

Safe Spaces? The Need for LGBT Cultural Competency in Aging Services

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"AoA frequently turns to national organizations to support the Aging Network in their efforts to work with specific minority populations that are traditionally underserved....We now recognize that [lesbian, gay, bisexual and transgender] LGBT older adults also represent a community with unique needs that must be addressed." Assistant Secretary of the U.S. Department of Health and Human Services Kathy Greenlee, February 10, 2010

It is no secret that even under the best conditions, the aging process can be challenging. Those challenges become exponentially more difficult as other inequities are piled on. Lesbian, gay, bisexual, and transgender (LGBT) older adults have faced years of such inequities, leaving them with significantly more to overcome than their heterosexual peers. At the baseline, LGBT older adults have lived through decades of their lives when they faced being arrested and/or institutionalized just for being a known homosexual. Staying in the closet was rarely a choice—it was a necessity for survival.

Sexual orientation and gender identity are also only two pieces of any given person's identity. Many LGBT people are also coping with inequities related to race, ethnicity, and socio-economic status and the lack of supports that are available that account for these cross-identities.

Enduring so much social stigma, bias, prejudice, and legally-condoned discrimination for so many years has affected the LGBT older adult populations in numerous and documented ways. For example, lesbian, gay, and bisexual older adults are more likely than their heterosexual peers to have experienced psychological distress in the past year, more likely to need medication for mental health issues, and more likely to have problems with alcohol abuse. A National Institutes of Health (NIH)-funded study released this year reported that nearly half of LGBT older adults have a disability (Fredericksen-Goldsen, Kim, & Goldsen, 2011).

Beyond the health disparities themselves, LGBT older adults are more likely than their heterosexual peers to delay or not seek medical care until they are forced to go to an emergency room. The fear and mistrust of health care providers that keeps LGBT people from seeking care until it is of dire necessity is for good reason; several recent studies evidence that LGBT individuals are victims

of harassment, hostility, and neglect by caregivers and health care facilities in startling numbers. As researchers began publishing information highlighting these unique needs and issues, it became clear that a national intervention was necessary.

The National Resource Center on LGBT Aging's Inception

For years, the Older Americans Act has directed the aging network to pay particular attention to serving populations with greatest social need. With that, the U.S. Administration on Aging (AoA) has a history of funding national organizations to serve as technical assistance resource centers for specific minority populations including Hispanic Americans, African Americans, Asian Americans, and Native Americans. By and large, these resource centers were created to address the health disparities of marginalized groups by using innovative approaches designed to increase access to health care and improve self-care management techniques.

Guided by that directive and with the disconcerting evidence that has surfaced in recent years evidencing LGBT older adults' health disparities, AoA took action. In 2010—for the first time in United States history—AoA publicly recognized that older LGBT individuals have unique needs that must be addressed. This recognition came in the form of a three-year grant to SAGE (Services and Advocacy for GLBT Elders) to create the National Resource Center for LGBT Aging. As HHS Secretary Kathleen Sebelius stated, "The Resource Center will provide information, assistance and resources for both mainstream aging organizations and LGBT organizations and will provide assistance to LGBT individuals as they plan for future long-term care needs" (Services and Advocacy for GLBT Elders, 2010). With the federal government's imprimatur, the vision statement was

developed: older lesbian, gay, bisexual, and transgender individuals in the United States feel welcome and supported in their communities, urban and rural, by both mainstream and LGBT organizations and have access to culturally appropriate supports and services to assist them in their efforts to live as independently as possible in the setting of their choice.

The three objectives of the National Resource Center are as simple in design as they are complex in practice. The objectives are to:

1. Educate aging network services organizations about the existence and special needs of LGBT older adults.
2. Sensitize LGBT organizations to the existence and special needs of older adults.
3. Educate LGBT individuals about the importance of planning ahead for future long-term care needs.

In order to accomplish these objectives, a partner-based model was implemented such that under SAGE's lead, 10 national partners contribute in various ways to the Center's work. These partners are the American Society on Aging, Hunter College, CenterLink, FORGE Transgender Aging Network, GRIOT Circle, The LGBT Aging Project, National Association of Area Agencies on Aging, National Council on Aging's National Institute of Senior Centers, Openhouse, and PHI. The cumulative effect of having 10 partner organizations on board is information dissemination to thousands of professionals and LGBT older adults themselves across the country. In fact, statistics show that the National Resource Center's website (lgbtagingcenter.org), which hosts hundreds of articles, publications, and videos addressing LGBT aging issues, is being accessed by people in over 150 countries across the world. To that end, having the government's backing and partnering with well-established organizations has moved LGBT aging issues into the public discourse where it never was before.

Moving From Dialogue to Action: Cultural Competency

While promoting visibility and general awareness to the issues is a key component, enhancing the quality of service provisions so that LGBT older adults can safely access and receive culturally competent care is, in some cases, a matter of life or death. With that, the National Resource Center is tasked with training aging services providers across the country. A recent nationwide study of area agencies on aging found that agencies whose staff had received some form of LGBT training were twice as likely to receive a request to help an LGB individual and

three times as likely to be requested to help a transgender older adult (Knochel, Croghan, Moone, & Quam, 2010).

These statistics provide further evidence that the National Resource Center's mission to create a national cultural competency training initiative could substantially improve the lives of many LGBT older adults.

To do so, there first needed to be a working definition of cultural competency. In a provider setting, the National Resource Center considers an organization to be culturally competent when the staff, using the systems within the organization, are able to identify and address the needs of a particular group within the larger pool of all constituents. In this case, the cultural group is LGBT older adults. Recognizing that there is an ongoing dialectic debate about proper terminology, the National Resource Center sees competency as having three dimensions. These include: cultural awareness (being knowledgeable about what LGBT older adults typically experience when accessing—or thinking about accessing—services), cultural humility (no matter how much we learn about or become aware of a culture, each individual is the expert on their own experience), and cultural responsiveness (learning new patterns of behavior and effectively applying them individually and within the organization's setting). With those definitions in mind, there are some important areas in which service providers can make concrete changes to contribute to LGBT older adults' safety and feelings of inclusion.

To that end, the National Resource Center brought together six of the partner organizations whose expertise includes training providers on LGBT aging: SAGE, CenterLink, Openhouse, LGBT Aging Project, Transgender Aging Network, and GRIOT Circle. Over the course of a year, the lead curriculum development organization, PHI, wrote, edited and tested the most comprehensive and collaboratively created curricula on LGBT aging cultural competency to date. To continuously evaluate the efficacy of the training's ability to shift knowledge, skills, and attitude, Hunter College joined the effort as the evaluation partner. With these curricula in hand (one set to train aging services providers and the other to train LGBT organizations), the National Resource Center's trainers are available across the country to bring the trainings to any organization that requests them.

The key learning objectives in the curricula include:

1. Learning about the culture, needs, and concerns of LGBT older adults.
2. Considering why LGBT older adults are least likely to access health care, social services, and LGBT organization services.

3. Identifying best practices for helping LGBT older adults to feel more included within aging network and LGBT organizations.

After an organization's staff has completed a National Resource Center training, they are then equipped with the knowledge of how to begin to create (or enhance) an LGBT-inclusive environment. An organization aspiring to cultural competency would be one where, amongst other signs of inclusivity:

- the staff are knowledgeable and sensitive to the reasons why LGBT older adults are far less likely than their non-LGBT counterparts to access health and human services—and the subsequent health disparities that causes;
- intake forms, intake interview guidelines, and marketing materials create a culture of respect for diversity, including acknowledging the spectra of race, ethnicity, sexual orientation, and gender identity;
- policies and procedures related to addressing biased behavior and language are posted in a publicly accessible place and staff are trained and comfortable in implementing them;
- programming and services offered not only include LGBT perspectives but also honor LGBT people's lives and contributions; and
- board and executive leadership reflect the diversity and inclusion of LGBT older people by race, sex/gender, and socio-economic status.

Of course cultural competency training in general, even one as comprehensive as the National Resource Center's, has limitations. For example, even with a completely trained staff, the other residents or peers that access the organization's services could well present significant challenges. That is why a key to the trainings is a module dedicated entirely to giving feedback and addressing bias. When providers are trained in what to say, how to say it, and are prepared with the understanding of the need to address these situations, resident-to-resident bias can be curbed dramatically.

Additionally, with staff turnover, there is no way for every person on staff to be trained at any given time. To address this, the National Resource Center trainers emphasize that these competency shifts must permeate throughout the organizational culture such that respecting and including LGBT people is not seen as "another thing that we have to do" but rather it is "just the way things are done around here." That said, due to a trickle-down effect, the more trainings that are scheduled and executed each year, the higher the number of

providers who are trained on how to implement systems of culturally competent service there are within aging services organizations. With this shift, the goal is that the health disparities identified in the beginning of this article should begin to narrow.

State Policy Answers

Taking into account these evidenced health disparities and the knowledge that legislative efforts can be an important first step at addressing them, some state legislatures have already passed key bills to affect change. California led the charge in 2006 when they introduced the Older Californians Equality and Protection Act, which required the state's department of aging to include LGBT older adults' needs in technical assistance, programs and services, and any needs assessment measurements. New York State followed suit with a near identical bill that was signed into law on September 23, 2011.

California pushed the legislative effort even further in 2008 with SB 1729—a law that requires that health care staff in senior care settings be trained on preventing and eliminating discrimination based on sexual orientation and gender identity.

These laws are a vital step in beginning the process of ensuring that LGBT older adults find safe and welcoming environments within the aging care networks. The hurdle, though, is that these measures did not come with any funding attached, and without that funding, state agencies already strapped for cash are struggling to find ways to implement these laudable requirements.

If each and every state across the country passed such legislation as SB1729 and were able to find resources to make the implementation feasible, not only would LGBT older adults receive better care, but the country could end up saving money. Consider the evidence that LGBT older adults are less likely than their non-LGBT peers to access preventive health services and therefore end up relying more heavily on emergency room care—a system that is more costly and less effective than if the proper preventive measures were taken.

Certainly this cost-benefit analysis of preventive versus crisis care is not new. The relevance of that debate in this context, though, is that if service providers were able to provide culturally competent care to LGBT people, those older adults would be more likely to access providers before a crisis arose. With funding resources stretched as thinly as they are, there is no denying that providing a cost-effective solution to helping a large, and growing, segment of the older adult population makes good business sense.

Finding Permanent Solutions

Establishing the National Resource Center on LGBT Aging was an integral first step in this process and has shown initial signs of success. There must be continued investment in this work, however, to be able to continue to implement the necessary systemic changes. As the Older Americans Act is up for reauthorization, the Leadership Council of Aging Organizations recently released a consensus document that integrated eight recommendations specific to LGBT elders and elders of color—including the need to promote cultural competence among service providers. Diverse coalitions of organizations have come together to recognize needs and make policy recommendations on how to promote change. We must continue to support these necessary actions; the lives of our elders depend on it.

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