



Source: Openhouse LGBT Aging Cultural Humility Training Curriculum, "From Isolation to Inclusion: Reaching and Serving LGBT Seniors" (2015).

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Best Practices for Serving LGBTQ Older Adult Clients

Creating an Inclusive Community

To serve LGBTQ people who make contact with your organization, you can improve your service:

- Have a non-discrimination policy in your intake materials that includes sexual orientation and gender identity.
- Intake paperwork should allow individuals to identify themselves and their primary relationships across the spectrums of sexual orientation and gender identity:
 - e.g., transgender, in addition to male or female;
 - partner/significant other, in addition to married/single or the assumption of an "opposite sex" wife or husband.
- Use LGBTQ-friendly language and images in publicity materials and include LGBTQ organizations in outreach.
- Make information about LGBTQ resources visible in common areas and offices.
- Provide inclusive programming that supports the unique interests and needs of LGBTQ older adults.
- Include LGBTQ people in the staff and leadership of your organization.

Your organization can recognize the effects of social stigma on LGBTQ elders and advocate for policies and practices that protect clients from isolation and re-traumatization.

Serve Clients with Respect

- Use language that does not implicitly assume the client's sexual orientation or gender identity.
- Do not assume sexual orientation or gender identity based on partnership status.
- Asking each person how they identify or want to be addressed, including preferred pronouns, is the best way to demonstrate respect.
 - Accept and respect the stated gender of a transgender client by using both their chosen name and pronouns.
- Communicate clearly with staff and clients that homophobic/transphobic remarks or actions will not be tolerated. Have a procedure for steps to take if this policy is violated.

Help Clients Feel Safe

- Respect clients' privacy and maintain confidentiality.
- Ask for diversity training, or if you are in management, arrange it for the staff.
- Create access to resources that specifically address the needs of LGBTQ elders:
 - E.g. legal or financial services that include the documents needed to protect themselves, partners, and their families of choice given the legal inequalities they face.

5 Common Assumptions Made by Healthcare Providers

1. Providers may assume they can identify who is LGBTQ without asking.

It is important to ask elders about their gender identity and sexual orientation, to understand how clients see themselves and want to be seen.

2. “I provide the same quality of care for everyone.” Providers may believe that by not asking, they will prevent discrimination.

Research shows that when we try to deny our differences, we are actually more susceptible to making assumptions and judgments based on stereotypes and bias. While the intention may be to treat everyone equally, the impact of this type of “blindness” is that we are less able to make authentic connections.

3. Providers may buy in to the stereotype that portrays LGBTQ people exclusively in terms of their sexual behaviors.

Because our culture desexualizes older people, providers may minimize the multifaceted significance of LGBTQ identity for them and assume they are or are not sexually active. Affiliation with the LGBTQ community goes far beyond sexual behaviors.

4. Ageist attitudes may simplify our diverse identities and further add to the invisibility experienced by LGBTQ seniors.

Seeing all people of a certain age as “the same” means ignoring important differences. Person-centered care requires acknowledging and valuing the many differences that emerge when providers are willing to factor in the complex intersection of age with other components of identity.

5. Providers may communicate using inappropriate assumptions about age, gender identity, and sexuality.

Making assumptions about what males and females experience can trigger painful experiences for LGBTQ older adults who have been at odds with traditional gender scripts. This is particularly acute with transgender older adults. Using the incorrect pronoun or misgendering an individual can trigger behaviors that may interfere with your ability to provide care, such as withdrawal or suspicion.

By learning to be mindful of our implicit assumptions and language, we can become more understanding and inclusive of all community members.

Source: Openhouse LGBT Aging Cultural Humility Training Curriculum, “From Isolation to Inclusion: *Reaching and Serving LGBT Seniors*” (2015). For more info: www.openhouse-sf.org