughts or  
questions about the content?**

# Gender Expansive Communities

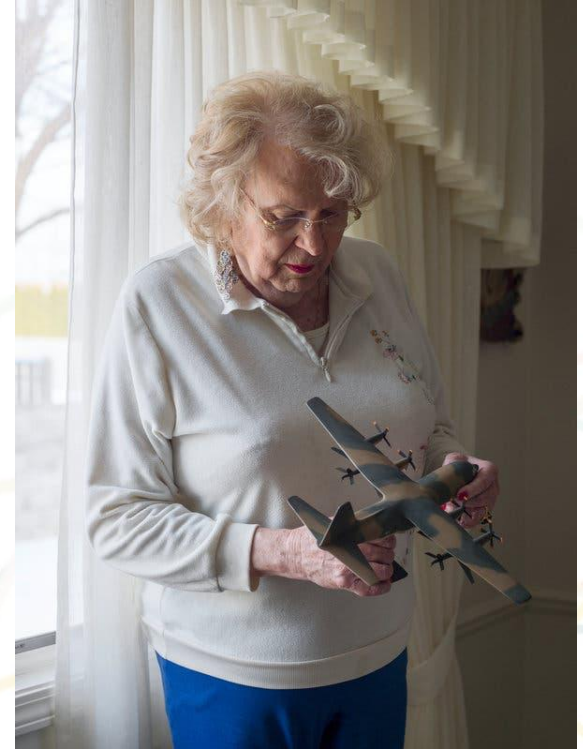


# 65+ Transgender Stats

- 70% of 65+ transgender respondents report delaying or avoiding transition because of discrimination in the workplace
- More likely to have spouses end relationships because of coming out
- 50% at least pack a day smokers
- 23% Sexually assaulted in K-12 because people thought they were transgender
- More than half (52%) of respondents over the age of 75 and 40% of respondents between the ages of 65 and 74 were veterans, compared with 22% and 18% of those age groups in the U.S. population, respectively

# Transgender Discrimination

- In healthcare
  - Treatable health conditions worsen because of patients not accessing care due to fear of discrimination
  - May avoid disclosing identity
  - 30-40% of transgender people in the US do not have a regular physician



# Specific Medical Complications

- Complications for long-term HRT
  - Transwomen
    - Spironolactone and ACE inhibitors can cause hyperkalemia (elevated potassium)
    - Increased CV risk, predisposition to gallbladder disease
    - Cancer, osteoporosis, liver damage if excessive doses of oral estrogen
  - Transmen
    - Polycystic ovaries
    - Excess testosterone can convert to estrogen (potential breast cancer risk) and increased liver enzymes
    - Testosterone increases the effects of Coumadin and some oral meds for male pattern baldness
- Not knowing someone is trans (diagnosing, screenings)

# HIV in Older Adults

- Thanks to better treatments, people with HIV are living longer.
- People aged 50 and over accounted for 17% (6,725) of the 39,513 HIV diagnoses in 2015 in the United States.
- Among people aged 50 and over, black LGBTQ folks had the highest rates of HIV compared to other races
- Among people aged 50 and older, 49% of new HIV diagnoses in 2015 were among gay and bisexual men
- In 2014, 40% of people aged 55 and older had late stage infection (AIDS) at the time of HIV diagnosis
  - (i.e., diagnosed late in the course of the infection).



# Let's talk about sex!

**LGBTQ+ identities aren't all about sex, but sex is important for most people!**



- Active sex lives
  - According to a report that surveyed 250 LTC facility residents (ages 65-85), more than a quarter of residents had active sex lives
  - 90% reported strong sexual thoughts or fantasies
  - The most common reason reported for not being sexually active was lack of a sexual partner
- Sexual History/Assessment
  - This can help identify risky behavior
  - Provides an opportunity to provide education and come up with risk reduction strategies
  - Demonstrates openness between patient and provider, especially when responding to patients without judgement or stigma

- Remember: Identity vs Behavior vs Orientation
- Sex can: be energizing, promote healing, may reduce feelings of isolation
- Sexual function: poor health, mobility, side effects of medications
  - Can educate patients on ways to engage in sexual activities with sexual function barriers
  - Silicone-based lubricant, positions, toys, pillows, masturbation, relaxation exercises, ED treatment, warm showers/pain medication, “non-intercourse sex”

- Providing a safe space
- Remember, identity can change over time
- According to the Center on Aging, experiencing same-sex relationships may take place in nursing homes for the first time in their lives






# Consent and Abuse

- Make sure to screen for ability to consent (cognitive impairments, etc)
- Harassment
- Other residents/roommates
  - Dementia example
- LTC facilities
- Vulnerability
- IPV screening
  - Be mindful about gendered services
- History of violence and trauma
  - Keep in mind not only big traumas,  
but everyday  
microaggressions and  
minority stress (spoons and



The background of the slide features several overlapping, curved lines in soft colors including light blue, yellow, and pink, creating a dynamic and abstract pattern.

# **Practical Application - Some Thoughts & Suggestions**

# Connect



- Isolation is hugely impactful!
- Connecting to community (communities) can have lots of benefits
  - can get folks connected to their LGBTQ+ community
  - can also connect with the broader community in a safe and affirming way
  - more likely to access services to benefit health and quality of life

# Some Things to Remember...

- Use generalized questions when asking about family, support
  - “Tell me about the important people in your life”
- Clients may not reveal their identities to you right away or at all
- By using inclusive language and affirming your patients identities, this helps provide a safe environment



# Building Connections

- What can this look like?
  - providing safe, purposeful (accessible) spaces to build trust
    - bring a sense of belonging and purpose into existence
  - encouraging supportive and engaging social environment, increase empowerment and advocacy
  - 1:1 interactions - kindness and acknowledgment
- What other ways can connections help?
  - cultural preservation
  - validation and affirmation in identities and experiences
  - build a safety net during times of crisis
  - learn about resources, health, and other valuable skills/tools

# Building Connections

- Higher rates of: depression, anxiety, and social isolation
  - focusing on mental health, coping strategies, and offering access to mental health professionals can significantly improve their overall well-being and quality of life.
- Health and nutrition
  - informative sessions focused on addressing unique nutrition and health concerns (specific to this demographic) can offer practical support and empower individuals to make informed lifestyle choices
  - age related health concerns like preventive measures, regular screenings, and inclusive healthcare resources
  - HIV/AIDS latest prevention methods, treatment options, and support services can help reduce stigma and promote early detection and treatment.

**Can you think of some examples of groups or events that could create these connections?**

# Some Ideas

- Grief and resilience (group)
- Sexual harm
  - history of sex work, culture, abuses, risk, harm reduction, shame
- Tech instruction
  - computer class, personal instruction, connecting with peers
- Going to an activity or event
  - musical! movie, concert, market and such, baseball game
- Nutrition
  - cooking, health-conscious recipes (diabetes, heart health, HIV), growing potted edible plants, gardening, share stories and laughter (kitchen), grocery store/farmers market
- Movement
  - Stretching, fall prevention, dancing, yoga, chronic pain

# Clinical Considerations

- Non-judgmental
- Removing Stigma
  - Ask all patients these questions
  - Assure confidentiality
  - Make no assumptions
    - “Do you have anyone special in your life?”
- Assessment skills
  - Open-ended questions
    - “Tell me about the important people in your life.”
  - Reflect back language patient uses
  - Ask about sexual orientation and confidentiality



- Visuals in office space
- Help link folks with community resources/support
- Be an advocate for appropriate policies where you work
- Stay informed
- Coming out process
  - May only be out to a few people
  - Records – ROI



# Trust and Rapport

- Promotes honesty when discussing health issues and risk factors
- Safety
- Building trust in a system they haven't been able to trust
- Many LGBTQ+ clients have had negative experiences with healthcare providers (and in most spaces) and fear being discriminated against



How do we promote safety for our LGBTQ clients?

# How can we do better?

- Trainings for everyone, asking about LGBTQ+ issues in interviews
- Policies
- No tolerance for bullying – stepping in when someone is being inappropriate
- Language
- Ask!
- Safe space – with visuals
- Documents/intake forms
- Movies/activities
- Pride Month



# **Policies and Procedures**

The background of the slide features a series of overlapping, curved lines in soft teal, yellow, and pink colors, creating a dynamic and modern aesthetic.

# Policies and Procedures

- Protecting employment and access to services with specific anti-discrimination language
  - Sexual orientation, gender identity, gender expression, religious beliefs
- Reviewing job applications, hiring practices and ongoing work processes
  - How to be intentional and proactive vs reactive
- Checks and balances with reviewing language/policies that include diverse representation
- Training for supervisors/leadership to set the standard and have tools for intervention (take things seriously and respond appropriately)
- Bathrooms, accessibility, language used, charting and computer record systems, celebrations

## More Guidance

- Modernizing harassment-prevention training with realistic and representative scenarios, including those reflecting LGBTQ+ issues
- Developing gender-transition resources for employees
- Creating inclusive policies reflecting current language
- Including LGBTQ+ demographics in diversity and inclusion data
- Asking senior leaders to sponsor and support LGBTQ+ organizations
- Anti-discrimination policies should include detailed—but easy-to-follow—reporting procedures

**BUILD  
YOUR  
TOOLKIT!**

# **How Can We Combat Bias?**

*(personal and professional)*

The background of the slide features several overlapping, curved lines in shades of light blue, yellow, and pink, creating a dynamic and abstract pattern.

# Bias

Bias shows up everywhere - it isn't our fault.

But it is our responsibility to **recognize and reconcile.**

Ask ourselves - how can I show up in the following ways:

- slow and intentional
- acknowledge and be accountable
- humility
- correction, repair

# Reflection

- What personal barriers are you holding towards LGBTQ+ people?
  - consider what comes to mind when you think about LGBTQ+ people, what media tells us, what religion tells us, things we don't understand or fear
- If you are not LGBTQ+, can you identify some ways heterosexual privilege impacts you in day to day life?
  - personal, social, psychological, economic, and legal privileges that accrue
- What are some things you can do right away to help promote safety to our LGBTQ+ clients?
  - tangible, personal, professional, internal, interpersonal



## Wehw! We Did It! - Takeaways



## 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)