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Training day: National Resource Center teaches LGBT cultural competence

By Hilary Meyer

There are approximately 2 million lesbian, gay, bisexual and transgender (LGBT) elders in America—a number expected to double in the next 15 years. LGBT elders face a complex set of issues when they need to use services from providers in the aging network; many providers may underestimate how being LGBT can impact a person's life experiences. Their commonly used reasoning, "We don't pay attention to sexual orientation or gender identity because we treat everyone the same no matter what," while not rooted in discriminatory animus, can have unfortunate consequences for LGBT elders.

We must keep in mind there are countless cultures under the LGBT acronym that cut across sexual orientation, gender, race, ethnicity, religion and other identities, and that an agency's competency related to a person's sexual orientation or gender identity might have no bearing on its overall competency. Whether an agency can truly be culturally competent, and what that means, is up for frequent debate among community advocacy groups. I use the term "cultural competency" here to describe an agency in which the staff is able to identify and address the needs of a particular group, specifically LGBT elders.

Partnerships, Teams Drive Cultural Competence Effort

In 2010, the U.S. Administration on Aging funded SAGE (Services and Advocacy for GLBT Elders) to establish the National Resource Center on LGBT Aging. SAGE is the lead partner on the grant and 14 national organizations, including ASA, contribute in other ways, with training, education and as liaisons to other minority groups. There's also a team of certified trainers across the country. The primary goals of the effort are to educate aging service providers on the needs of LGBT older adults, sensitize LGBT organizations to the needs of their aging constituents and provide information to LGBT older adults and their caregivers on issues of relevance to them as they age.

With a nationwide network of trainers ready to spring into action at the request of local agencies, the National Resource Center on LGBT Aging trains organizations using a collaboratively written cultural competence curriculum with case studies, work with partners and group discussions.

One sample training module includes groups of four to five attendees working together on a case study about an LGBT person. The group determines the person's key issues, how they relate to the treatment that person would receive from the trainee's agency and ideas for what the train-

ee could do to make their agency's programs more inclusive. Center staff also provide presentations and informational sessions to agencies looking to research larger LGBT issues as a first step toward a fully LGBT-inclusive agency.

Cultural Competence in Kentucky

Among the agencies that have made a substantial effort toward competency is the Nursing Home Ombudsman Agency (NHOA) of the Bluegrass, in Lexington, Ky. Serving nearly 4,800 long-term-care residents in nursing homes, family and personal care homes across 17 counties in Kentucky's Bluegrass region, the NHOA was created to provide advocacy services to elders using the Administration on Aging's Long-Term Care Ombudsman Program as the authorizing framework and model. Ombudsmen (who are paid staff) were recruited from each nursing home's neighborhood to visit with residents and monitor the quality of care received. These ombudsmen are specially trained and certified by the state long-term-care ombudsman.

When Troy Johnson, the NHOA's director of services and programs, realized the issues involved in serving LGBT older adults were not being addressed with any regularity, he knew that his agency's staff and volunteers needed LGBT cultural competency training. He contacted the National Resource Center on LGBT Aging to set up training for the NHOA and non-medical home health staffs with the Bluegrass Area Agency on Aging. The training is typically offered free of charge, but in this case, the Resource Center's closest certified trainer, Sherrill Wayland, was based 350 miles away. Johnson found a grant to secure her travel expenses so that the two-day training for staff, executives and volunteers could go forward.

Post-session feedback from trainees was overwhelmingly positive. As Johnson noted, "Many of our staff members are interested in attending follow-up trainings on LGBT history, struggles and triumphs. While many staff members could not specifically identify a case directly related to sexual identity, or gender identity, the majority said they felt better prepared to handle such complaints when they arise. The overall attitude of the ombudsmen regarding LGBT residents was already positive in that ombudsmen are trained to treat all residents with equality; however, this training allowed us to begin a conversation about how societal oppression can have lifelong consequences regarding mental and physical health."

The Work Goes On

NHOA's work didn't stop with this training; it continues with the regular coaching and educating of ombudsman staff on unique concerns facing LGBT people in long-term care. The NHOA is revising its *Residents Rights* booklet for all new long-term-care residents to include affirming and inclusive language regarding LGBT residents. They have applied for a grant that would allow the agency to expand its training on LGBT competency to include other ombudsman directors, nursing home staff and aging services providers—and the NHOA is also researching SAGE affiliation.

The NHOA has shown strong leadership in creating a culturally competent agency, and with dedicated advocates like Johnson and Wayland, even LGBT elders living in areas of the country not necessarily flush with LGBT services can have some assurance they will be treated with compassion and dignity as they age. ■

Hilary Meyer, J.D., is the director of the National Resource Center on LGBT Aging, a project of SAGE in New York, N.Y. To learn more about the issues discussed in this article, or to request a training, visit www.lgbtagingcenter.org.