LGBT and Cultural Sensitivity

2 CEU’s/CE’s for RCFE, ARF and SNF Administrators and Nurses
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Course Objectives

1. Define “LGBT”
2. Discuss the issues our LGBT residents face, such as discrimination and isolation
3. Discuss how we can best care for our LGBT residents
4. Discuss HIV/AIDS
5. Harassment of your staff – laws and policies
Many sources were consulted to prepare this course.

At the end of the course, these sources are listed.
Definitions

“DSS” = Department of Social Services
“EEOC” = US Equal Employment Opportunity Commission
“RCFE” = Residential Care Facility for the Elderly
“ARF” = Adult Residential Facility
“SNF” = Skilled Nursing Facility
“LPA” = Licensing Program Analyst
“Resident” = anyone living in a long-term care facility
LGBT Residents
LGBT Residents

Because our culture tends to de-sexualize ALL seniors anyway, why does discussing this matter?

The more we know about ANY person, the better we can meet their needs and care for them!
LGBT Residents

LGBT stands for “Lesbian, Gay, Bisexual, Transgender”.

Per the National Resource Center on LGBT Aging, there are an estimated 1.5 million adults over the age of 65 who identify as lesbian, gay or bisexual. By 2030, those estimates rise to nearly 3 million. There is no precise data on those who are transgender, but the estimate is there are hundreds of thousands of seniors who are.
LGBT Residents

Transgender seniors may face additional challenges than their non-transgender peers.

According to the National Resource Center on LGBT Aging, the term “transgender” is used to describe the experience and feeling of a persistent disconnect between one’s “sex at birth” (sometimes called “sex assigned at birth”) and one’s gender identity and expression.
LGBT Residents

Transgender people may or may not use medical interventions such as hormones or surgery to bring their bodies’ characteristics more in line with their gender identifies. They may legally change their names and paperwork (i.e., driver’s license). A person’s gender identity should be respected and honored.
**LGBT Residents**

**Figure 4: A 70-year-old Lesbian has Seen These Events in Her Lifetime**

- **1948 (age 8)** — Alfred Kinsey’s research reveals that homosexuality is far more widespread than commonly believed
- **1962 (age 22)** — 1st state, IL, decriminalizes private, consensual homosexual acts
- **1969 (age 29)** — Stonewall riots against abusive police incite widespread protest for equal rights & acceptance
- **1982 (age 42)** — 1st state, WI, outlaws discrimination based on sexual orientation
- **1996 (age 56)** — U.S. Supreme Court strikes down CO’s Amendment 2, which denied gays and lesbians protections against discrimination
- **2008 (age 68)** — Marriage for same-sex couples is legal in CA for several months, until voters pass Proposition 8
- **1973 (age 33)** — American Psychiatric Association ceases designating homosexuality a mental disorder
- **Early 1980s (age 44)** — AIDS crisis leads to new organizing and advocacy within the LGBT community
- **2003 (age 63)** — U.S. Supreme Court strikes down sodomy laws
- **2004 (age 65)** — Legal same-sex weddings begin in MA

*Source: InfoPlease.com; MAP analysis*
LGBT Residents

LGBT residents have unique needs. Due to the effects of a lifetime of stigma, discrimination and rejection, LGBT seniors are at greater risk for physical and mental illnesses, such as:

- Social isolation
- Depression
- Anxiety
- Chronic illness, such as high blood pressure, diabetes, heart disease, HIV/AIDS
- Poverty
- Delayed care-seeking
- Increased chance of becoming an elder abuse victim
- Poor nutrition; and
- Premature death
LGBT Residents

Let’s discuss these more in depth.

According to SAGE (Services & Advocacy for Gay, Lesbian, Bisexual and Transgender Elders), there are 5 main items that need to change for our society to be prepared for the full diversity of its aging population.

They are: basic health care, caregiving issues, finances, social isolation and access to aging services.
1. **Basic health care:** Per SAGE, in the U.S., about 80% of senior care is provided by family members, such as spouses or children. LGBT seniors are only half as likely as their heterosexual counterparts to have close family for support so they must rely on health care providers, such as doctors or assisted living staff, who might be uncomfortable to even hostile toward them.
LGBT Residents

1. Basic health care (cont’d):

Because of this fear of discrimination, the seniors may not seek out this assistance and care that they need.
1. **Basic health care (cont’d):** Per SAGE, according to a 2011 national health study, more than half of the respondents have been told by a doctor that they have depression; 39% have seriously thought about suicide; and 53% feel isolated from others. If they are not accessing basic health care services to treat their depression, this could result in serious consequences.
LGBT Residents

2. Caregiving Issues: Because an LGBT senior’s loved one and support system (their partner) may not be recognized under the law, they may not be able to have any say in their loved one’s medical care. They may not even have any decision making power when it comes to their loved one’s funeral. It is important for LGBT seniors to put their wishes into legal documents in order to avoid this.
LGBT Residents

3. Financial Insecurity: Per SAGE, LGBT seniors are less financially secure than American seniors as a whole. Poverty rates among elder lesbian and gay couples are 9.1% and 4.9%, respectively, compared to 4.6% for heterosexual couples. Why? Employment discrimination and barriers in Social Security, Medicaid (MediCal) and pension and retirement plans can deny same-sex couples key benefits.
LGBT Residents

3. Financial Insecurity (cont’d): Also, if they did not have a partner in their life, they only had one income to rely on and did not have the means to save for retirement like a couple may have. In addition, many state laws can shut LGBT partners out of an inheritance or require them to pay high taxes on an estate that a heterosexual spouse would inherit tax-free.
4. **Social Isolation:** Many LGBT seniors may experience high rates of social isolation, especially if they do not have a partner or interactive family, or they live alone. Per SAGE, LGBT seniors are twice as likely to be single and to live alone, and 3-4 more times as likely to be childless. They may also feel less likely to feel welcome in social settings, such as senior centers or places of worship.
LGBT Residents

4. **Social Isolation (cont’d):** Many studies have shown that social isolation has negative effects, such as depression, delayed care-seeking, proper nutrition and premature death.

It is important that people stay connected and maintain good social relationships.
LGBT Residents

5. **Access to Aging Services**: The LGBT residents often do not access services that are available to them out of fear of harassment or hostility by staff or other older people. These can include visiting Area Agency on Aging, the Alzheimer’s Association, support groups, etc.
LGBT Residents

Fear of discrimination – SAGE reports that a recent study of LGBT seniors in long-term care facilities found:

• only 22% felt they could be open about their LGBT identities with facility staff
• 89% predicted that staff would discriminate against them
• 43% reported instances of mistreatment from staff
• They also reported that they fear discrimination and retaliation from the RESIDENTS more so than from staff!
LGBT Residents

So how can we best assist our LGBT residents?

1. Provide the proper and **required** LGBT training with your staff (minimum 1 hour);
2. Create a culture of **zero-tolerance** when it comes to discrimination and harassment (this must be addressed in your Personnel Manual and Admissions Agreement);
LGBT Residents

So how can we best assist our LGBT residents (cont’d)?

3. Be welcoming of all residents – do not discriminate;

4. Be accommodating – if two same sex residents want to share a room, you must allow them to;

5. Think about adding a rainbow symbol to your marketing material or adding pictures of same-sex couples.
LGBT Residents

ADMISSIONS:

While it is important (but not *vital*) to learn about sexual orientations and gender identity along with all other key components of care, LGBT people have a significant history of discrimination and stigma, which makes them far less willing to disclose these parts of their identities.
LGBT Residents

ADMISSIONS:

So how do we find out without being too blunt?

Suggestion: ask the questions as you would any other factual question, but do not force anyone to answer.

These questions can include: “Who in your life is especially important?” Or “who do you consider family?”
LGBT Residents

ADMISSIONS:

Note: They may not want to disclose this because they may have gone back into the closet – and may not want to come out again!

Obviously, any personal information given to you must be kept confidential.
LGBT Residents

ADMISSIONS:

Your facility must state and honor your commitment to diversity and be welcoming to ALL clients, regardless of sexual orientation, gender identity, race, ethnicity, disability, religion and more.
LGBT Residents

ADMISSIONS:

The following should be stated in your Admissions Agreement:

Admission to the facility shall be without regard to sex, race, color, religion, national origin, marital status, registered domestic partners status, ancestry, actual or perceived sexual orientation, or actual or perceived gender identity.
LGBT Residents

Care – HIV/AIDS

Can you accept a resident who is HIV positive or has AIDS? Is it safe?

Yes, it is safe and if you do not accept this resident, you may be sued for discrimination.
HIV/AIDS

HIV – How is it transmitted?

• Similar to Hepatitis B, HIV is transmitted through bodily fluids such as blood, semen, vaginal secretions and breast milk.
• However, there is no evidence that HIV is transmitted through saliva, tears or sweat.
• HIV is not transmitted by touching, feeding or working around residents who carry the disease.
HIV/AIDS

HIV –

- The virus must be transmitted by direct contact with the bloodstream of another person.
- The virus cannot enter through contact with the skin UNLESS contact is made with an open wound and the virus is able to enter into the bloodstream.
HIV/AIDS

Universal Precautions:

You and your staff, per DSS regulations and OSHA regulations, must be trained on universal precautions and using personal protective equipment (such as gloves).

If one is practicing proper universal precaution procedures, caring for a resident with HIV/AIDS should not be an issue.
LGBT Residents – Actual Incidents

There was a gay gentleman living in an assisted living facility back east. He was being harassed by the other residents so they moved him into the Dementia Unit, figuring the residents there wouldn’t harass him. He was so depressed by this that he committed suicide.

How do you feel about this?
LGBT Residents

Be aware: You may not agree with the resident’s lifestyle and choices (or religion, or political position or the way they dress, etc........), but you must be **RESPECTFUL**. Do not discriminate; not only is it morally wrong, but you could be sued for discrimination.
LGBT Staff
LGBT Staff

Our employees have rights, also. They have a right to come to work in a non-hostile environment, free of discrimination and retribution.

This can be difficult to provide when our residents, some of which have dementia, can be racist and discriminatory.
LGBT Staff

As an employer, or potential employer, you must be aware about EEOC (US Equal Employment Opportunity Commission) and the enforcement protections for LGBT workers.

These include forbidding any employment discrimination based on gender identity or sexual orientation (see following slides for more details....)
LGBT Staff

Some examples of LGBT-related claims that EEOC views as unlawful sex discrimination include:

- Failing to hire an applicant because she is a transgender woman.
- Firing an employee because he is planning or has made a gender transition.
- Denying an employee equal access to a common restroom corresponding to the employee's gender identity.
LGBT Staff

Some examples of LGBT-related claims that EEOC views as unlawful sex discrimination include (cont’d):

- Harassing an employee because of a gender transition, such as by intentionally and persistently failing to use the name and gender pronoun that correspond to the gender identity with which the employee identifies, and which the employee has communicated to management and employees.
- Denying an employee a promotion because he is gay or straight.
LGBT Staff

Some examples of LGBT-related claims that EEOC views as unlawful sex discrimination include (cont’d):

• Discriminating in terms, conditions, or privileges of employment, such as providing a lower salary to an employee because of sexual orientation, or denying spousal health insurance benefits to a female employee because her legal spouse is a woman, while providing spousal health insurance to a male employee whose legal spouse is a woman.
LGBT Staff

Some examples of LGBT-related claims that EEOC views as unlawful sex discrimination include (cont’d):

- Harassing an employee because of his or her sexual orientation, for example, by derogatory terms, sexually oriented comments, or disparaging remarks for associating with a person of the same or opposite sex.
LGBT Staff

You should state in your Employee Handbook that you have a zero tolerance policy when it comes to discrimination in your company.

This should be reviewed and discussed during the employee’s new hire process.
California Department of Fair Employment and Housing Requirement

Reminder: All employees must receive from their employers a copy of the DFEH pamphlet "Sexual Harassment is Forbidden by Law" (DFEH-185) or an equivalent document.

Here is the link to this form:

LGBT Staff

What happens when a resident says something derogatory or mean to my employee?

If your resident does not have dementia, you must immediately address this with them. Review your House Rules with them that state you do not allow harassment of the staff (did you mention that in your Rules???)
What happens if your resident DOES have dementia?

This is a difficult situation to address. They probably do not understand inappropriate behavior due to the dementia. They may have old prejudices that are surfacing. It is best to have the conversation with the employee and let them know not to take it personally, that it is the disease talking, not the resident. You may also want to reassign the staff member so they do not work with this resident in the future, if possible.
Resources

- SAGE (Services & Advocacy for Gay, Lesbian, Bisexual & Transgender Elders)
- National Resource Center on LGBT Aging
- DSS Title 22 and Evaluator’s Manual
- US Equal Employment Opportunity Commission
- Department of Social Services
- AARP
- Openhouse-sf.org
- Cdn.americanprogress.org
Conclusion

Assisted Living Education thanks you for attending this Conference.

We look forward to seeing you again at another of our Courses!