LESBIAN, GAY, BISEXUAL AND TRANSGENDER AGING ADULTS

EDUCATIONAL GUIDELINES TO CREATE COMMUNITY OF CARE WITHIN

LONG-TERM CARE ORGANIZATIONS

by

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Abstract

More than 5% of the 65 and older population utilize nursing homes, congregate care, assisted living, and board-and-care homes, with about 4.2% of these individuals occupying nursing homes at any given time (Administration on Aging, 2008). The rate of nursing home use generally increases with age and studies have shown that by the year 2030, the number of lesbian, gay, bisexual and transgender (LGBT) adults over the age of 65 is expected to be nearly 3 million (SAGE, 2010). With this overall increase in potential resident populations, those aging adults who identify as LGBT are faced with additional unique challenges commonly not encountered by their heterosexual counterparts. The majority of LGBT elders fear they will experience discrimination in long-term care organizations, with more than half maintaining that staff or even other residents will abuse or neglect them (Knochel, et al., 2010). Unrevised long-term care organizational rules combined with prejudice and hostile treatment from staff members can create unwelcoming environments for LGBT elders who are generally unable to advocate for themselves.

Challenges that aging LGBT adults face in long-term care settings will be reviewed and discussed in this report. In addition, this report will provide educational guidelines to assist long-term care organizations in developing an educational model targeted at addressing LGBT elders' concerns. When staff within a long-term care community lack proper training on and understanding of LGBT concerns, it can negatively affect the quality of care provided to these members. As such, the educational guidelines will encourage an educational model incorporating cultural competency

training among the long-term care staff and organizational leadership, and will utilize

community development principles to ensure inclusiveness and increase social capital.

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Prologue

In writing this report, my intent is to promote LGBT awareness as well as to facilitate recognition that the growing aging population will include LGBT adults in the coming years and beyond. My academic and professional experiences lie within the gerontology and long-term care fields. As a licensed long-term care administrator, I have worked directly within an organization to improve the quality of life for aging adults in a variety of areas. By recognizing the challenges LGBTs face as they age, I have been inspired to contribute by affecting change via proper education and awareness. Additionally, my interest in applying community development concepts to improving the care of LGBT elders is based on long-standing commitments and personal experiences. It is my hope that this report provokes thought, raises critical questions, and facilitates future analysis and research used to promote a better understanding and handling of this pertinent subject matter.

Chapter 1 - Introduction

According to the Administration on Aging (2008), slightly over 5% of the 65 and older population utilize nursing homes, congregate care, assisted living, and board-and-care homes, with about 4.2% occupying nursing homes at any given time. The rate of nursing home use generally increases with age, ranging from 1.4% of the youngest to 24.5% of the oldest-old (Administration on Aging, 2008). In addition, studies indicate that almost 50% of those 95 and older live in nursing homes throughout the country. Given these statistics, the probability of aging adults requiring assistance through formal resources such as long-term care organizations is highly probable (Knochel, et al., 2010). Current research indicates that by the year 2030, the number of LGBT adults over the age of 65 is expected reach nearly 3 million (SAGE, 2010). It is therefore evident that an increased number of LGBT elders will be among the populations living in long-term care communities in the coming years.

Older adults often face new challenges as they age, including various health issues, physical mobility constraints, financial difficulties, cognitive impairments, feelings of abandonment and isolation, and ageism. Current literature indicates the challenges encountered by aging lesbian, gay, bisexual and transgender adults in long-term care communities are similar to those of other elders, and with additional lifestyle concerns included which further complicates their standards of care. Factors such as discrimination, social stigmas and prejudices can prove detrimental to the safety and security of these members and often isolates LGBT elders from accessing community resources and services. In addition, fear of abuse and neglect from staff, hostile living

environments due to homophobia, minimal protection from policies and regulations, and an overall lack of respect for LGBT rights further complicate the equality balance within these facilities (SAGE, 2010). Consequently, despite strong connections to families of choice, older LGBT adults generally report higher rates of social isolation than reported in the wider population of older adults (SAGE, 2010).

Long-term care facilities are often large organizations that form a unique community comprised of residents, staff, family and friends of residents and staff alike. Often times we see in mainstream communities, membership is made up of individuals with common interests. Residents living in long-term care communities have less control over their choice in membership due to them requiring skilled nursing services. It is not uncommon that the single common characteristic of individuals in a long-term care organization is their need for services. This differs from other communities whose membership is rooted in personal and/or professional interests. Given this varied group of members, it is imperative that a long-term care community understand the challenges a specific group within the organization, namely aging LGBT adults, face within community parameters. Generally, communities offer a great deal of support for aging adults through social capital and often give people a sense of belonging which would otherwise go unfulfilled (Shipy, Cantor & Brennan, 2004). In order for aging LGBT adults to thrive and flourish in their respective communities, it is essential the environments be accepting and respectful while offering all members the same high quality of life and care. First and foremost, long-term care communities providing services to aging LGBT adults must understand that all aging adults are not the same. As in any population, aging adults comprise of differences in race, gender, ethnic, and sexual

orientation, and their needs are unique and individualized. It is important within a

community that all members, regardless of sexual orientation, feel connected and have a

true, unbiased sense of belonging. It must be understood that formal and informal

community support structures present for heterosexual aging adults are not always

present for LGBT aging adults. Therefore, the continual growth and development of a

community requires a significant amount of resilience to withstand the prejudice,

discrimination, and stigma often prevalent within the LGBT community (Mule, et al.,

2009).

Challenges facing aging LGBT adults will be reviewed and discussed in this

report as they relate to the long-term care experience. Current literature indicates that

when staff and residents within a long-term care community lack training and

understanding of LGBT concerns, the quality of care provided to these members is

negatively affected (McKenzie, 2010). As a reprieve, according to survey results

conducted by SAGE (2010), "staff training was key in building understanding and

addressing the unique needs of LGBT adults." This report provides educational

guidelines for an educational model targeted at addressing LGBT elders' concerns

including the development of cultural competency among the long-term care staff and

organizational leadership, as well as to utilize community development concepts to

ensure inclusiveness and increase social capital. These guidelines recognize that

individual staff members are entitled to diverse opinions and beliefs, and that their

actions and behaviors must be consistent with workplace expectations in relation to

inclusion and safety for LGBT elders. It is not intended to change or alter personal or

religious beliefs, but to serve as an educational tool to help create a community of care

which is sensitive to and supportive of LGBT concerns.

Chapter 2 - Literature Review

Introduction

The literature review that follows provides background information regarding the general lesbian, gay, bisexual and transgender (LGBT) population and community. It articulates the challenges LGBT elders face in long-term care organizations and further describes aging adults in long-term care. In addition, it includes background information regarding the framework of an educational model as the proposed means of addressing LGBT concerns. Lastly, community development concepts are presented as supporting information in order to affect change and establish communities of care.

LGBT Community

As evidenced in the statistics provided in chapter one, the LGBT population is present within all communities and is expected to gradually increase as tolerance and acceptance continue to grow throughout the country. Generally, as people age, they tend to become less independent and rely on support from formal resources such as long-term care organizations. Although 80% of long-term care in the United States is provided by family members, LGBT elders are twice as likely to be single and three to four times more likely to be without children than their heterosexual counterparts (SAGE, 2010). Given the increased probability of not having traditional support networks such as children, aging LGBT adults are somewhat more inclined to need and utilize long-term care resources. Utilizing these facilities, however, may present a certain degree of resistance and hostility based on a general lack of knowledge by staff and fellow residents. Therefore, by identifying the challenges encountered by LGBT elders,

communities can provide them effective support to ensure they have equal access to quality health care and are treated with respect, as valuable members of the organization.

The current population of older LGBT adults came out before the sexual revolution and gay rights era of the late 1960s. These individuals lived during the time of greatest oppression to the LGBT community and their coping mechanisms for the generally negative stigma of being gay ultimately determined their current status (McFarland & Sanders, 2003). In addition, LGBT individuals were isolated from their biological families because of society's indifference toward and discrimination against the chosen lifestyles. The LGBT baby boomers are the first to live their lives openly and are, therefore, more likely than their elder gay peers to fight for equality and safe spaces of their own (Szymanski, 2003). Although the recent gay rights movement has resulted in greater acceptance, many aging LGBT adults still face societal legal and social barriers, often preventing equal protection and access to needed services and resources. Previously, during the height of the AIDS pandemic, providing care to partners and friends became a major focus of the gay community where family members often abandoned gay members due to ignorance and the fear surrounding the virus. As such, McFarland and Sanders (2003) reported that among LGBT populations, most LGBT individuals have several gay friends who function as a "chosen family" and are important components of the social network. In general, this chosen family is comprised of non-biologically related members who serve as a form of social support to an LGBT individual. As is often the case, friends may be one of the most important sources of social support for older LGBT individuals, especially older gay men.

LGBT Challenges

According to Harper and Schneider (2003), lesbian, gay, bisexual, and transgender (LGBT) people continue to experience various forms of oppression and discrimination within their larger communities. Recent advances in social, legal and political arenas have improved the lives of LGBT individuals; however, there remains a lack of equal rights. Consequently, lesbian, gay, bisexual and transgender people are exposed to psychological and social oppression, rejection, discrimination, harassment, and violence based on their sexual orientation, as compared to their heterosexual counterparts (Harper, Schneider, 2003). The preferred explanation for this imbalance is that stigma, prejudice, and discrimination create a stressful social environment and creates challenges that can limit the LGBT individual's abilities to function as an equal member within the community. According to Herek, Gillis and Cogan (2009), LGBT elders face sexual stigmas that create the denigration, disrespect, and disempowering of individuals and groups of a sexual minority. The cultural stigma is systematic, structural, and captures the ways in which heterosexist assumptions are deeply and unconsciously embedded in institutions such as law, religion, health, and the work place. Societal stigmas perpetuate views of heterosexuality as normal, natural, and superior, and render LGBT people either invisible, sick, immoral, or evil (Herek, Gillis & Cogan, 2009). This is most explicitly indicated by the fact that marriage recognition on a federal stage is only considered between a man and woman; same sex couples relationships are not acknowledged by the federal government. In addition, some religious organizations view homosexuality as immoral and there are currently a minimal number of laws to protect LGBT individuals from workplace discrimination based on sexual orientation.

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Therefore, in order for aging LGBT adults to achieve equality in their communities, there must be proactive measures taken to promote diversity and acceptance within the organization.

Researchers McFarland and Sanders (2003) conducted a comprehensive study of aging LGBT adults in order to help social workers better understand LGBT issues as well as to improve their roles in creating community resources. They found that two issues were essential to understanding the LGBT aging process, namely self-esteem and stigma management. As mentioned previously, the current population of older LGBT adults came out before the sexual revolution and gay rights era, and those who are now aging lived during the time of greatest oppression to the LGBT community. The authors indicated that hearing negative stereotypes about aging gay men throughout their lifetime affected self-esteem, causing many to doubt whether or not they could be loved as they grew older. Similarly, the influence of social stigma and how an individual manages its impact over time also impacts the adjustment to aging for both gays and lesbians alike. If an individual does not adequately handle the negative social stigma in their early years, then it will be increasingly difficult to maintain high self-esteem and self-acceptance as they age.

Long-Term Care Community Responsibilities

Nursing home residents, regardless of sexual orientation or gender identity, are protected by the federal Nursing Home Reform Act (NHRA), which is a comprehensive federal statute that creates a minimum set of standards of care and rights for people living in federally certified nursing homes. The NHRA requires a nursing home to "provide

services and activities to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident" (HUD, 2010). The NHRA, and the regulations for its implementation, encompasses a wide range of rights, including the right to be treated with dignity and respect, to be free from physical or mental abuse or involuntary seclusion, and to make personal decisions, such as what to wear. Given these stipulations, discrimination, abuse, or neglect against aging LGBT adults would directly violate the NHRA's standards of care (HUD, 2010). Although this is the case, aging LGBT adults still need explicit protections against discrimination and bias on the basis of sexual orientation and gender identity. It is difficult, however, to assess whether organizations adequately and fully enforce the regulations proposed because many LGBT residents may not report violations out of fear of reprisal from staff and / or the organization as a whole.

The basis for the NHRA is the requirement that a nursing home provide the care needed in order for a resident to reach the highest practicable level of independent functioning. The NHRA applies to any nursing home that accepts reimbursement from Medicare or Medicaid and therefore covers more than 96% of the nursing homes in the country. Care should never begin with the assumption that a nursing home resident is destined to further deteriorate and ultimately expire. Instead, the resident should receive necessary nursing care and therapy services in an environment that respects the resident's right to make choices regarding their daily living. For LGBT residents, acceptance is a critical component of reaching the highest level of functioning. As such, the federal regulations implementing the NHRA state a nursing home "must promote care for residents in a manner and in an environment that maintains or enhances each resident's

dignity and respect in full recognition of his or her individuality." Biased treatment of aging LGBT adults, including verbal and physical harassment by staff, is therefore prohibited (HUD, 2010).

LGBT Challenges in Long-Term Care Communities

The Older Americans Act funds a variety of services and programs for older adults, including senior centers, social programs, friendly visitor programs, recreational activities, support groups, congregate meals, adult day care, employment and pension counseling, elder abuse prevention, etc. (SAGE, 2010). According to SAGE (2010), aging LGBT adults often face harassment or hostility when accessing aging program or utilizing facilities such as senior centers, volunteer centers, or places of worship. Aging service providers rarely reach out to the LGBT community. They are subsequently not prepared to address discrimination towards these members causing many LGBT adults reluctant to access mainstream aging services, which in turn increases their social isolation and negatively impacts their physical and mental health. Communities can often serve as a hub for resources for seniors, however, LGBT members are often excluded from receiving such benefits due to fears.

Researchers at the Arcus Foundation & SAGE (2010) worked concurrently with six organizations, conducted a comprehensive survey that produced a report examining specific challenges faced by LGBT elders in long-term care settings. Of the 769 individuals who completed the survey, 284 identified themselves as aging LGBT adults while 485 identified themselves as family members, friends, or providers. Of the respondents, a relative majority believed that staff would discriminate against a LGBT

elder who was open about his or her sexual orientation. In addition, more than 50% felt

staff would abuse or neglect a LGBT elder within the organization. The survey results

also identified five major areas of concerns encountered by LGBT elders when entering

long-term care communities: (1) fear of being out and vulnerable, (2) verbal or physical

harassment by staff, (3) staff refusal to use preferred name or pronoun, (4) staff refusal to

provide basic care or services, and (5) failure to provide proper medical care.

Generally, older adults reported having an overwhelming fear of being out and

vulnerable. By making their sexual orientation known and living openly, these members

felt they may be at risk of being mistreated by staff. When questioned by researchers

regarding whether aging LGBT adults could be open with facility staff, only 22% of

LGBT respondents answered "yes." A smaller share of respondents, who did not identify

as LGBT older adults, responded "yes," as is displayed in table 2.1.

Table 2.1 Number of Respondents Who Identified as LGBT

	LGBT Older Adults		Non-LGBT Older Adults	
	Number	Percent	Number	Percent
No or not sure	218	78%	390	84%
Yes	60	22%	76	16%
All responses	278	100%	466	100%

Source: Arcus Foundation & SAGE. (2010).

As stated previously, the survey showed that the majority of respondents (578

of the 649 respondents, or 89%) predicted that staff would discriminate against a LGBT

elder who was out of the closet. A majority also thought other residents would

discriminate (526 or 81%), and more specifically, that other residents would isolate a

LGBT resident (500 or 77%). Lastly, more than half (53%) predicted that staff would

abuse or neglect the person. The aging LGBT adult's fears in entering long-term care

communities are represented in figure 2.1.

Figure 2.1: Possible issues affecting aging LGBT adults
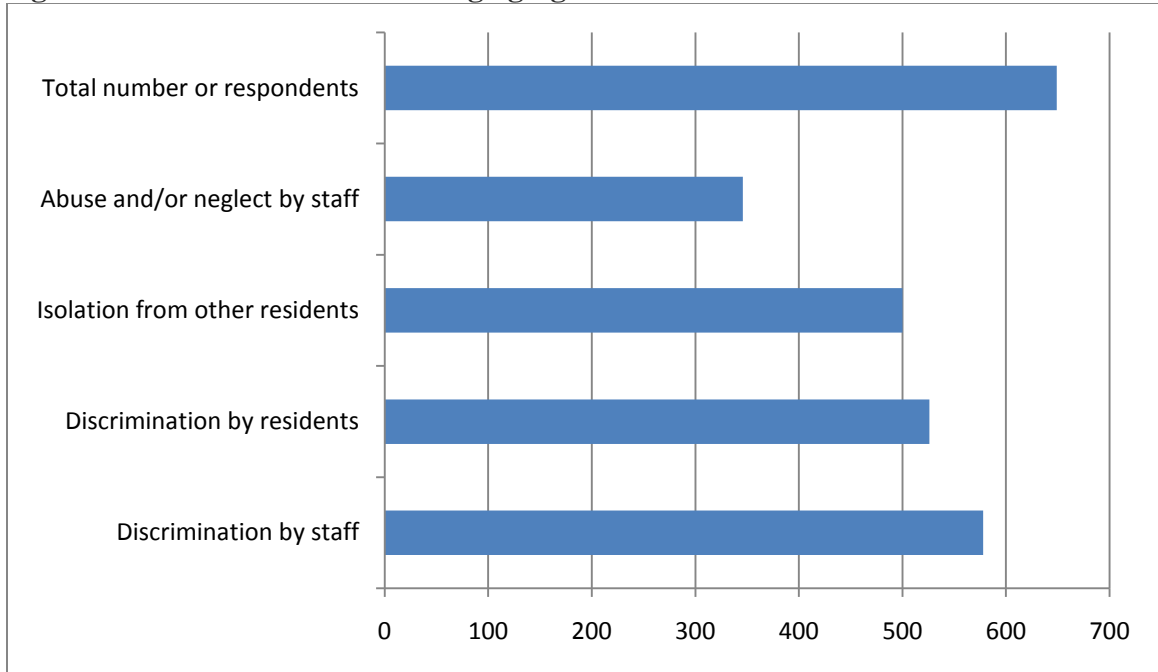
Fear of Being Out and Vulnerable

When a LGBT person in a long-term care community makes their sexual

orientation known to staff, it does not immediately cause staff members to respect their

differences. This is illustrated by a recent study that indicates most social workers think

the staff members at their nursing homes are intolerant of homosexuality (McFarland &

Sanders, 2003). Many staff members, motivated by religious belief or ignorance of

individuals with diverse orientation, may be uncomfortable working with such aging

adults. As a result, this may cause staff members to be somewhat reluctant in dealing

closely with a non-heterosexual resident, which, in turn, may affect the quality of life and

standard of care experienced by the resident (South & Spade, 2000). Typically, in most

long-term care settings, residents who have different sexual orientations are not discussed openly, where it is a common assumption that all residents are heterosexual until otherwise proven. As one researcher states, "the lack of sensitivity to sexual orientation for elders often places aging LGBT adults in vulnerable and uncomfortable circumstances" (South & Spade, 2000).

After decades of social progress, there is a generation of Americans entering retirement age having lived openly as gay, lesbian, bisexual or transgender. The current invisibility of LGBT issues in government aging policies and the senior adult care sector in general, however, means that older LGBT adults will still encounter inequality. For many, getting older may mean going back into the closet or facing discrimination at a particularly vulnerable time in their lives (Arcus Foundation & SAGE, 2010). As stated previously, older adult care services generally cater to individuals under a common assumption of heterosexuality in that a person entering a nursing facility can be classified only as "married", "never married", "divorced", or "widowed". South and Spade (2000) report that many health care professionals perceive a person's sexuality as "private" which therefore creates an obstacle in getting to know a person's life experiences that have shaped his/her personality. Consequently, this may lead to increased reluctance by LGBT elders to identify their true sexual orientation.

Verbal or Physical Harassment By Staff

According to the survey by the Arcus Foundation & SAGE (2010), verbal or physical harassment by staff is a widespread fear among aging LGBT adults, with negative treatment by staff indicated as the second most frequently reported problem. One respondent further indicated that "for those residents perceived as LGBT there are

comments, whispers and gossip about the residents amongst staff and other residents.

Some employees would spread rumors, and some were telling other employees that the

residents are gay in a disrespectful manner" (Arucs Foundation & SAGE, 2010).

Staff Refusal to Use Preferred Name or Pronoun

Older transgender older adults, including those who have or have not made a

gender transition, are particularly vulnerable in long-term care communities. Therefore,

for many, hiding is not an option. Transgender children of a nursing home resident are

also likely to experience hostility and mistreatment from the staff as they try to provide

care and advocate for their parents. In the Arcus Foundation and SAGE (2010) survey,

80 individuals reported that they, a loved one, or a client had experienced a refusal by

staff to refer to a resident by his or her preferred name and/or pronoun. In some cases,

facilities refused to recognize an individual's gender identity, refuse to assist a

transgender resident in dressing consistently with his or her gender identity, or require

that intimate tasks be performed by a member of the resident's birth-assigned gender

(e.g., male staff bathing an older transgender woman). Consequently, such actions can be

extremely demeaning and traumatizing experiences for these residents.

Staff Refusal to Provide Basic Care or Services and Failure to Provide Medical Care

Many aging LGBT adults fear that if staff in long-term care organizations were

made aware of their sexual orientation, they would not receive fair and equitable care.

These individuals believe most staff originate from a culture that is not accepting of

beliefs other than their own. These concerns were verified by a 1994 survey conducted

by the Gay and Lesbian Medical Association (Schatz & O'Hanlan), where it was shown

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that two-thirds of doctors and medical students were aware of biased care given to LGBT elders; with nearly 90% reported hearing disparaging remarks about LGBT patients.

For many, relying on someone who deeply disapproves of a chosen lifestyle for bathing, toileting, and feeding can be an extremely stressful experience. Further review of the survey results indicated several respondents who commented on personal care staff that refused to touch LGBT residents for fear of contracting a disease. In total, fifty-one people reported that staff had refused to provide basic care services to these individuals based on their personal beliefs and inhibitions (Arcus Foundation & SAGE, 2010). These members felt that homophobic staff members were consistently afraid of and may refuse to give them sponge-baths and avoid other forms of personal care altogether. Abuse encountered by LGBT individuals, however, is not necessarily manifested verbally but could be more subtle, such as staff wearing rubber gloves when performing household duties in a room where a gay resident lives (Smith, 2007).

Understanding Aging LGBT Adults

In today's society, there is a general assumption that everyone is heterosexual until proven otherwise. According to Improving the Lives of LGBT Older Adults (March 2010), the typical lesbian, gay, bisexual, or transgender elder is well-educated, middle class, employed, and in a committed relationship; almost a third is completely closeted. In addition, almost 50% are "out" and publicly acknowledge their relationship/sexuality. Although there is continued recognition of the LGBT population, aging LGBT adults may still feel a sense of being invisible because they are not "out" yet. While younger LGBT populations are more open about their sexual orientation, only about fourteen percent of LGBT seniors have followed suit (Heaphy, Yip, & Thompson, 2003). This

statistic remains relevant as some may feel they have to remain "in the closet" (i.e., conceal their true identity) or "go back into the closet" as they enter a long-term care organization. Concealing an individual's sexuality is a lifelong survival strategy that elders in their 60s, 70s and 80s continue to tackle when seeking long-term care and/or entering a nursing home (McKenzie, 2010). This stigma further increases feelings of invisibility and a general lack of responsiveness to their needs. Furthermore, it perpetuates the myth that these care facilities are inhumane and not conducive to live openly.

Subsequent surveys indicated that seventy-three percent of gay and lesbian survey respondents believed that discrimination occurred in retirement communities and more than a third said they would go "back into the closet" if they were forced to move into one (Johnson, Jackson, Arnette & Koffman, 2005). Returning to the closet is troubling for aging adults, many of whom may have lived openly before needing a long-term care organization. By moving back into the closet, they are subsequently forced to hide a critical part of their identity in order to feel physically and emotionally safe.

McFarland and Sanders (2003) conducted a pilot study with the primary purpose of determining beliefs of aging LGBT adults in regards to long-term care. The pilot study identified the following key items of interest:

- Fear of discrimination and disclosure of one's sexual identity were reported as the two factors that might prevent LGBT elders from seeking formal resources such as long-term care.

- Over 50% identified the limited legal rights of the partner served as a major barrier to aging.

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- 38% were concerned about discrimination from the health care system.

- 62% of respondents reported they would consider living in an exclusively LGBT retirement community.

- 58% stated that their service providers needed to better understand LGBT lifestyles.

- 46 % stated that service providers need to better understand the importance of including partners in all aspect of life.

- 41% felt staff within agencies and long-term care organizations need to be more "gay friendly".

Strategies to Support Aging LGBT Adults in Long-Term Care

Supporting the well-being of LGBT aging adults is not only an individual endeavor, but rather a collective responsibility. Individuals, families, communities and society as a whole have the shared responsibility to promote a culture that welcomes, accepts, and supports LGBT individuals in their entirety. Similarly, aging LGBT adults, residing in long-term care communities, need advocates who will defend their rights and insists upon equality throughout. Coordinated efforts and constructive feedback are essential to making this a reality. The participants from the McFarland and Sanders (2003) study were asked to provide feedback regarding what could be done to improve long-term care communities for LGBT aging adults, to which they provided the following:

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- Encourage and advocate for programs to educate community service providers to decrease the potential of discrimination or the need to hide an individual's sexual orientation.

- Ensure that community leadership has facilities that are "gay friendly."

- Recognition by community leadership that a person's partner is a main component of their support system. This becomes particularly important if the aging person does not maintain strong family connections over time.

- Recognize the importance of developing a strong support system for the gay and lesbian population as they age.

- Acknowledgement that those LGBT elders living in small towns or rural communities might face an increase in discrimination due to the ignorance of the community providers and lack of visibility of LGBT members.

Educational Model

To address the challenges aging LGBT adults face in a long-term care environment, an educational model is the best approach. In general, an educational model is a coherent body of an organization's program practices, staff training, and assessment of policies; it is a system of learning in which an organization affects change. In addition, it is the matter in which an organization seeks to educate its target population in order to promote increased understanding of a particular subject matter. The model does not have to be stringent in its form and use, but should is rather created to address the needs of the issues presented. Locally, the Rhode Island LGBT Community Center attempts to educate the community on LGBT concerns by creating tolerance through a

mantra of "we first must touch the heart to change the mind." According to SAGE (2010), "staff training is key in building understanding and addressing the unique needs of LGBT adults." As a result, in order to create an environment where everyone is respected and valued despite their differences, there must be a system of education and awareness to build understanding.

Felisa Tibbitts of Human Rights Education Associates (2011) stated that "Education of human rights is all learning that develops the knowledge, skills and values of human rights. It involves a combination of looking within and looking without. For change to occur within a person, he/she must recognize one's own biases, accept differences and take responsibility for defending the rights of others" (p.8). In order to create a community of care that is free of discrimination, organizations must not only seek to change on a personal level by challenging core beliefs and attitudes but simultaneously in the physical environment within the organization as well. This "inside-out approach" in creating communities of care is adopted by Lindsay and MacDonnel (2001); it focuses on building an internal capacity within the staff and organizational leadership in order to create an inclusive community.

In order for an educational model to have optimal impact in creating a community of care, it should focus heavily on the specific issue in need of change (the concerns of LGBT elders) and the education needed to increase the knowledge of all involved, including staff members, organizational leadership and the community as a whole. In order to produce genuine change strategies, the organization has to increase staff member and organizational cultural competency to provide quality care; develop a strong sense of

community with high social capital, and create an inclusive community. In addition, the

education model should require the staff to: articulate their own cultural influences,

biases, attitudes, and beliefs regarding multicultural issues; identify major trends and

characteristics within diverse populations; increase knowledge of basic cultural

competencies; recognize and employ culturally sensitive strategies and skills, including

appropriate incorporation of alternative treatment and community prevention approaches;

explore and understand the social roles and responsibilities of professionals in the area of

social justice (Rosner-Salazar, 2003).

Cultural Competency

Social justice and cultural awareness are inextricably linked. Therefore, a model

that includes increasing the cultural competency of professionals through education and

training is paramount to creating systemic change within an organization (Rosner-

Salazar, 2003). Rosner-Salazar (2003) defines social justice as "having the perspective

that allows one to take social action against social structural inequality and an

understanding of oppression and inequality which allows greater insight into methods of

eradicating them" (p. 64). Subsequently, education and training should focus on:

eliminating or reducing disparities/challenges; promoting equality; advocating for

disenfranchised and underserved groups; promoting the delivery of culturally competent

services. By applying these approaches in a community context, learning is enhanced in

a manner that promotes increased understanding of social inequalities.

The educational model ultimately must increase cultural competency of staff and

educate long-term care organizations regarding LGBT challenges. Generally, cultural

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competence refers to the process by which individuals and systems respond respectfully and effectively to people of all cultures, languages, classes, races, ethnic backgrounds, religions, and other diversity factors (NASW, 2001). This is typically conducted in a manner that recognizes, affirms, and values the worth of individuals, families and communities as well as protects and preserves the dignity of each (NASW, 2001). Furthermore, cultural competence training will emphasize a set of behaviors, attitudes, and policies that should come together in a system, agency, or among professionals and enable the each to work effectively in cross-cultural situations. When applied in organizations, it can integrate and transform knowledge regarding individuals and groups of people into specific standards, policies, practices, and attitudes in order to increase the quality of services. Professionals who work within the long-term care community should possess baseline knowledge of their clients' cultures, including sexual orientations, and be able to demonstrate competence in providing services that are sensitive to LGBT client needs. All professionals within a long-term care organization should obtain education and seek to understand the nature of social diversity and oppression with respect to sexual orientation.

Cultural competency further refers to the ability of care providers to interact sensitively with members of different cultural groups. Such care generally involves not only an acceptance of and respect for difference, but also a degree of understanding of community norms, vulnerabilities and practices. Advocates have developed cultural competency programs that improve service to LGBT elders, but there is no funding or mandate by state and federal aging agencies to train caregivers. According to the National Gay and Lesbian Task Force (2010), the Joint Commission, which regulates

long-term care organizations, issued regulations against anti-LGBT bias in 2006. These regulations, however, have never been enforced and LGBT culturally competent care is almost non-existent in mainstream long-term care settings. As a result, creating educational guidelines to affect cultural competency can significantly help develop one's sense of social responsibility, civic engagement, feelings of empowerment, and interest in the promotion of democracy.

Community Defined

Communities offer a great deal of support for aging adults through social capital and give people a general sense of belonging (Shipy, Cantor & Brennan, 2004). More importantly, community is more than just a physical environment or location of people. In order for a member to feel as if he or she is part of a community, they must first feel that they belong within the community and among its members (Bock, 2008). Individuals often struggle with belonging and feel a personal struggle for connection within their community, which is especially true for community members belonging to a minority group whether it is defined by race, religion and/or sexual orientation. These members commonly encounter discrimination and oppression issues which can often be displayed by fellow community members and/or the formal and informal social structures within the community.

Community Development

Community change can also be referred to as community development, where change and development represent improving the status quo. Christenson (1989) states, "The betterment of people, the involvement of people in a democratic society, and the

participation of people in community are ideas that underlie much of what is written for community development. The key debate is the difference between working for people and working with people, that is, helping people or enabling people to help themselves" (p. 44). Simply telling a group of people they need to change will not guarantee the change, but working with and engaging them towards change will increases success. Community development refers to giving all individuals within the community the tools to further develop and grow. If everyone takes accepts full accountability and ownership, then there is opportunity for significant, and most importantly, continual, long-term growth. Therefore, change starts with everyone in the organization and will require the community as a whole to support and work towards this effort. The involvement of all community members should begin at the onset and continue through the final stages of change.

Inclusive Community

Inclusivity not only means welcoming diversity, but hearing and considering different perspectives. Inclusivity is evident by the presence of diverse symbols, acceptance of controversy, depersonalization of politics, attention to process, and broad definition of permeable boundaries (Flora, et al., 2001). The ideas and perspectives of LGBT aging adults should be sought and validated along with other non-LGBT aging adults; the differences in sexual orientation should not influence the process whatsoever. One way this is accomplished is to assess the amount of time spent gathering and reflecting on inputs from members of the LGBT population. Typically, engaging all members of the community tends to create an environment with no isolation where everyone feels connected.

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The presence of diverse symbols indicates the community recognizes and respects different perspectives or points of view. Differences are acknowledged as a source of pride and are not hidden because they somehow detract from the community. On the other hand, acceptance of controversy includes relinquishing of turf. On the community level, it is seen as the ability to discuss issues completely and come to conclusions, with a key aspect of strengthened relationships resulting from increased dialogue and mutual respect. As a result, developing an inclusive community and ensuring staff members are culturally competent to the needs of LGBT seniors is vitally important. In order to successfully complete this endeavor, an organization must create inclusivity through policies that support and accept aging LGBT adults, spoken and non-verbal language, how they develop and deliver staff education, and fulfillment of residents' desires and needs.

Social Capital

Social capital involves acting on and valuing an individual's interdependence and sense of belonging. In other words, it is the degree to which we extend hospitality and affection to one another. Social capital reflects the connections among people and organizations within a community and also includes a sense of belonging, mutual trust, reciprocity, collective identity, bonds between people, a shared future, and collaboration (Emery, Fey & Flora, 2005). Furthermore, Bock (2008) stated that social capital regards improving the common measure of community health, economy, education, health, safety, and the environment as a whole. It is important that successful communities develop an approach where each member has the shared experience of being connected to those around them as well as understands that their safety and success are dependent

upon the success of others. Strengthening a community's abilities through increasing

social cohesion and building social capital, members can work together to develop and

sustain strong relationships, solve problems, make group decisions, and collaborate

effectively in order to identify goals and complete required tasks (Simmons, Reynolds, &

Swinburn, 2011).

Social Capital in LGBT Communities

Cultural differences affect the types of social networks and social support

structures experienced by older adults, where isolation and inadequate social support

have been identified as serious risk factors for depression in older adults. Social support

is a distinct concept that refers to the function of relationships such as emotional support

and financial assistance while social isolation is the absence of social integration and

social networks with a combined lack of social support. While having a strong social

support system has been linked to health and longevity, it is also linked to depressive

symptoms in numerous studies. Research suggests that older adults with fewer social

resources were at higher risk for depression and suicidal ideation; this directly applies to

the LGBT population (Wilby, 2010). Additional research indicates that the social support

function of relationships suggested that friends had a more positive impact on relieving

depression and loneliness of institutionalized older adults than family members.

LGBT Training

Many aging adults may come to rely on formal resources, such as services

through governmental and or independent and private agencies and organizations, to meet

their general sustainment needs. Knochel, et al. (2010) conducted a study with

participants who represented 45 states and all regions of the country in which 86%

provided direct aging services. The study found that only one-third of agencies offered

or funded some type of training on LGBT aging to its staff. Additionally, agencies in the

Western United States and those servicing urban communities were more likely to have

provided staff training previously. Very few agencies reported having provided LGBT-

specific services or outreach. Ultimately, the survey found that providing effective staff

training was vital in building, understanding, and addressing the unique needs of aging

LGBT adults. According to Knochel, et al. (2010), staff training on LGBT issues, where

it existed, was provided only to interested staff or discussed generally during cultural

sensitivity or nondiscrimination trainings. While training does not necessarily result in a

change in behavior, complete staff training, in accordance with sufficient time dedicated

towards understanding the unique challenges of LGBT elders, may result in appropriate

services LGBT elders will come to rely upon and are able to fully trust.

      The literature presented described the LGBT community as well as addressed the

challenges LGBT elders experience when seeking long-term care services. In addition, it

presents information regarding community development concepts as an effective strategy

towards building social capital and community cohesiveness. The need for training to

further educate long-term care organizations and staff regarding LGBT concerns is

paramount, which consequently will aid them in better serving this population of elders.

Chapter 3 - Methodology

Research Question

What educational guidelines should be developed for use in long-term care organizations to create communities of care to support LGBT aging concerns?

Proposed Method to Answer Question

To answer this question, a literature review of research surrounding the following topics of LGBT communities will be completed: general challenges; LGBT challenges in seeking long-term care services, the roles of community, social capital, cultural competency and community development principles focused on building social capital, community cohesiveness and inclusivity. Educational guidelines were developed to facilitate preparation of an educational model which will be used in educating long-term care organizations and staff regarding strategies in developing communities of care to support LGBT concerns.

Data Collection

A database search was conducted to obtain published articles in professional and peer review journals, and reports. A literature review from the research was conducted and included the following topics: definition of community, LGBT community, LGBT challenges, LGBT concerns in seeking long-term care services, social capital, inclusive communities, and cultural competency principles. Community development principles used in the education guidelines will be supported with research available through a database search and a literature review of the reported findings.

Reporting

Information regarding best practices from elder care facilities, LGBT recognition, and community development criteria will be synthesized to develop educational guidelines to assist long-term care organizations in creating an educational model. The model will address aging LGBT adults' concerns by increasing cultural competency among staff and organizational leadership, creating inclusive communities and developing a strong sense of community with high social capital. The guidelines will highlight challenges faced among LGBT elders in a long-term care community environment and will offer suggestions to address current and future challenges.

Chapter 4 - Guidelines for Creating an Educational Model

Introduction

This section presents educational guidelines that should be included in an educational model used by long-term care organizations in addressing aging LGBT adult concerns. The educational guidelines cover the three areas identified as most important; community, staff and organizational leadership. Each area focuses on specific recommendations that should be incorporated to effectively facilitate change.

A long-term care community involves all residents living within the organization as well as staff working in the organization. All individuals have their differences in beliefs and values that contribute to their assumptions and opinions regarding certain issues. The lack in understanding of a different culture or sexual orientation can lead to confusion and fear. The process of learning and understanding about those differences within a community is effectively done by human interaction and through conversation. When individuals begin to converse, there is an exchange of information and ideas which promotes awareness and ultimately understanding of those who are different.

Long-term care communities represent a collection of individuals who identify with multiple characteristics that make them unique and different. Residents living and staff working in the organization must realize that individual differences such as race, ethnicity, and sexual orientation will be present in all environments. It must be recognized that community members with such differences will be interacting and living amongst each other. It can be all too common for individuals to separate themselves by differences within the community. Therefore organizations and staff need to adapt to the

clients they serve and find connections among differences to bridge the gaps in cultural differences to create communities.

Objective

Since education and awareness can help people overcome ageist beliefs, the same principles can be used to help staff become more sensitive to the needs of LGBT elders. Caregivers may assume everyone they serve is heterosexual and may make insensitive comments, directly or indirectly, based on their preconceived notions. These remarks may be directed towards individuals or stated indirectly without knowing of their offensive nature to someone within earshot. Aging LGBT adults want gay-friendly staff, characterized as not assuming heterosexuality, treating all residents with dignity and respect, and honoring residents as a whole. In other words, they want to feel connected to and included within the community.

The model should include staff training and education, discussions in both small and large group settings, organizational assessment of policies and procedures, and an established system of continual education. Long-term care organizations are encouraged to develop their training plan utilizing the educational guidelines presented in this report.

The educational guidelines address the following three subject areas:

- Creation of a strong, inclusive environment with high social capital using community development principles.
- Education of staff through a cultural competency framework highlighting potential biases and increasing understanding of LGBT challenges.

- Implementation of organizational leadership practices that create an environment where LGBT elders feel included, accepted, valued and safe.

Figure 4.1 recognizes the importance of all three of these areas in achieving a community of care that addresses pertinent LGBT challenges.

Figure 4.1 Three components of "Communities of

A "Community of Care" that addresses aging LGBT adult challenges in long-term care
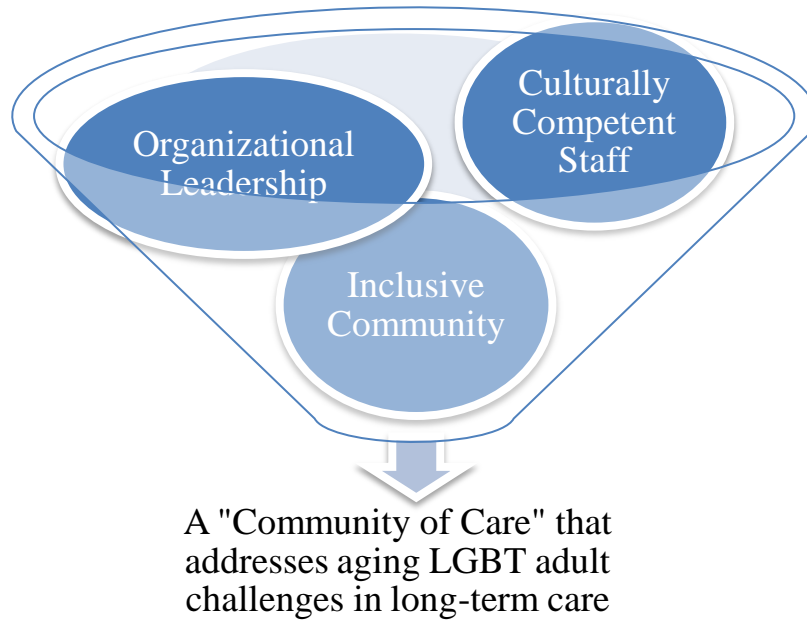
Source: By author. (2011).

In addition to the educational guidelines presented in this chapter, the appendices offer examples on how to engage a group of individuals through small group discussions that facilitate learning. Case studies are presented covering topics related to concerns and fears aging LGBT adults have and specifically in the areas of; community, staff education and organizational leadership. Following the case studies is a series of questions to engage those members involved. The intent of the discussion is to provoke thought and inquiry of the issues which then allows for personal insight and sharing of ideas and

beliefs. This process of learning fosters understanding of those things different from one's own.

Guideline 1: Creating Community

Introduction

This report suggests the first part of a training model should include information about creating community. Communities of care in which no one individual is treated differently based on their sexual orientation, it can generally be referred to as an inclusive community. It is such a community that guarantees all members within the organization are included and valued throughout.   This educational tool is therefore focused on creating on such an environment using community development principles.

Objectives

- Understand the meaning of and need for inclusive communities to address LGBT concerns.

- Understand the meaning of and need for community vision when creating change.

- Identify community development principles essential to creating inclusive communities.

- Identify essential elements necessary when building a sense of community and increasing social capital.

- Identify strategies for training staff on how to create inclusive communities.

Community Development Principles to Create an Inclusive Community

A community of care for LGBT elders can be formed by utilizing community development principles that shape a strategy ensuring long-term care organizations are

fully equipped to meet the needs and challenges faced by LGBT elders. A community development strategy is a long-term plan that identifies an organization's strengths and leverages them in order to make a unique contribution to human development. As a result, the overall goal is to create a sense of belonging, increase social capital, and encourage inclusivity within the long-term care community.

Community Development

Currently, LGBT elders feel long-term care communities cannot meet their challenges, therefore change is definitely needed. Change is normally a process started by a network of individuals wanting to improve an aspect of their community, and in this case, involves establishing long-term care communities inclusive of all members. Creating change rarely occurs immediately, but most often through a process of collaboration over a period of time. It is important that long-term care organizations actively engage all members from the bottom up to participate in the process of development and change.

The program theory of change, which is characterized as leadership development through education, discussion and application, should be used to include the LGBT population of a community. The goal of this initiative is to help develop leadership competencies such as visioning, collaboration, respect for diversity and leading with inclusivity, emotional intelligence, coalition building, and strategic thinking, which will aid in further creating public dialogue and developing solutions. In order to ensure LGBT members will be represented and valued in the community, there will be significant emphasis placed on creating a collaborative vision and building social capital that reflects cooperation and cohesiveness among all members.

Community Vision

In order to bring about social change, it is necessary to have a committed group fully equipped with an inclusive vision. Consequently, community leaders are faced with the challenge of creating a comprehensive vision that embodies all members of the community, regardless of sexual orientation. Generally, when there is a lack of collaborative vision, there is difficulty in expressing and articulating a direction of growth. In order for community leadership to develop a vision that represents all members of the community, they must solicit input from all involved in the process. It is a common misconception of leadership to believe they have a thorough understanding of their needs and desires and will thereby act accordingly. For example, a leadership body may assume it has no LGBT elders, when in fact it has many individuals who have not explicitly expressed their sexual orientation. As a result, when leaders act without fully understanding their community, they are potentially met with intense opposition from those who either feel ignored or are not included. When an overall vision and goals are not the result of a shared understanding of the community's wants or needs, there is generally room for conflict and dissatisfaction (Moss and Grunkemeyer, 2010). If such a lack of understanding exists, then it is even more difficult to articulate a consensus vision that sets a clear direction for the community's future. This process is made even more difficult due to diversity in age, income, race, ethnicity and culture currently represented in today's long-term care communities.

The process of gathering input in order to create a shared vision can be time consuming. To involve a broader representation of residents, it is best to use a citizen-empowerment approach when attempting to generate change. In the creation of a vision,

the process should encourage all members of the community including all levels of leadership, to participate. There are barriers to participation for diverse populations, but for community development to encompass all members of the community, leaders must find creative ways to overcome these obstacles. Creating a community vision must begin by asking which values are shared and which individual criteria are central to the community's cultural identity.

Two concepts that need primary attention in community development, namely it must be inclusive and involve diverse populations as well as must be long-term and promote intergenerational equity.

- Reduce barriers to engagement and participation: Visioning is an inclusive process involving leadership and community members in which the level of actual participation by community members has a direct impact on its success. It is imperative that members determine the vision for their community's future. A unified vision must grow out of shared values and is one in which community residents understand, agree to, and support.

- Focus on long-term planning: The ability to think about future possibilities is easier when community measures aren't being constrained by immediate challenges. Once a long-term vision is identified, the focus can shift and efforts placed on addressing immediate concerns through the development of short, medium and long-term goals.

Having community members involved in developing vision-based plans is important since it facilitates better understanding by a wider and more diverse population as well as increases motivation. The more active community members are in the creation

of the vision and establishing the goals, the more likely they are to follow through with it.

Therefore, in order to strengthen the community, there needs to be an increased emphasis

on inclusivity, respect, and value for diversity. Again, it is essential that all members

within the community are heard and treated as equal participants.

Building a Sense of Community

Since the community system offers many benefits to a person; therefore, building

a sense of unity is an important aspect in creating an environment where aging LGBT

adults are valued and accepted. McMillan (1996) describes elements needed to build a

strong sense of community: membership, trust, boundaries and sense of community. The

first principle, membership is paramount in building a sense of community. This

principle is labeled as "membership" since it tends to establish a boundary that has

separated "us" from "them" further creating a form of emotional safety that encourages

self-disclosure and intimacy. It is this boundary that further distinguishes members from

non-member and provides emotional safety. In general, membership alludes to a

person's sense of confidence, sense of belonging, and the aspect of acceptance from the

group as it relates to the sense of belonging. Each individual within in a community

needs connections to others in order to have an audience with which he or she is able to

express unique aspects of his or her personality. In other words, we need environments

that are conducive to individuals living their lives freely without fear of retribution or

contempt.

A second principle in creating a sense of community is trust, which is enabled by

truth and emotional safety. Creating a community environment which allows members to

live openly and honestly while feeling completely safe and secure is paramount. This

requires empathy, understanding, and caring among members. For an aging LGBT adult to be fully open about his or her life, they must feel a sense of trust within the community. In addition, they must feel safe to disclose their true identity without any of the resulting consequences outlined previously.

People tend to bond with those whom they believe want and welcome their presence. When someone believes they will be welcomed and will fit into or belong to a community, they will have a strong attraction to that organization. Additionally, it is just as important for the community to accept the individual regardless of differences in sexual orientation, thereby solidifying the bond between both the individual and the community.

Building Social Capital

Strengthening the abilities of a community through increasing social cohesion and building social capital is vital in community development. Members of a community can work together to develop and sustain strong relationships, solve problems, make group decisions, and collaborate effectively to identify and address community problems and opportunities. When the community within a long-term care organization has strong social capital, it will generally increase its ability to function independently and solve problems that arise from LGBT concerns. Increasing social capital within a long-term care organization centers on valuing interdependence and creating a sense of belonging. In essence, it is the extent to which we project hospitality and affection to one another.

Social capital reflects the connections among people and organizations and often includes the sense of belonging within a community, mutual trust, reciprocity, collective identity, bonds between people, sense of a shared future, and working together (Emery,

Fey & Flora, 2005). In addition, social capital can be used to describe the sense of

community people internalize when they feel connected to one another. As a result, it is

important that successful organizations develop an approach where each member has the

experience of being connected to those around them and knows that their safety and

success are dependent upon the success of all others.

Inclusive Community

Services that promote access, equity, participation and rights of all people

generally build social inclusion. Inclusion is the act of involving and making sure

everyone within the community is engaged. Often times prejudice and discrimination

will cause LGBT adults to avoid involvement with groups or communities that do not

accept them. As a result, this leads to isolation and diminishes a sense of community.

Inclusion practices are the responsibility of everyone within a long-term care

organization, so it is important that everyone have equal access to goods and services and

that no one is excluded due to the sexual orientation. Since this is such an important

concept, it must be created and incorporated at all levels of the organization. The ideas

and perspectives of LGBT aging adults should be actively pursued and validated along

with other non-LGBT community members. Engaging all members of the community

creates an environment with no isolation and where everyone feels a strong sense of

connection.

Once a shared vision is achieved through collaboration and the goals of

inclusivity and social capital are determined, it is important to look at the next step of

engaging the entire staff in training. The training should reflect the shared vision that

was created by the diverse group and work towards the goals from the shared vision. In

addition, the training should elicit change among staff and encourage empowerment in order to create communities free from discrimination.

Possible Strategies to Be Included In Education Model

As stated previously, when affecting change within an organization, it is important to engage all members of the organization. It is important that a community's vision be the product of its community members so that everyone feels ownership. Often times, prejudice and discrimination will cause LGBT adults to avoid involvement with groups or communities that do not accept them. This, in turn, leads to isolation and diminishes a sense of community. Therefore it is important to engage all members of the community regardless of their differences. Inclusive practices are the responsibility of everyone within a long-term care organization; it is therefore important everyone has equal access to goods and services, with no one excluded due to sexual orientation. Appendix A offers potential exercises for organizations to use with residents and staff members to increase discussion and understanding of this topic.

Guideline 2: Staff Training

Introduction

The second part of the model should include information regarding staff training. Its intent is to provide educational guidelines regarding elements that should be addressed and included when creating staff training. Training should first address underlying challenges among staff, with follow on guidance provided to increase overall knowledge and awareness. Providing training for all levels of leadership within an organization will clearly articulate the organizational support and demand for LGBT equality.

Objectives

- Understand the meaning of and need for culturally competent care and cultural competency among staff in long-term care organizations.

- Identify essential elements to be included in staff training to increase cultural competency.

- Identify challenges staff may have with LGBT training.

- Identify possible strategies for effective staff training on LGBT competency.

Increasing Cultural Competency of Staff

Prejudice and hostile treatment from staff can create unwelcoming environments for LGBT elders. In order to have a community of care, staff members working within the community must be culturally competent regarding the differences among those they serve. Long-term care staff should be trained to acknowledge and value LGBT individuals through respect and acceptance. In addition, training should be offered that teaches culturally competent and affirmative practices.

Challenges

Discussions and training regarding the needs of aging LGBT adults can be difficult because of the silence that accompanies the issues, further perpetuating social myths. Much of the misinformation surrounding LGBT issues is fueled by the lack of cultural discussion as well as a general lack of knowledge about the LGBT lifestyle (SAGE, 2010). Some harmful stereotypes have currency in a highly volatile cultural debate, such as "gay and lesbian people are highly-sexed and don't participate in long-term relationships" or "gays and lesbians are constantly trying to recruit the young to join

them" (McKenzie, 2010). Regardless of how difficult it may be for some to engage in such discussions, neglecting to do so will lead to the neglect of LGBT elders in long-term care facilities.

Introducing the facts of the lifestyle and aging adult needs of the LGBT population can cause a polarized and uncomfortable debate within an otherwise normalized environment. According to McKenzie (2010), the latest polls indicated "78% of Americans believe that gays and lesbians should have the same rights as everyone else." Although this may be the case, wherever there are LGBT elders living in long-term care facilities, uncomfortable feelings can be heightened by a general discomfort direct care workers feel when sexuality becomes a part of training. Subsequently, the topic can make staff feel uncomfortable, with those feelings transpired into negative actions against aging LGBT adults, thus greatly affecting their standards of care. One of the first steps in creating a community of care that accepts and values everyone regardless of their sexual orientation is to make an effort to truly understand bias, prejudice, discrimination, and their sources. Historically, cultural diversity has been associated with race and ethnicity, but currently, diversity is taking on a broader meaning to include people of different genders, social classes, religious and spiritual beliefs, and sexual orientations (NASW, 2001).

Although prejudice is an individual attitude, its source is generally more than individual opinion. Research has shown that aging, sexism, and heterosexism are systemic and cultural events (Stiff, 2001). Since culture forms many views we hold about human characteristics and behavior, prejudice will remain prevalent until laws change the environment and subsequently social attitudes. Such attitudes and behaviors

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will continue to exist until policy makes it easier for people to modify their attitudes and embrace the humanity and dignity of individuals they encounter through friendship, family, church or other forms of interaction. The burden of enlightenment, tolerance, and respect for others, however, does not fall solely upon us as socially embedded individuals (Stiff, 2011). It is up to us as a society to find starting points for embracing tolerance as well as seeking information concerning the truth of groups and communities that society may intermittently stigmatize.

Current literature further indicates that ageism is a prime example of how misinformation and perpetuated myths can negatively impact a community. Whenever false information is spread and shared, the result tends to be the creation of an unfair opinion towards the particular issue. In order to counter this effect, we tend to dispel misinformation and bias by becoming acquainted with that which we don't know or fully understand. By doing so, we gain perspective, understanding, and draw correlations based on substantiated facts rather than sheer myth (NASW, 2001). Typically, these changes in viewpoint occur most easily when we are required to change our views, and are given opportunities and information that make this possible.

In working towards being sensitive to needs we do not always understand, it is important for staff to recognize and incorporate several invaluable tools regarding the use of language and gestures. During the education process, it is important to understand that gender refers to identity (how one understands who they are), expression (how one shows the world who they are), and cultural roles (how society expects one to be). This baseline knowledge is essential as many LGBT people have experienced invisibility, disrespect, discrimination and possibly violence in their daily lives, so understanding their plight can

reap positive benefits for the organization in the long run. From a needs and decency standpoint, aging LGBT adults are no different than their heterosexual counterparts, in that they command the same respect, choice, human connection, and need to be valued. It is therefore the goal of this educational model to create a social change among long-term care staff using a cultural competency framework to achieve these things for aging LGBT adults. This may prove somewhat a challenge since, according to the National Gay and Lesbian Task Force (2010), LGBT culturally competent care is almost non-existent in mainstream, long-term care settings.

Culturally Competent Care

Generally, cultural competency refers to the ability of care providers to interact sensitively with members of different cultural groups. Such care typically involves not only an acceptance of and respect for difference, but also a degree of understanding of community norms, vulnerabilities and practices. In addition, cultural competence refers to the process by which individuals and systems respond respectfully and effectively to people of all cultures, languages, classes, races, ethnic backgrounds, religions, and other diversity factors (NASW, 2011). This is conducted in a manner that recognizes, affirms, and values the worth of individuals, families and communities and protects and preserves the dignity of each (NASW, 2001). Cultural competence is a set of behaviors, attitudes, and policies that come together in a system or agency or among professionals and enable the system, agency or professionals to work effectively in cross-cultural situations. In general, cultural competence includes four components: (a) awareness of one's own

cultural worldview, (b) attitude towards cultural differences, (c) knowledge of different

cultural practices and worldviews, and (d) possession of cross-cultural skills.

Developing cultural competence results in the general ability to understand,

communicate, and effectively interact with people across different cultural lines. An

educational model that seeks to increase cultural competency will ultimately educate

long-term care staff regarding LGBT challenges as well as will develop intervention

strategies that respect the overall LGBT culture. When used in organizations, this

frramework can effectively integrate and transform knowledge about individuals and

groups of people into specific standards, policies, practices, and attitudes, thereby

increasing the overall quality of services provided. It is therefore imperative that

professionals working within the long-term care community have a general, baseline

knowledge of residents' culture (including sexual orientations) and be able to

demonstrate competence in providing services that are sensitive to LGBT clients. Such

changes in mindset will definitely not occur overnight. According to NASW (2001),

cultural competence is never fully realized, achieved, or completed, but rather is a

lifelong process of learning.

Essential Elements of Staff Training

According to NASW (2001), there are five essential elements that contribute to an

organization's ability to become more culturally competent. The organizations should (1)

value diversity, (2) have the capacity for cultural self-assessment, (3) be conscious of the

dynamics inherent when cultures interact, (4) institutionalize cultural knowledge, and (5)

develop programs and services that reflect an understanding of diversity between and

within cultures.

Value Diversity

Accepting and placing a high value on diversity is of the utmost importance. Diversity tends to enrich us with its multiplicity of opinion and experience, while understanding and appreciating the differences among individuals will facilitate more unity among members of the community. Sharing ideas, cultural traditions, and alternate ways of solving problems will ultimately assist people in becoming more tolerant of one another as well as abandon their pre-conceived notions and stereotypes. Differences are presented as a source of pride, not hidden because they somehow detract from the community (NASW, 2001). In addition, acceptance of controversy, on the community level, is seen as the ability to discuss issues completely and come to conclusions. Ultimately, a key aspect of strengthened relationships often results in increased dialogue, which eventually leads to mutual respect.

Capacity for Cultural Self-Assessment

Having the capacity for self-assessment allows individuals the ability to understand their personal and cultural values and beliefs. Generally, becoming self-aware heightens awareness of personal assumptions, values, and biases (NASW, 2001). Similarly, cultural competence includes knowing and acknowledging how fears, ignorance and the "isms" (racism, sexism, ageism, etc.) have influenced one's attitudes, beliefs and feelings (Rosner-Salazar, 2003). It is through self-awareness that individuals understand the process of cultural identity formation, which helps guard against stereotyping. In addition, being culturally aware of oneself will allow individuals to be culturally aware of others. In essence, self-awareness becomes the basis for professional

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training in community development and should be fully supported by the leadership within the organization.

Cross Cultural Knowledge

Cross-cultural knowledge is defined as the result of developing knowledge and understanding about the history, traditions, values, and family systems of the LGBT population (Stiff, 2011). Cross-cultural learning is not static; it requires frequent updating of current knowledge regarding diversity. Understanding historical events such as discrimination and prejudice experienced by the LGBT population can better assist non-LGBT persons to understand backgrounds as well as how LGBT adults' current lives have been shaped and influenced throughout. Ultimately, it is important for staff working with LGBT individuals to be sensitive to their attitudes and values as well as aware of the cultural norms within the LGBT community that may not have been as prevalent in their own experiences.

Institutionalize Cultural Knowledge

In order to affect change and move towards a successful outcome, developing cross cultural skills and institutionalizing the knowledge are of the utmost importance. When staff is working with LGBT residents, it is imperative they use appropriate approaches, skills, and techniques that reflect their general understanding of the LGBT culture. When staff members are culturally competent, it allows them to create and display characteristics of genuineness, empathy, and warmth as well as to demonstrate the ability to respond to a wide range of issues with respectful solutions. A culturally competent individual performs their job with an acceptance of and openness towards differences among people, which is in addition to their willingness to learn and to work

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with clients of different backgrounds. The ultimate goal of such actions is for staff to articulate and clarify stereotypes and biases, and understand how these may accommodate or conflict with the needs of diverse client groups, which moves us closer towards alleviating homophobia within society (NASW, 2001).

Develop Programs and Services That Reflect Diversity

In providing educational tools, the goal is for culturally competent organizations and staff to become knowledgeable regarding the use of programs and services that value diversity. In order to facilitate this process, a standard of care that involves the acceptance of diversity needs to be established within the organization and outside partnering organizations as well. In addition, culturally competent staff need to be vigilant of the dynamics that result from cultural similarities and differences among staff and residents. Therefore, it is the responsibility of the culturally competent person to prevent exclusion of LGBT members and seek to create opportunities for services and programs that meet the needs of the LGBT population.

Possible Strategies to Include in Educational Model

There are a variety of training methods that can be used to increase cultural competence. In order to obtain a broader perspective, the challenges mentioned previously as well as the different organizational factors surrounding this topic should be considered. In addition, case studies are a possible viable means of introducing real-life examples to staff. This, in turn, will allow them to discuss possible intervention strategies and techniques based on the information presented surrounding LGBT concerns, which are contained in Appendix C. The National Gay and Lesbian Task Force

(2010) suggest the following strategies to consider when working with aging LGBT adults:

- Offer care as you would to anyone.

- Respect each individual's gender identity, even if it doesn't make sense to you.

- Use the pronouns and name the individual uses and prefers.

- Ask only questions relevant to the care you offer; do not ask questions to satisfy your own curiosity.

- Invite the patient to share language about body parts and activities that works for them.

- Be mindful of your assumptions, including anatomical assumptions based on gender identity.

- Avoid the assumption that all LGBT people want to talk about their lives and experiences.

- Admit when you do not know something and respectfully ask for the patient's help when needed.

- Apologize, but do not over apologize for mistakes.

Furthermore, according to NASW (2001), a culturally competent person should have sufficient skills to:

- Work with a wide range of people who are culturally similar or different to themselves and establish avenues for learning about the cultures of LGBT adults.

- Assess the meaning of culture for individuals and groups, encourage open discussion of differences, and respond to culturally biased cues.

- Integrate the information gained from a culturally competent assessment into culturally appropriate intervention plans, involve aging LGBT adults, and while respecting their choices in developing goals for service.

- Select and develop appropriate methods, skills, and techniques that are aligned to the LGBT person and their environment.

- Generate a wide variety of verbal and nonverbal communication skills in response to direct and indirect communication styles of LGBT adults.

- Effectively use the LGBT person's natural support system such as families of choice or a same-sex partner in resolving problems.

- Demonstrate advocacy and empowerment skills in working with LGBT adults while recognizing and combating stereotypes and myths held by individuals and institutions.

- Use alternative language when addressing LGBT members. Caregivers tend to assume that everyone is heterosexual and may make insensitive comments based on these assumptions. This language should introduce words such as "partner" instead of husband or wife.

- Treat all residents with dignity, respect, and honor for the lives they have lived. LGBT elders want gay-friendly staff, characterized as not assuming heterosexuality.

- Know that gender refers to identity (how someone understands who they are,

  expression (one shows the world who they are), and cultural roles (how society

  expects one to be).

- Understand that many LGBT individuals have experienced isolation, disrespect,

  discrimination, and even violence in their lives.

Appendix B offers potential exercises for organizations to use with residents and staff members to increase discussion and understanding of this topic.

Guideline 3: Organizational Leadership

Introduction

The third part of an education model should include information regarding how organizational leadership and policy can impact the creation of communities of care. These educational guidelines emphasize organizational leadership practices establish a positive environment through policies where LGBT elders feel included, accepted, valued, and safe in their environments. Mandating training for all levels of leadership within an organization will clearly articulate that anti-LGBT discrimination will not be tolerated. Consequently, this empowers allies and informs everyone that anti-LGBT bias has no place within the organization.

Objectives

- Understand the importance of mandating LGBT training for all staff within the

  organization.

- Understand the roles organizational leadership plays in shaping attitudes within the organization through policy.

- Identify organizational policies to ensure they are promoting LGBT equality among residents and staff.

- Understand the need for community partnerships and coalition building with outside LGBT organizations.

- Identify possible strategies to ensure organizations are creating a community of care, free of discrimination.

Organizational Leadership

It is vital that training programs are highly transparent and supported by the highest levels of leadership within the organization. Mandating training makes it clear that anti-LGBT discrimination will not be tolerated. Once training is occurring within organizations, the importance shifts to continuation and facilitation of growth. Coalition and alliance development helps members recognize how their mutual efforts in achieving social change can be successful. Therefore, it is important to actively engage an organization in order to forge partnerships with local LGBT groups. If LGBT-identified personnel are present, it can be highly beneficial to have them become members of your strategic planning taskforce (Stiff, 2011). Similarly, it is equally as important to have non-LGBT members become part of this group which will eliminate the notion that only LGBT staff respect LGBT resident rights.

In addition to staff training, the long-term care environment must represent cultural competency. If an organization's environment is not aligned with staff training,

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then there is minimal chance of sustainment. Therefore, this section of the educational model focuses on the organization itself and offers strategies to create an organizational environment which supports the creation of a community of care, absent of discrimination. The Joint Commission on Long Term Care, which regulates assisted living and nursing care facilities, issued regulations against LGBT bias in 2006, actions which are only sporadically enforced (McKenzie, 2010). It is vital the long-term care organization implement policies and procedures that ensure aging LGBT adults are treated with the utmost dignity and respect.

In order to affect and promote change, organizational leadership needs to advocate for laws that respect and support aging LGBT adults. Creating an organizational environment which empowers all aging adults regardless of their sexual orientation, responds to their health needs, and protects their safety and dignity is paramount. It is vitally important that the long-term care organization's mission and values reflect a strong stance against sexual orientation discrimination. In addition, anti-discriminatory policies based on sexual orientation must be incorporated into the organization's policies and procedures, which should be aligned with the local, state and federal laws related to LGBT civil and health laws.

When focusing on direct care workers within long-term care organizations, it is important to remember the value placed on them. Here again, policies and procedures should reflect a strong stance against employee discrimination based on sexual orientation. As direct care workers advocate for their own acknowledgement, as well as legal and monetary protection, they become stronger advocates for clients burdened by the same invisibility. Changes that end inequality will help end the stigma, lack of

respect, and lack of trust by both the community of workers and residents, which causes the health care system to benefit as a whole.

It is important to ensure the organization has the tools necessary to assess its ability to recognize and respond to LGBT needs. As discussed previously, the needs of aging LGBT adults can differ from aging non-LGBT adults, but the underlying standard of care remains the same. This can be accomplished by engaging with institutions such as LGBT community centers and / or the local chapter of a national LGBT advocacy group such as Parents and Families of Lesbians and Gays. This is further facilitated by ensuring adequate services and resources are made available to all members of the community. This, in turn, will create an environment and culture within the organization that truly values and respects individual differences, actions which further facilitate organizational growth.

Possible Strategies to Include In Education Model

Long-term care facilities are charged with the unique responsibility of setting the tone and direction of an organization. When creating an educational model, organizational leadership should assess current policies and practices to ensure they are in line with creating communities of care. According to SAGE (2010), the following policies and practices are essential for an organization to ensure equality for LGBT elders is obtained through organizational policies and practices:

Policies

- Enforce protections for aging LGBT adults under the Federal Nursing Home Reform Act.

- Create regulations to allow same-sex couples and families of choice to share a room.

- Ensure the long-term care organization's mission and values reflect a strong stance against sexual orientation discrimination.

- Ensure anti-discriminatory policies based on sexual orientations are positioned in the organization's policies and procedures.

- Align the internal organization with local, state and federal laws related to LGBT civil and health laws. For example, on April 15, 2010, the President's Memorandum on Hospital Visitation for Gay and Lesbian Americans was introduced to allow LGBT patients to receive their loved ones regardless of legal status. It is such guidance that must be fully incorporated in organizational policy.

- Align the organization with the Older Americans Act, Title III (2009) which updated language, which in the reauthorization of the Act, extended the definition of caregiver beyond legally married spouses and blood relatives. Enabling members of LGBT chosen families to qualify for benefits.

- Establish a program of training for LGBT sensitivity and relevance.

- Reject staff remarks that insult or demean LGBT persons and the LGBT culture.

- Create policy and practice where staff members are valued and evaluated based solely on merit and work ethic.

- Ensure the programs and services offered are reflective of the cultural differences among residents.

Practices

- Coordinate with organizations currently working with LGBT populations to ensure standards are met when addressing the needs of aging LGBT adults.

- Advocate for laws that support LGBT equality.

- Support the passing of non-discrimination acts or ordinances at the state or local level. Non-discrimination acts that prohibit discrimination in public accommodations and housing will ensure LGBT elders are protected.

- Increase awareness and enforcement of existing non-discrimination acts. Many aging LGBT adults are either unaware of existing laws; they may not know which laws apply to them, or whether or not such legislation is marginally enforced.

- Advocate for and support improved training of long-term care ombudsmen. The Older American's Act requires every state create an ombudsman program to "investigate and resolve complaints" of individuals in long-term care organizations. Ombudsman programs should educate and work to ensure the needs of LGBT elders are consistently met.

- Provide respect and support for aging LGBT adults as well as empower them by responding to their health needs while protecting their safety and dignity.

- Establish an accountable taskforce at all levels of the organization.

- Convene a strategic planning committee to develop guidelines focused on LGBT anti-discrimination and training for respectful and lawful treatment of LGBT adults.

- Recruit staff from diverse backgrounds, including those from the LGBT community.

- Attend handling social issues that concern LGBT people in a proactive manner.

Appendix C offers potential exercises for organizations to use with residents and staff members to increase discussion and understanding of this topic.

Chapter 5 - Conclusion

This report examines a segment of a larger issue regarding fair treatment, dignity, and respect for sexual orientation, gender identity, and compassionate care for all. Long-term care communities must be held accountable for providing the necessary care to ensure residents can reach the highest practicable level of functioning. Care should never begin with the assumption that a nursing home resident's ultimate outcome is waiting to die. Instead, residents should receive requisite care and services in an environment that respects his or her rights and individuality. As such, the environment should be absent of judgment and discrimination as well as focus on valuing all members regardless of differences.

In addition to the challenges presented, acceptance is a critical component of reaching the highest level of functioning for LGBT residents. LGBT individuals should not have to compromise or hide their lives when they move into a long-term care community. Similarly, they should neither feel as if they do not belong nor live in fear of abuse or mistreatment by staff. LGBT adults are members of aging populations everywhere, whether it is urban or rural settings; when they require additional services such as long-term care, they must receive these services in an environment free of discrimination. In order to facilitate such an environment, a collective approach is utilized, with the shared responsibility of properly educating and training organizations in order to create inclusive communities of care that value individuals regardless of his / her differences.

Challenging Factors

The lack of LGBT visibility creates the misconception among long-term care staff that they do not serve LGBT elders within their community. Additionally, long-term care staff often assumes a person entering a nursing home has a heterosexual orientation. As a result, organizations are not fully aware of the population demographics and therefore they do not adequately meet their needs. This can present an increased challenge when encouraging long-term care organizations and staff to further their understanding and acceptance of LGBT elders. Historically speaking, the topics of sexuality and homosexuality are not fully embraced by society, with these issues being highly polarized based on differing opinions and beliefs. Consequently, it can be somewhat difficult to encourage staff members and organizations to put their personal beliefs about homosexuality aside and look at the person in front of them. To many, homosexuality is considered a sin or an abomination, which further causes some to allow their bias and prejudice to interfere with their ability to provide proper care and / or services.

As is often the case, there is a challenge among individuals and the acceptance of one's sexuality. Identifying and accepting ones sexuality is often unique to the person and can occur over many years. Some individuals accept and identify as LGBT at a young age while others choose to live heterosexual lifestyles for the majority of their lives but identify as LGBT in later years. In a highly black or white society, there is not sufficient room for different degrees of sexuality. When there is confusion about sexual identity, creates challenges in meeting that person's specific needs in the later stages of life.

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The topic of HIV/AIDS is likely to become more of a challenge in handling

LGBT aging issues in the future. Research indicates that the number of individuals living

with HIV/AIDS is higher in the LGBT population as compared to their heterosexual

counterparts. As older adults from generations currently living with HIV/AIDS enter

long-term care organizations, there will be a necessity for more efficient management of

care needs within the organization. The clinical staff will have to manage chronic

HIV/AIDS medications, even though the impact these drugs have on aging over time

remains uncertain.

Additional challenges that affect proper treatment of aging LGBT adults include

public policy on equality. The current invisibility of LGBT issues in government aging

policies, as well as the senior adult care sector in general, means older LGBT adults will

continue to encounter inequality. Currently, there is a general lack of federal and state

laws to protect LGBT elders from discrimination based on sexual orientation.

Mainstream laws, such as the inability to marry exist which deny equality to LGBT

persons. These laws further perpetuate inequality and deem discrimination as acceptable

within organizations. Consequently, it is difficult to require staff within a long-term care

organization to treat LGBT persons with fairness, dignity, and respect when the

government lacks fairness, dignity and respect as illustrated by inequitable laws.

Supportive Factors

As the nation moves toward full inclusion of LGBT people, older LGBT adults in

nursing homes across the country need to be heard and included. There has been

numerous legislation passed on local, state, and federal levels intended to protect and

promote equality regardless of sexual orientation. As such, more groups and

organizations are joining the fight and are engaging in becoming knowledgeable regarding the creation of equality for LGBT persons. In addition, multiple LGBT advocacy groups have emerged to provide increased advocacy and a voice for those who are not able to otherwise. Such groups are leading the charge towards equality and are promoting further education and awareness regarding LGBT issues and have been a major factor in producing the available research in this area of study. In advocating for LGBT rights, it is important for those members who identify as LGBT to not only advocate for their equality, but it is vital to have non-LGBT persons take a positive stance as well. This ultimately translates to staff in a long-term care organization who welcomes diversity and training to better understand those they serve.

Creating communities of care that accept LGBT elders can be challenging, so an education model can be a great method of informing and creating understanding within an organization. Although the tools are present, it definitely takes leadership within the organization to empower members of the community to understand that change is needed in order to ensure quality of care is independent of sexual orientation. Leadership is required to motivate members to look beyond personal beliefs in order to accept others despite their differences. Community development principles can facilitate change by creating a collaborative vision, developing community goals, and forming a strategic plan to achieve those goals. By using community development concepts, an organization can establish the appropriate standards of care that encourage staff to become receptive to broadening their knowledge base regarding LGBT concerns.

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Opportunities for Additional Research

LGBT individuals have varying unique experiences and needs, many of which remain unknown or heavily guarded by each respective member. In order to advance our understanding of the various needs of all LGBT individuals, researchers need more data regarding the demographics of these populations, improved methods for collecting and analyzing data, and increased participation in research by sexual and gender-based minorities. Creating a solid evidence baseline for LGBT concerns will further benefit the LGBT community as a whole. Furthermore, research is needed to determine the best methods to train and educate individuals in working to best meet the needs fueled by LGBT concerns.

Research thus far has not been conducted evenly across sexual and gender-based minority populations, with more research focusing on gay men and lesbians than on bisexual and transgender people. The experiences of LGBT individuals are not uniform but are typically shaped by factors such as race, ethnicity, socioeconomic status, geographical location, and age. Any combination of these factors can have an effect on health-related concerns and needs. To date, research has not fully examined subpopulations, more specifically, racial and ethnic groups. In addition, many studies of the LGBT population do not adequately analyze data from bisexuals and / or transgender individuals separately. Historically, data shows that bisexuals have considerably different experiences than other subpopulations while the transgender sample is often too small to draw any relevant conclusions.

The majority of research that has been conducted focuses on aging adults in general, with little data specifically targeted towards LGBT elders, especially those in

long-term care communities. As a result, future research should incorporate more in-depth studies of long-term care resident experiences. In particular, researchers can identify the sexual orientation and gender identity of survey respondents and compare the experiences of LGBT and non-LGBT residents as well as transgender residents with LGBT residents who are non-transgender.

In response to concerns aging LGBT adults face, organizations have began developing LGBT specific long-term care organizations. Rather than changing the existing organizations to accept aging LGBT adults, organizations such as Rainbow Vision Properties have developed LGBT inclusive communities in Santé Fe, New Mexico and San Francisco California. These organizations are founded on principles of inclusivity and diversity and have not only attracted the LGBT population but also those who are non-LGBT identifying. Further research is needed to examine overall impacts of offering segregated communities rather than blending the LGBT population with the non-LGBT population.

References

Administration on Aging (2008). A profile of Older Americans. US Department of
Health and Human Services.

AARP (2010). Still out, still aging: The MetLife study of lesbian, gay, bisexual and
transgender Baby Boomers. MetLife.

Arcus Foundation & SAGE. (2010). LGBT older adults in long-term care facilities:
Stories from the field.

Emery, M., Fey, S., and Flora, C. (2005). Using community capitals to develop assets for
positive community change. Community Capitals Framework: Research,
Evaluation and Practice Conference, Ames, Iowa.

Flora, C. B., Flora, J. L., & Wade, K. (2001). Measuring Success and Empowerment.
Community Strategic Visioning Programs, (4).

Heaphy, B. Yip, A. & Thompson, D. (2003). *Lesbian, Gay and Bisexual Lives over 50.*
Nottingham: York House Publications.

Herek, G. M.,Gillis, R., & Cogan, J. C. (2009). Internalized stigma among sexual
minority adults: Insights from a social psychological perspective. *Journal of
Counseling Psychology,* 56, 32-43.

HUD, HUD Issues Guidance on LGBT Housing, Discrimination Complaints, HUD Press
Release No. 10-139 (July 1, 2010), available at
http://portal.hud.gov.hudportal/HUD?src=/press/press_releases_media_advisories
/2010/HUDNo.10-139.

John Christopher, personal communication, September 8, 2011.

Johnson, M. J., Jackson, N.C., Arnette, J.K., & Koffman, S. D. (2005). Gay and lesbian perceptions of discrimination in retirement care facilities. *Journal of Homosexuality, 49*(2), 83-102.

Knochel, K. A., Croghan, C. F., Moone, R. P., & Quam, J. K., (2010). Ready to serve? The aging network and LGBT older adults. *Direct Care Alliance Policy Brief, (4).*

MacDonell, L. (2011). The inside-out approach. *Learning Forward*, (32) 1, 34-38.

McFarland, P. L., & Sanders, S. (2003). A pilot study about the needs of older gays and lesbians: What social workers need to know. *Journal of Gerontological Social Work*, 40(3), 67-80.

MetLife Mature Market Institute (2006). *Out and aging: The MetLife study of lesbian and gay baby boomers.* Westport, CT: Author.

Mule, N. J., Ross, L. E., Deeprose, B., Jackson, B. E., Daley, A., Travers, A., & Moore. D. (2009). Promoting LGBT health and wellbeing through inclusive policy development. *International Journal for Equity in Health,* 8(18), 1-11.

National Association of Social Workers (NASW) (2001). NASW Standards for Cultural Competence.

National Gay and Lesbian Task Force (2010). FAQ sheet on LGBT elders and Outing Age.

Population Reference Bureau. (2009). Today's research on aging: Social support, networks, and happiness. (17).

Rosner-Salazar, T. A. (2003). Multicultural service-learning and community-based research as a model approach to promote social justice. *Social Justice,* (30), 4.

Schatz, B. & O'Hanlan, K. (1994). Anti-gay discrimination in medicine: Results of a
    national survey of lesbian, gay and bisexual physicians. San Fransisco: American
    Association of Physicians for Human Rights.

Services & Advocacy for Gay, Lesbian, Bisexual &Transgender Elders (SAGE). (2010).
    LGBT older adults: Facts at a glance.

Shipy, R. A., Cantor, M. H., & Brennan, M. (2004). Social networks of aging gay men.
    The Journal of Men's Studies, 13(1), 107-120.

Simmons, A., Reynolds, R. C., & Swinburn, B. (2011). Defining community capacity
    building: Is it possible? *Journal of Preventive Medicine*, 52, 193-199.

South, K., & Spade, J. (2000). Outing age: Public policy issues affecting gay, lesbian,
    bisexual and transgender elders. New York: The Policy Institute of the National
    Gay and Lesbian Task Force Foundation.

Stiff, M. (2011). Breaking down barriers: An administrator's guide to state law and best
    policy practice for LGBT healthcare access. Human Rights Campaign
    Foundation, 1-17.

Szymanski, Z. (2003). When we're 64: The first wave of baby boomers are about to
    become seniors. And they're changing the face of LGBT retirement. *Curve*, 13(8),
    22-26.

Tibbits, F. (2010). Emerging Models of Human Rights Education. Human Rights
    Education Associates.

Transgender Terminology. National Center for Transgender Equality. May 2009.
    http://transequality.org/Resources/NCTE_TransTerminology.pdf

Wilby, F. (2010). Depression and social networks in community dwelling elders: A

descriptive study. *Journal of Gerontological Social Work*, 54, 246-259.

Appendix A - Educational Training Example:
Creating Inclusive Communities

Read the case study below and respond to the discussion questions.

Case Study

A potential resident's family was touring the Pretty Prairie Nursing Home because their father required skilled nursing services. When the family asked the staff member giving them a tour how they incorporate different cultures into their organization, the staff member responded, "We don't have too many different people here. Everyone pretty much loves to do the same thing so we keep it routine." When the family asked the staff member if they had any gay or lesbian residents living in the community, the staff member responded, "Nope, never had any gays here."

Group Discussion Questions

Do you feel the staff member was accurate in saying "We don't have too many different people and they all love the same thing?"

_____
_____

Do you serve any "out" LGBT clients in your organization? Do you think there might be LGBT clients that are not "out"?

_____
_____

Does your organization value and encourage diversity? What are examples?

_____
_____

What are your views of LGBT related issues? Should staff member's personal views and beliefs to be expressed within the organization in which they work?

_____
_____

How have your past experiences shape your beliefs and attitudes towards LGBT individuals?

_____
_____

Do you feel your organization represents diversity among staff and residents? What are examples of diversity that you can see within your organization?

_____
_____

Do you feel residents trust other residents? Is there a sense of collaboration among residents?

_____
_____

What is the vision of your organization?

_____
_____

Is your vision shared by everyone within the community? If yes, how do you know?

_____
_____

Appendix B - Educational Training Example: Staff Training

Read the case study and respond to the questions below.

Case Study

Henry and Peter are both residents of Golden Valley, a long-term care community in rural Missouri. Henry lost his male partner of 32 years just five years before moving into Golden Valley. Peter recently moved into Golden Valley after losing his female partner to cancer; he was unable to care for himself in their home of 22 years. Henry and Peter have become friends and have provided each other with a great deal of support. Both men enjoy attending church services together along with the variety of daily activities that occur such as cards, bingo and movie nights. Yesterday was Peter's birthday and after bingo Peter and Henry were both escorted outside in their wheelchairs to the garden to enjoy the warm summer day. Peter began to reminisce about his previous birthdays with his female partner and began to cry; Henry, of course, consoled Peter by hugging him and allowing him to cry in his arms. A recreation aide noticed this and became angry at the sight of two men holding each other. She began to curse at the two men yelling, "You two are both going to hell! Two men should never act this way; you are disgusting!" She immediately escorted Peter back to his room and Henry to his. Later that evening during staff shift change, the recreation aide informed the evening staff what had happened and encouraged them to "stop that kind of behavior." The next day Henry was escorted to the dining room for breakfast when he overhead staff say, "Oh there is the fag. I'll bet he wants his new boyfriend to sit by him." Peter decided to avoid the recreation aide by isolating himself in his room, and began skipping church and the daily activities he once enjoyed to avoid the rude jokes by staff members.

Group Discussion Questions

How did this story make you feel when reading it?

_____

_____

What inappropriate staff behaviors were noticed in the story?

_____

_____

What factors caused the staff members to act the way they did? Was it right for them to act that way?

_____

_____

Taking into account how the recreational aide responded, how have the two men been affected?

_____

_____

What could you, as a staff member have done differently? What can you do to avoid this in the future?

_____

_____

Appendix C - Educational Training Example: Organizational Leadership

Read the case study then answer the questions below.

Case Study

Jenna and Alice have been partners for 32 years. They are unable to get married in their home state of Illinois because same sex marriage is not recognized. Recently, Alice fell and broke her hip resulting in her relocation to a small nursing home in the suburbs of Chicago. The first day Jenna was visiting Alice and helping her get settled into the nursing home, one of the staff members walked into Alice's room and informed Jenna that she would have to leave because visiting hours were over. Jenna explained to the staff member that Alice was her partner and she would be staying a couple more hours. The staff member then told Jenna, "You're not her real family, you need to leave. The law does not say you're married and neither does our organization, so please leave or I will contact security."

Group Discussion Questions

How did reading this story make you feel?

_____

_____

Do you feel the staff member was correct in what she did? What type of impact did she have on these two women?

_____

_____

Does your organization have an explicit LGBT nondiscrimination policy?

_____

_____

Do your organizational policies allow a person to identify same sex partners or chosen family as well as biological family?

_____

Does the culture within the organization support LGBT rights? If yes, how so? If no, what can you do to support LGBT rights?

_____

_____

Does the organization display LGBT literature or include LGBT-welcoming materials along with brochures?

_____

_____

Are intake forms and marketing materials LGBT-inclusive?

_____

_____

Do current policies allow same-sex couples to live in the same room?

_____

_____