

Advocating for the Needs of LGBT Older Adults Receiving Aging Services









The National Resource Center on LGBT Aging is the country's first and only technical assistance resource center aimed at improving the quality of services and supports offered to lesbian, gay, bisexual and/ or transgender older adults. Established in 2010 through a federal grant from the U.S. Department of Health and Human Services, the National Resource Center on LGBT Aging provides training, technical assistance and educational resources to aging providers, LGBT organizations and LGBT older adults. The center is led by SAGE, in collaboration with 18 leading organizations from around the country. Igbtagingcenter.org

For 40-plus years, SAGE has worked tirelessly on behalf of LGBT older people. Building off the momentum of the Stonewall uprising and the emerging LGBT civil rights movement, a group of activists came together to ensure that LGBT older people could age with respect and dignity. SAGE formed a network of support for LGBT elders that's still going and growing today. SAGE is more than just an organization. It's a movement of loving, caring activists dedicated to providing advocacy, services, and support to older members of the LGBT community. LGBT elders fought—and still fight—for our rights. And we will never stop fighting for theirs.

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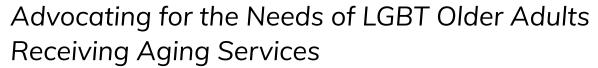












There is no better person than YOU to share the lived experiences of aging as an older LGBT person.

Your voice is needed now more than ever to advocate for yourself and others as they access needed aging services and programs in their communities. Too often, older LGBT people delay seeking needed care due to a fear of discrimination from an aging network of service providers that historically have not been welcoming. Efforts are underway at national and local levels to help this network become more welcoming of LGBT older adults. These efforts include creating non-discrimination policies that include LGBT populations, providing LGBT cultural

competency training, and developing LGBT welcoming aging programs and services. You have an excellent opportunity to be a part of these efforts at the local level through various volunteer opportunities.

This toolkit provides an overview of local aging services and programs, how LGBT1 advocates and organizations like yourself can get involved, and how Aging Advisory Councils can advance the priorities and address the needs of older LGBT people.

What are local aging services and programs?

The Older Americans Act of 1965 (OAA) established the national network of gaina service providers across the United States. Each year funding is allocated to states through the OAA. OAA funds are paired with state and local funding, as well as Medicaid funding, and used to deliver a variety of

services and programs to support older adults (defined as age 60 or above), people with disabilities (ages 18-59) and their care partners of any age in the community. A list of common local aging services and programs is provided on the next page.

¹The acronym LGBT is used with intent in this toolkit. Historically "queer" is a negative term, but it is now being used by some LGBT people to describe themselves. However, it is not universally accepted even within the LGBT community, especially among LGBT older adults, and should be avoided unless quoting or describing someone who self-identifies that way. See the terms "queer" and "LGBT" in the glossary.

LOCAL AGING SERVICES & PROGRAMS



Access Services via Aging and Disability Resource Centers

such as information and assistance and case management



Senior Community Service Employment Program (SCSEP)

a community service and work-based job training program for older Americans dol.gov/agencies/eta/seniors



Supportive Services

in the home and community such as homemaker, personal care, and adult day care



Adult Protection Services (APS)

resources for addressing abuse, neglect, and financial exploitation napsa-now.org/get-help/ help-in-your-area



Nutrition Services

such as congregate dining and home-delivered meals



Long-Term Care Ombudsman Program (LTCOP)

advocates for residents of nursing homes, board and care homes, and assisted living facilities

theconsumervoice.org/get_help



such as Tai Chi and chronic

disease self-management



Care Partner Services

such as respite care and caregiver training



State Health Insurance **Assistance Program (SHIP)**

provides local, in-depth, and objective insurance counseling and assistance to Medicareeliaible individuals shiptacenter.org



Legal Assistance

such as legal advice and representation provided by attorneys



Benefits Enrollment Centers

helps low-income people with Medicare enroll in food assistance, energy assistance, health care benefits, and more ncoa.org/ncoa-map

To access local aging services and programs, please visit eldercare.acl.gov or call 1-800-677-1116.

How are local aging services and programs administered?

To help guide the planning, development, and implementation of these aging services and programs, the OAA requires all 56 states and U.S. territories to submit a "State Plan on Aging" to the U.S. Administration for Community Living (ACL) for approval. State Plans on Aging are considered to be grant applications that State Units on Aging submit to be eligible for and receive OAA funds to support the aging services and programs listed on the previous page. State Units on Aging administer the State Plans on Aging. A State Unit on Aging may be considered an office, department, or commission of your state government. Some examples include the New York State Office for the Aging, the Alabama Department of Senior Services, and the Alaska Division of Senior and Disabilities Services





To find a copy of your state's State Plan on Aging, please see the ADvancing States Map of State Plans on Aging.

In most U.S. states and territories, the State Unit on Aging has designated Area Agencies on Aging (AAAs) to serve as public advocates for developing and enhancing comprehensive and coordinated communitybased systems of aging services and programs at the regional and local levels. Examples include the Southern Maine Agency on Aging, Elk County Pennsylvania's Office of Human Services, and the Big Sandy AAA in eastern Kentucky. Each AAA is required to submit an "Area Plan on Aging"

to State Units on Aging for approval using a uniform format developed by the State Unit on Aging. There are 622 AAAs across the U.S., but not all U.S. states and territories have AAAs. Your state's State Plan on Aging will describe the structure of the Aging Network in your state and lists all AAAs along with other relevant entities that carry out these services and programs.

Contact your local Area Agency on Aging to obtain a copy of your local Area Plan on Aging. To find your Area Agency on Aging, please visit: eldercare.acl.gov.





Advocacy, policymaking, and planning for the needs of LGBT older adults isn't encompassed in a policy statement or tagline by an agency.

his important work cannot be done in a vacuum either. These lessons learned are especially important when state units on aging consider their own leadership role in forwarding this work in local communities through area agencies on aging and other providers of aging services.

For several years, the Pennsylvania Department of Aging has been engaging in work to advance our outreach, programming, and cultural competency in serving the commonwealth's diverse LGBT older adult community. As an initial step, we took the same action that many organizations take, which is to ensure our own key staff received cultural competency training. We also held an LGBTQ Aging Summit, which brought together several hundred individuals from across the commonwealth for networking and collaboration on issues important to the LGBT older adult community. Our leadership team knew this was only a fraction of where we wanted to head as an organization.

Since so much of the direct impact to the community happens at the area agency on aging and provider level, I view our work at the state unit as one of empowering local entities to have a collective statewide impact by equipping them with the policy, support and resources they need to drive social justice and action. None of this can be accomplished, however, without the steadfast guidance, input, and honesty of LGBT community members and advocates with whom we meet regularly to review statewide updates and develop our plans for various LGBT aging initiatives.

Our department engages in the monthly meetings of the Aging Workgroup of the PA Commission on LGBTQ Affairs, a Governor-initiated first of its kind in the nation. From the stakeholder perspective, we address the most pressing statewide issues, then from a departmental perspective, we are able to share ways that the

workgroup could assist in informing aging policy. For example, during our last State Plan on Aging planning cycle in 2020, our workgroup was able to mobilize around the

STEPHANIE COLE Special Assistant to the Secretary, Pennsylvania Department of Aging

proposed state plan goals and put out a survey to LGBT older adults, which resulted in formal recommendations to the Secretary of Aging, which ultimately helped inform an LGBT-inclusive state plan on aging.

Ideas that have emerged organically because of our togetherness have also resulted in real updates and improvements to our overall advocacy efforts, like the addition of a health and wellness page for individuals living with HIV to our website and in cooperation with one of our AAAs and LGBT organization partners, an evidence-based HIV self-management program is being launched in the state. The same workgroup has presented to the network of 52 area agency on aging directors to both make themselves available as a resource and to provide tips and tools for AAAs to use within their own planning and service areas.

Recently, we were able to recruit an older adult and member of the LGBT community to our Pennsylvania Council on Aging (PCoA). During a conversation about issues facing LGBT older adults in long-term care, this member was able to share personal stories and open previouslyclosed minds. The PCoA is an advisory council that takes on specific advocacy issues to report on and promote. By having LGBT individuals on your team, recruiting LGBT older adults to be part of workgroups, councils and commissions; and by keeping the conversation going, you will see small steps begin to add up to real change that impacts individuals who need to know and experience the dignity and respect that all of us rolling up our sleeves together can provide."

How do I, as an LGBT individual, get involved to advocate for the inclusion of LGBT older adults in aging services and programs?

There is one very important way that you as an individual can get involved to improve aging services and programs for LGBT older adults, and that is to:



Contact your local Aging Network or Age-Friendly Community to become a volunteer.

By becoming a volunteer who either identifies as LGBT or as an ally is important because representation matters. Research indicates older LGBT people may be at risk for poorer health outcomes and are less likely than heterosexual and cisqender older adults to access Aging Network services

such as senior centers, meal programs, and other vital programs. Fear of discrimination or harassment if their sexual orientation or gender identity becomes known is often why older LGBT people delay seeking supportive services.² Having LGBT people and allies become volunteers ensures that the volunteer staff of the Aging Network reflects the community being served, which includes LGBT older adults who may or may not choose to disclose their sexual orientation or gender identity. LGBT inclusive volunteerism is an essential step in creating welcoming Aging Networks for LGBT older adults and their caregivers, as outlined in Inclusive Services for LGBT Older Adults: A Practical Guide to Creating Welcoming Agencies.



As a transgender woman in my 60s and transitioning later in life,

I have found great joy and purpose in volunteering with my LGBTQ peers. I have learned so much about my life from the many stories shared with me. I have been given so much love and I want to give so much back."

I find that when I love, it does not hurt so I give so much more. — Mother Teresa



PATSY STARKE Ambassador. **National Resource Center** on LGBT Aging

www.lgbtagingcenter.org/resources/pdfs/Sage_GuidebookFINAL1.pdf



My volunteer experience began in the mid-80's as the AIDS Epidemic swept through the gay community in Philadelphia.

t was an all-hands-on-deck moment. Every week brought news of more friends and acquaintances getting sick, and sadly, in the early years, many, many died. At that time, our nascent LGBT health organization created an AIDS Task Force and I agreed to lead an effort to survey those who had been diagnosed with AIDS about what services they most needed. Access to information about this newly evolving medical and social crisis was a clear priority and thus was born the AIDS Library of Philadelphia. And it was not only those who were sick who needed information; friends, family and caregivers also came with questions. Nurses, teachers, social workers and policy makers as well as young men hoping to avoid infection were regular visitors to the library. We developed a spin-off program to encourage safer sex practices among gay men called the Safeguards Gay Men's Health Project.

I was new to the world of non-profits and community organizing but the crisis at hand was life and death and so I reached out to recruit people who could help me build the AIDS Library of Philadelphia. This process of reaching out and asking for help also translated into the world of fundraising to support needed services. Unlike our recent experience with COVID-19, tragically my all-hands-on-deck moment with AIDS was one that our government and many sectors of society only responded to slowly and grudgingly. My fundraising skills grew: from bar events to major events at hotels; from identifying people and corporations with donor capacity to grant-writing and government lobbying. Communication skills and developing networks were critical and I was fortunate to participate in a year-long development program run by Leadership, Inc. My experience and training positioned me to collaborate with a broad spectrum of leaders involved in

creating a regional response to AIDS as its impact expanded. In addition, my non-profit experience enabled me to transition to a

position as HIV Community Relations Manager for a major pharmaceutical firm as drug therapies were developed.

In the most recent decade, the focus of my

HESHIE ZINMAN
Director, Special Projects,
LGBT Elder Initiative,
Philadelphia

Relations Manager
firm as drug

volunteerism has been on aging issues within the LGBT community. Once again, the effort began with a community survey: a needs assessment. I then gathered a core-group of people with diverse skills and community commitment to launch the LGBT Elder Initiative. Our mission is to foster and advocate for services and resources that are competent, culturally sensitive, inclusive, and responsive to the needs of LGBT elders in the Delaware Valley and beyond. In addition to regular educational and social programs, we have partnered with the Philadelphia Corporation for Aging, Jefferson Health and the PA State Department of Aging. A major accomplishment is that LGBT issues have been incorporated into the Pennsylvania State Plan on Aging. And not forgetting where I started, the Elder Initiative includes a special outreach to long-term survivors of HIV/AIDS, most recently through a workshop series on Positive Disease Self-Management. My work with seniors resulted in PA Gov. Wolf appointing me to his Commission on LGBTQ Affairs. A key ingredient to successful organizing and service provision through these years has been the lessons I've learned with regard to inclusiveness and diversity. All-handson-deck requires us to take note of who is missing and take action to recruit those missing voices."

There are many volunteer opportunities at the local level of the Aging Network that ranges in time commitment and skills required. The best part of being a volunteer is that you get to decide what your comfort level is based on when you can give your time to help older adults. Common volunteer opportunities in the Aging Network are on the next page. The organization you volunteer with will provide all required orientation and training specific to your volunteer position.

Volunteering with your Long-Term Care Ombudsman Program (LTCOP) is a critically important way to advocate for LGBT older adults. LGBT older adults report a strong desire to live in LGBT-welcoming long-term care residential communities.3 Many communities, however, are not LGBT-welcoming.

Other aging-related volunteer opportunities may also be found through AARP's Age-Friendly Communities or community-led initiatives.

Volunteer ombudspersons are advocates for residents of nursing homes, board and care homes, and assisted living facilities who:

- Visit residents regularly; and
- Listen to residents' concerns and problems while having a friendly visit.

And in some states, volunteer ombudspersons:

- Problem solve:
- Report observations;
- Support residents' rights, privacy, and confidentiality;
- Refer urgent concerns to the state or regional ombudsperson; and
- Perform other tasks.4

Each Long-Term Care Ombudsman Program has different needs for volunteers. Check with your local Long-Term Care Ombudsman Program for available volunteer opportunities. To find your local Long-Term Care Ombudsman Program, please visit: theconsumervoice.org/get_help.



As ombudsmen, we advocate on behalf of all residents in long-term care,

but without the experience of an LGBTQ ombudsman at the table, it is easy to miss or misunderstand the specific issues that an LGBTQ person may be subjected to in long-term care communities. LGBTQ volunteers as ombudsmen, committee members and board members ensure that the dignity of all of our elders is taken into consideration."



MARJORIE MOORE **Executive Director,** VOYCE, St. Louis, MO

www.lgbtagingcenter.org/resources/pdfs/NSCLC_LGBT_report.pdf

<u>ltcombudsman.org/omb_support/volunteer/becoming-a-volunteer#1</u>

Example Volunteer Opportunities in the Aging Network

HIGH

SKILL

Help with minor home maintenance and repairs

HIGH SKILL/LOW TIME

Help with yard work or sidewalk maintenance

HIGH SKILL/HIGH TIME

- Counsel Medicare beneficiaries during open enrollment
- Help prepare taxes
- Be a volunteer ombudsperson

LOW TIME

LOW SKILL/LOW TIME

LOW SKILL/HIGH TIME

- Lead health promotion workshops
- Be a Friendly Visitor
- Provide telephone reassurance

LOW SKILL



The work that Southern Maine Agency on Aging (SMAA) has done, and continues to do,

to become LGBT aware and friendly makes it an organization that I tell other LGBT people to utilize and reassures me that it is a great place for me to call with difficult questions. I have heard from other LGBT people that they were surprised when they saw signage at outside doors of the SMAA building 'saying' they were welcome. It made them feel they could lower their defenses. SMAA is on a course to increase understanding



RUBY PARKER Volunteer, Southern **Maine Agency on Aging**

of the issues that are unique to the LGBT population. That gives me hope that living into older age supported and with wellbeing is more possible."



LGBT inclusion can happen at various levels within an organization and often not simultaneously.

dentifying where it makes most sense to start or further develop these efforts can be a function of several key factors. For example, what is the current agency culture and their specific appetite for inclusion...what is their "competency" level? Identifying these things can make for a much smoother development process and one that will not only be sustainable, but that will ensure growth over time.

Toward that end, Aging Ahead has used the LGBT Inclusive Services Readiness Checklist both as a starting point and as a way to check in with our staff and our LGBT partners on a regular, ongoing basis. Working through the checklist with individuals from both organizations can help to set purposeful and manageable goals in terms of any initial efforts and where we are most likely to find collective success.

Other aspects of the process are not quite so

prescriptive since agency culture will vary from organization to organization. We have found that as with most initiatives, success starts by building relationships with others that share the vision for a collaborative response and a set of common goals. Of course, identifying a champion or two within each organization

ill enable a great deal of progress when efforts are commenced.

For aging network organizations, demonstrating that inclusion and being a committed ally are priorities will definitely set the stage for positive outcomes. A significant show of support can begin by simply attending local LGBT sponsored events and learning as much as possible. Eventually this intention can be made even more visible through joint events, presentations, and social media posts.

Area Agency on Aging volunteer opportunities exist at the local level with Center Support Committees. These groups focus on local communitybased support and programming. They often serve as the first face of the aging network for potential LGBT participants. Having a respectable level of competence and empathy here goes a long way toward personal and sustained inclusion. LGBT

volunteers can assist with leveling a bit of the intimidation that might be present with local partners.

It is ideal for aging network Board and Advisory Councils to include local LGBT experts in the bigger picture processes for creating and enhancing an inclusive agency culture, and for creating programming that is relevant and impactful for diverse populations.

Aging Ahead has welcomed

these voices and found their perspective to be invaluable in many of our planning efforts.

It has been exciting to experience the positive momentum we have gained as staff and volunteers at Aging Ahead and LGBT partner organizations have made progress in building inclusion here. Our staff have developed a clear sense of pride in the shared commitment to supporting underserved communities in a meaningful way. It has become clear that this has broadened the scope of learning and understanding for all stakeholders associated with the organization."



LISA KNOLL
Chief Executive Officer,
Aging Ahead

Aging Ahead is one of 10 AAAs in Missouri

How can my LGBT community organization advocate for the inclusion of LGBT older adults in aging services and programs?

Building formal partnerships with your local Aging Network is essential to ensuring that the needs of LGBT older adults and their care partners in your community are considered when aging services and programs are administered and delivered. Your LGBT community organization is best positioned to be a cultural broker that serves as a liaison and cultural guide between the LGBT community and the Aging Network. As a cultural broker, your LGBT community organization may act as an intermediary at the most basic level (bridging the cultural gap by communicating differences and similarities) or at a more sophisticated level (mediating and negotiating complex processes within the Aging Network and between the Aging Network and your community).5

It is essential to understand that the partnerships your LGBT community organization forms with the Aging Network will take different shapes over time. One recommendation is to start small and build upon success once your organization has proven itself as a valuable partner.

The easiest way to prove your value is by using data. Any partnership with the Aging Network will require data to satisfy state and federal grant reporting requirements. It's equally important to make sure your organization can collect and report on data. Example data points commonly expected



by the Aging Network include the number of persons served, number of units served, number of volunteer hours, number of and type of outreach events, and amount of expenditures.

> To see examples of types of data collected for aging services and programs, please visit: agid.acl.gov.



⁵ nccc.georgetown.edu/documents/Cultural_Broker_Guide_English.pdf

Here are some key ways that your LGBT community organization can partner with the Aging Network:

Assist with Outreach to LGBT **Older Adults and their Caregivers**

The Aging Network needs help with outreach to I GBT older adults now more than ever. The Older Americans Act was reauthorized in 2020 (P.L. 116-131, Supporting Older Americans Act of 2020). As a part of this reguthorization, the U.S. Administration for Community Living (ACL) released new guidance for states to use in developing their state plans. This guidance emphasizes and builds upon ACL's long-standing inclusion of LGBT older adults as a population in greatest social need by requiring states and area agencies on aging to describe in their plans how they will conduct outreach and education to LGBT older adults. Read more on ACL's website **here**. Your LGBT community organization is best positioned to assist with such outreach, especially if your organization has programs for LGBT older adults.

Social disconnectedness among older adults is an epidemic and associated with about a 50% increased risk of dementia and other serious medical conditions. According to the U.S. Centers for Disease Control (CDC), gay, lesbian, and bisexual populations tend to have more loneliness than their heterosexual peers because of stigma, discrimination, and barriers to care.

Potential outreach activities include:

- Co-sponsoring outreach events, such as health fairs, specifically targeting LGBT older adults
- Staffing a table or booth at general outreach events hosted by the Aging Network
- Providing a table or booth for the Aging Network at your community events, such as annual Pride Festivals or LGBT health fairs
- Providing technical assistance to the Aging Network as it develops inclusive outreach and education materials
- Including the Aging Network as an available resource in your organization's outreach materials
- Sharing social media content posted on Aging Network account

Be a Referral Source and Make Referrals

In addition to assisting with outreach efforts, your LGBT organization is a great referral source of culturally appropriate community resources, even if your organization does not have aging-specific programming. Your organization's programming may help reduce social disconnectedness among LGBT older adults, especially if you have a friendly visiting program or weekly social gathering (either in-person or virtually). Your organization's programs and events are a valuable way to connect LGBT older adults to the broader LGBT community.

If your LGBT organization does have agingspecific programming, ask your local Aging Network partner to make referrals when they identify LGBT older adults and care partners who identify as LGBT.

Your LGBT community organization should also be making referrals to the local Aging Network. The services and programs mentioned earlier in this toolkit are vital to helping LGBT older adults remain healthy and safe in their communities of choice and avoid costly and often unwelcomina longterm care facilities.

Develop Joint Volunteer Efforts

Volunteer hours are extremely valuable to both your LGBT organization and the Aging Network, which are often non-profits too.



The number of volunteer hours, where each volunteer hour is valued at a specific dollar amount, 6 is often used to meet matching requirements for federal grants, such as the Older Americans Act.

Developing joint volunteer efforts is a great way to increase your organization's presence and the visibility of the LGBT community in aging communities. These joint ventures could look like the following:

- Have one day where your organization's volunteers prepare and serve meals at congregate dining locations in senior centers and other community locations.
- Share calls for volunteers issued by the Aging Network for aging services and programs, such as home-delivered meals, friendly visiting, telephone reassurance, or volunteer ombudsmen.
- Ask the Aging Network to help recruit volunteers for your community events, such as annual Pride Festivals or LGBT health fairs.

A movement takes all of us.

If LGBT older adults are not at the table, then we are leaving out a very important voice in the movement. We can share from our lived experiences of income and food insecurity, housing and caregiving needs, discrimination and stigma. Our voices are needed to pave the way for inclusive and equitable aging services at the local and national level."



KYLAR BROADUS Board Member. Mary's House, **Washington DC**

⁶ https://independentsector.org/value-of-volunteer-time



I have made it my personal mission to work with as many mainstream aging service providers as my schedule would permit.

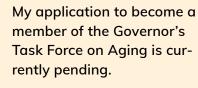
s the Program Coordinator of SAGE Central North Carolina. it is my contention that this would be the most effective way to let them know that we are here, we are available to collaborate, and we want to help their agencies understand the needs of the senior LGBTQ population. Toward that end, I was invited to join the board of eirectors of our county aging services agency, known as Resources for Seniors (RFS). RFS is responsible for administering the county's Home and Community Care Block Grant funds, as well as a large amount of CARES funding emerging from the pandemic legislation. I assisted them in establishing an LGBTQ friendly policy, and we are currently administering a grant from them to provide services for LGBTQ caregivers. I am also humbled to say that I am currently the Chair of the Board of Directors for this outstanding organization.

I also joined the North Carolina Coalition on Aging (NCCoA), and served on their committee to become a 501-c-3 nonprofit organization. LES GELLER
Program Coordinator,
SAGE Central North
Carolina

I am currently serving on a subcommittee to address inequities in the healthcare of underserved minorities, with the mission of recommending legislation to the state government of how to overcome these inequities. Since some of the largest and most influential agencies and nonprofits in the state belong to the NCCoA, this has become an invaluable way to meet many important influencers in aging matters.

Among other organizations that I have been able to connect with are the state AARP, the local Area Agency on Aging, the Alzheimer's Association, the Dementia Alliance, Duke University and the University of North Carolina

in Chapel Hill.



The net result of connecting with all these important players in the aging field is that we have become one of the go-to organizations in the Research Triangle area when people are looking for guidance and education in how to better serve the senior LGBTQ population."



How do I, as an LGBT individual or my LGBT community organization, get involved with local Aging **Advisory Councils?**

Join your Local Aging **Advisory Council**

The OAA requires AAAs to establish advisory councils that:

- advise AAAs on the development and administration of Area Plans on Aging,
- conduct public hearings,
- represent the interests of older people, and
- review and comment on all community policies, programs, and actions that affect older people with the intent of assuring maximum coordination and responsiveness to older people.

The advisory council must be made up of:

- 1. more than 50% older people (including minority individuals who are participants or who are eligible to participate in programs under this part),
- 2. representatives of older people,
- 3. representatives of health care provider organizations,
- 4. representatives of supportive services providers organizations,
- 5. people with leadership experience in the private and voluntary sectors,
- 6. local elected officials, and
- 7. the general public (45 CFR §1321.57).





Aging has been one of PAT's focus areas since its founding nearly six years ago.

ride Action Tank (PAT), a project of AIDS Foundation Chicago, is an action/think tank that works to cocreate futures that lead to improved outcomes and opportunities for LGBTQ+ people and other marginalized groups. In 2016, we assembled a committee of organizations and LGBT older adults to plan OUTAging: Summit on Our Possibilities in May 2017.

Themes that emerged from that summit were the:

- Lack of knowledge or appropriate access to resources which support LGBTQ and aging communities.
- Desire to have strong social support networks and communities, and
- Need to update and transform existing systems and institutions (health, legal, justice, and others).

Since the summit, what is now the OUTAging Committee has focused on developing projects that address the themes and other take aways from the summit. Most recently, we created the OUTReach: Advocating for Safe and Inclusive Spaces for LGBT Older Adults initiative. OUTReach activities have included three trainings and two events that were focused on highlighting LGBT older adults—a six-module storytelling training, capped with a storytelling showcase, a four-module advocacy 101 training that culminated in a state legislative breakfast on LGBT older adult issues and a training on

building ally networks with and for LGBT older adults.

Videos of the events and the third training are on our website. We have since included our storytellers in other events and incorporated our LGBT older adults into a recent

advocacy week with AIDS Foundation Chicago.

The contributions of LGBT older adults and organizational partners who work with this population have been absolutely essential to the successful growing body of work PAT has been able to coalesce through our collaborative process of inquiry, advocacy and action.

Recently, I was appointed by Gov. J. B. Pritzker to the Illinois Council on Aging, which is mandated to review and comment on reports by the Illinois Department on Aging (IDoA) to the Governor and to the General Assembly, and to review and comment upon IDoA's State Plan and on all disbursements of public funds by IDoA to private agencies. This appointment provides the opportunity to ensure that LGBT older adults continue to be recognized in policy and programming.

We look forward to expanding current and growing new opportunities for LGBT older adults to continue their contributions to society—for themselves and beyond."



Executive Director, Pride Action Tank (PAT), Chicago



When approaching an AAA about joining its advisory council, describe how your joining helps the AAA satisfy requirements listed in its Area Plan on Aging. If you are an LGBT older adult, joining the local aging advisory council helps the AAA fulfill its requirement that minority older adults be a part of its advisory council. If you are an LGBT community organization, joining the local aging advisory council helps the AAA fulfill its requirement that representatives of older persons be a part of the advisory council. The fact that your organization represents minority older adults is an added benefit and is very attractive to many AAAs.



If you are an AAA, please look at the guide <u>Strengthen</u> Your State and Local Aging Plan: A Practical Guide for **Expanding the Inclusion of** LGBT Older Adults.

Submit Public Comments on State and Area Plans on Aging

The OAA also requires State Units on Aging to have mechanisms to obtain and consider the views of older people and the public when developing and administering the State Plan on Aging (45 C.F.R. § 1321.27). Both State Units on Aging and AAAs are required to host periodic (meaning at least once each fiscal year) public hearings on the activities carried out under their State and Area Plans on Aging (45 C.F.R. § <u>1321.3</u>). These public hearings are excellent opportunities to provide suggestions on how services and programs can be improved for LGBT older adults. They are



also opportunities to share ways that you or your organization would like to support the Aging Network in meeting the new OAA requirement to conduct outreach efforts to LGBT older adults (P.L. 116-131, Supporting Older Americans Act of 2020).

State Units on Aging and AAAs also host public hearings during the development of new plans on aging. To find out when your State and Area Plans on Aging are up for renewal, visit www.advancingstates.org/ initiatives/aging-policy-and-programs/ map-state-plans-aging or contact your local AAA. Often, the State Unit on Aging and AAA will have a copy of their most recent plans on their websites.



Community Advocacy Action Steps

Now that you are interested in partnering with your local Aging Network and getting involved with aging services and programs to advance the priorities and meet the needs of LGBT older adults, here are recommended action steps:

1. Do Your Homework

A. Research the State Plan on Aging and the Area Plan on Aging to assess if they are LGBT inclusive.

Look for the following in your research:

- Greatest social need is defined to include sexual orientation, gender identity, and/or LGBT populations.
- Goals, objectives, strategies, and/or performance metrics are inclusive of sexual orientation, gender identity, and/or LGBT populations.



State Plans are available for review through the **ADvancing States website** at www.advancingstates. org/initiatives/agingpolicy-and-programs/ map-state-plans-aging.

B. Research the websites and social media of your Area Agency on Aging, senior centers, ombudsman programs, etc., for indications of LGBT inclusivity.

LGBT inclusion at the local level may be reflected through the following:

- Does your local Aging Network partner with LGBT community organizations?
- Does your local Aging Network promote LGBT inclusive programs?
- Does your local Aging Network use LGBT inclusive images and language on their websites and social media?
- Is your local Aging Network credentialed through **SAGECare**?
- Is there a **SAGE affiliate** near you? If so, does your Aging Network work closely with your SAGE affiliate for outreach and services?



2. Be Part of the Solution

Now that you have done your homework and documented your research, you are ready to help offer solutions to the Aging Network on how you or your organization can help them achieve LGBT inclusivity as part of their State and Area Plan on Aging goals and assurances, as well as in their outreach and programs. Contact your Aging Network partner and ask for a meeting with the Executive Director.

Potential solutions you can offer include:

- Ask your local Aging Network to include LGBT older people as a Greatest Social Need Population in their state and area plans, if not already included, following this guidance from ACL.
- Offer to partner with your local Aging **Network** if they do not already partner with local LGBT community organizations.
 - If your local Aging Network already partners with LGBT community organizations, contact those LGBT community organizations to ask how you can get involved.
- Provide technical assistance for creating LGBT inclusive aging services and **programs** if your local Aging Network does not already offer them.
- Provide access to LGBT inclusive images and language if your local Aging Network does not already use them on their websites and social media.
- Provide technical assistance for collecting data on sexual orientation and gender identity from service recipients if your local Aging Network is not already collecting such data.



- Ask your local Aging Network to seek out credentialing through SAGECare if they have not already.
- Connect your local Aging Network with a SAGE affiliate if one is in your region. If one is not in your region, see above about making connections with LGBT community organizations.
- Offer to be a cultural broker between the Aging Network and the LGBT community by joining your local Aging Advisory Council.
- Help identify potential board members and advisory council members from the LGBT Community.
- Offer to promote volunteer opportunities for the LGBT community.
- Promote the voices of LGBT older adults in community needs assessments through the use of focus groups and key informant interviews.

3. Be Flexible and Patient

- Recognize that you or your organization want to build mutually beneficial partnerships with the Aging Network. This will require being open to new ideas while remaining mission-focused and committed to advancing the priorities and meeting the needs of I GBT older adults.
- Start with suggesting small outreach initiatives or volunteer efforts and build upon success once you or your organization have proven yourselves as a valuable partner.
- Building partnerships with your local Aging Network will take time.

Advocating for the inclusion of LGBT older adults in aging services and programs requires both a top-down and a bottomup approach. As nation-wide initiatives are underway, efforts are also needed at the local and regional levels to translate quidance from the federal to the state level and from the state to the local level. By having advocates (both individuals and organizations) at the local level to call for LGBT inclusive policies and service delivery within the local Aging Network, the implementation of guidance is more streamlined. Having individuals who



either identify as LGBT or as allies become volunteers is equally important since the local Aging Network depends heavily on volunteer staff to deliver services and programs. Using the information and recommendations provided in this toolkit, you or your organization are now ready to partner with the Aging Network to advance the priorities and address the needs of LGBT older adults.

Glossary

Bisexual. Bi*

An individual who is physically, romantically, and/or emotionally attracted to both men and women. "Bisexual" does not suggest having equal sexual experience with both men and women. In fact, some people who call themselves "bisexual" have not had any sexual experience at all.

Care Partner

Denotes an agreement between the person with a chronic condition and their loved one to be partners in care and to help each other with health, wellness, and caring for each other. In contrast, the term "caregiver" denotes a one-way relationship of giving care, either in a paid or unpaid capacity, for someone who is unable to care for themselves.

Cisgender

A person whose gender identity matches the sex assigned to them at birth.

Discrimination*

Unfair and unequal treatment in favor of or against an individual or group based on group identity; e.g. African American, female, Arabic, youth, or LGBT. Discrimination is the actual behavior towards the individual(s).

Gay*

A word used to describe anyone, mainly men, who have primary physical, romantic, and/or emotional attraction to someone of the same sex, e.g., gay man, gay people. Many gay people prefer this term over "homosexual" which retains negative connotations. Lesbian can be a preferred term for a gay woman. While younger men may use the term "queer," this term is generally considered offensive to older people.

Gender

A person's internal sense of being male, female or another gender. A person may choose to express their gender through culturally defined norms associated with male and female, which may or may not align with a person's internal gender identity or with the sex they were assigned at birth.

Gender Expression*

How a person outwardly expresses their gender identity and/or role; how they dress, walk, wear their hair, talk, etc. Typically, transgender people seek to make their gender expression match their gender identity, rather than their sex assigned at birth.

Gender Identity*

The gender you feel you are inside (man, woman, neither or both). For transgender people, their birth-assigned gender and their personal sense of gender identity do not match. Gender identity and sexual orientation are not the same. Transgender people may be heterosexual, lesbian, gay, or bisexual. For example, a transgender woman who was assigned a male gender at birth and is attracted to other women may self-identify as a lesbian.

Heterosexual*

Used to describe people whose primary physical, romantic, and/ or emotional attraction is to people of the opposite sex; also known as straight.

Homosexual

An outdated clinical medical term that is no longer the preferred word used to describe someone who is gay or lesbian. It has taken on negative connotations because of its previous use to denote a mental illness.

Identity or Self Identify

What people call themselves that expresses their internal reality. This may be different from external characteristics or how others might view them.

Intersex*

A general term describing people born with reproductive or sexual anatomy and/or a chromosome pattern that can't be classified as typically male or female. While some intersex people might also identify as transgender, the two are separate and not interchangeable.

Lesbian*

A woman whose primary physical, romantic, and or/emotional attraction is to other women. Some lesbians may prefer to identify as gay (adj.) or as gay women. Many lesbians view "homosexual" as a derogatory term. While younger women may use the terms "dyke" or "queer," these terms are generally considered offensive to older people.

LGBT/GLBT*

Acronym for lesbian, gay, bisexual and transgender. LGBT and/or GLBT can be used interchangeably.

LGBT Older Adults

The preferred term for LGBT people 65, the current standard age of retirement, or older. The term "older adults" may be preferable to "old," "senior," "elderly" or "aging" (terms which many don't identify with personally). Also acceptable are "older LGBT people" or "LGBT older people" depending on context.

Partner

A nondiscriminatory and genderneutral way to describe one of the people in a committed, long-term relationship.

Oueer*

Historically a negative term, it is now being used by some LGBT people—mostly younger ones and as a broader term—to describe themselves. However, it is not universally accepted even within the LGBT community and should be avoided unless quoting or describing someone who self-identifies that way.

Questioning*

A person who is unsure about his or her sexual orientation or gender identity.

Same-Gender Loving (SGL)*

A cultural term used most frequently in communities of color that affirms the same-sex attraction of men and women. The term may be favored by some over the labels gay, lesbian, or bisexual.

Sex*

The classification of people as male or female based on their anatomy (genitals or reproductive organs) and/or biology (chromosomes and/or hormones).

Sex Assigned at Birth

At birth, infants are usually given a sex designation of male or female by a doctor based on sexual anatomy. Gender affirmation (or confirmation) surgery can be performed to change

physical characteristics so the body better reflects a person's gender identity.

Sexual Orientation*

A person's primary physical, romantic, and/or emotional attraction to members of the same and/or opposite sex, including lesbian, gay, bisexual and heterosexual (straight) orientations. It is the accurate term and should be used instead of the offensive term "sexual preference," which conveys the suggestion that being gay or lesbian is a choice and therefore can be "cured" or changed.

Transgender*

An umbrella term for people whose gender identity differs from the sex they were assigned at birth. People under the transgender umbrella may describe themselves using one or more of a wide variety of terms —including transgender. Use the descriptive term preferred by the person. Transgender people may bring their bodies into alignment with their gender identity via hormones or surgery, but not all transgender people can or will take those steps. A transgender identity is not dependent upon physical appearance or medical procedures.

Transition or Transitioning

The process a person will undergo socially and/or medically so that their gender presentation matches their gender identity.

Transsexual*

An older term that originated in the medical and psychological communities. While some transsexual people still prefer to use the term to describe themselves, many transgender people prefer the term transgender to transsexual. Unlike transgender, transsexual is not an umbrella term, as many transgender people do not identify as transsexual. It is best to ask which term an individual prefers.

Two-Spirit*

The term refers to LGBT people and reflects traditions among many Native American nations that accept and celebrate the diversity of human gender, spirituality, and sexuality.

*Adapted from the Media Reference Guide, Gay & Lesbian Alliance Against Defamation (GLAAD). www.glaad.org This glossary was developed using the following additional sources:

- From Isolation to Inclusion: Reaching and Serving Lesbian, Gay, Bisexual and Transgender Seniors, Openhouse LGBT Cultural Humility Curriculum for Senior Service Providers; Openhouse, San Francisco, CA. www.openhouse-sf.org
- LGBTQIA+ Aging Project, Boston, MA. https://fenwayhealth.org/the-fenway-institute/lgbtqia-aging-project
- LGBT Aging Health Issues, Cook-Daniels, FORGE Transgender Aging Network, Milwaukee, WI www.forge-forward.org/aging
- LGBT Aging: What Makes It Different? A Training Curriculum from the New York State Health & Human Services Network, compiled and edited by SAGE, New York, NY. www.sageusa.org
- Improving the Quality of Services and Supports Offered to LGBT Older Adults, National Resource Center on LGBT Aging, New York, NY. www.lgbtagingcenter.org

The National Resource Center on LGBT Aging is grateful to James R. Moorhead, Jr., for his research, writing, editing of this toolkit and his overall Aging Network expertise. We also thank Sara R. Vogler, Administration for Community Living, U.S. Department of Health and Human Services, and SAGE colleagues, Aaron Tax, Emma Bessire, and Reynaldo Mireles, Jr., for their thoughtful review of this toolkit.

The National Resource Center on LGBT Aging is supported, in part, under a cooperative agreement from the U.S. Department of Health and Humans Services, Administration on Aging. Grantees undertaking projects under government sponsorship are encouraged to freely express their finding and conclusions. However, these contents do not necessarily represent the policy of the U.S, Department of Health and Human Services, and endorse by the Federal Government should not be assumes. All Rights Reserved.



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