Tips for Providing Quality Care

- Insure that your printed materials reflect heterosexual, lesbian, gay, bisexual, and easily identified transgender individuals
- Implement and post a sexual orientation and gender identity non-discrimination policy in service provision and hiring practices
- Review your intake and medical forms to insure they are inclusive of all relationships, sexual orientations and gender identities
- Work to educate LGBT patients on the importance of advanced legal, financial and healthcare planning

DO accept the life partner of a client just as you would a married spouse

DON'T assume that every client is heterosexual (even if he or she is married)

DO treat information about your client/resident's sexual orientation as CONFIDENTIAL

DON'T assume that everyone in your client's life knows about his or her sexual orientation

DO ask your client who the contact person should be in case of an emergency

DON'T respond differently if you find two same gender residents showing affection or engaged in a sexual act than you would for two opposite gender residents

DO be aware that a client has faced discrimination or abuse in his or her past for being homosexual

DON'T assume that because a person no longer has sexual relations that he or she no longer has sexual feelings

DO discuss concerns with co-workers and/or your supervisor if you feel that a colleague's feelings about homosexuality are resulting in inadequate care

Call today to register for Mautner Project's
Removing the Barriers
ElderHealth Initiative (RTB-EI)
202-332-5536 or 1-866-MAUTNER

Mautner Project
The National Lesbian Health Organization

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Removing the Barriers: ElderHealth Initiative

Providing Culturally Competent Care to Lesbian, Gay, Bisexual and Transgender Seniors

A RESOURCE FOR PROVIDERS

It is estimated that one to three million Americans over 65 are LGBT….

What kind of care

Mautner Project
The National Lesbian Health Organization

Why Cultural Competence?

Lesbian, gay, bisexual and transgender (LGBT) elders are often an "invisible" minority, however, they have unique concerns affecting their health and aging process.

There is an LGBT specific, though varied, culture that necessitates cultural competency skills when working with LGBT persons. Understanding the key issues facing LGBT individuals as they age is essential in the effort to work to alleviate these concerns. Learning culturally competent skills for working with LGBT elders creates a more welcoming and inclusive environment for all clients in your care.

Alice is 75 years old. Her partner of 48 years, Mary, was diagnosed three years ago with Alzheimer's disease at the age of 79. Alice became the fulltime caregiver of her partner, resisting even the assistance of an in-home caregiver assistant out of fear that their relationship would not be understood. Last fall, when Mary's health took a significant turn, the responsibility grew too difficult for Alice who had begun to have her own failing health concerns, so she was forced to admit Mary into a nursing home. It was tremendously difficult for Alice that Mary no longer was in their home. Many nights, including the night that Mary died, Alice desperately wanted to stay with her. Unfortunately, the nursing staff told Alice that she was not family and was not allowed to remain with her partner past visiting hours.

Key Issues for LGBT Elders

- Legal Issues and Partner Recognition
- Visitation and Housing
- Financial Difficulties
- Healthcare

Legal Issues and Partner Recogni-

- Important decision-making may be taken away from an LGBT partner and given to a blood relative next-of-kin instead
- These decisions may include hospital visitation rights, healthcare options, shared assets, housing, home-care and the right to shared accommodations as provided for legal spouses
- Issues of inheritance, including joint property
- For transgender people, legal documents may not indicate the person's gender change, though they live their life as the "opposite" gender

Visitation and Housing

- Basic rights, such as hospital visitation or the right to live and die in the same nursing home as one's partner are often denied

- Placement in the appropriate sex-segregated section of a hospital or retirement facility may be an issue for a transgender person

Financial Difficul-

- Spouses of same-sex couples are not eligible for survivor, spousal, or disability benefits through their partner
- LGBT elders are likely to face losing assets in order to qualify for Medicaid or have home and assets protected when partner goes into nursing home

- Because women typically live longer than men while earning lower incomes, lesbian elders are particularly likely to struggle with poverty

Healthcare

- Lack of health insurance is more prevalent in the LGBT population
- More LGBT elders may live alone than heterosexual seniors
- Intimate personal care with health care professionals, aides or the need to live in a nursing home may cause increased fear and anxiety particularly for transgender persons
- Individuals may be concerned with the potential for physical and/or emotional abuse by care providers; this is of increased concern for transgender elders

Virtually all LGBT persons in any situation or social setting are confronted by homophobia and heterosexism that create large barriers to care.