12/16/09 Terri Worman

Defining the Issue: Particular concerns for LGBT nursing home residents

In general, Americans have some trepidation about entering into nursing home care. For older adults who are lesbian, gay, bisexual or transgender (LGBT) trepidation becomes anxiety, or more commonly acute fear. There are several reasons for this: we tend to age alone; we have non-traditional kinships that are not recognized legally by most institutions; many of us deal with financial issues and hardships, and; homo-, bi- and trans- phobias are abundant in both nursing home resident and staff populations.

Major areas of concern in considering safety of LGBT people in nursing homes

1. Access
    a. Does an individual nursing home actively seek out LGBT individuals to use their facility?
    b. How does an agency deal with LGBT individuals who come to the facility?
    c. How would an agency ensure that a discharge, abrupt discharge or readmission refusal is not because of actual or perceived sexual orientation and/or gender identity?

2. Discrimination
    a. Are we guaranteed privacy even if we self-disclose to a staff member? Are we assured our disclosure will not be told to other staff, residents, or families without our permission? How does a facility understand the relationship between identity and HIPAA?
    b. We do not want to have to go back "into the closet" just because we are now a resident of a facility
    c. We do not want to be discriminated against because we may be an LGBT caregiver with a straight friend or relative in a facility. We do not want to see a backlash against our friend or family member in residence.
    d. Will there be discrimination against us from other residents or family members of residents? If so, what is the policy to manage that situation?
    e. How would an agency ensure that refusal to provide basic services and care because is not of my perceived or actual sexual orientation and/or gender identity?
    f. Would you ostracize me or verbally or physically abuse me?

3. Expression
    a. Can we be free to express who we are?
    b. When a dementia patient has an outburst or inappropriate gesture relating to an expression of being LGBT, how will staff treat that person?
    c. Will the wishes of a transgender patient be honored even if they differ from the wishes of children or other family members of that patient?
    d. Would you refuse to refer to me, a transgender resident, with my preferred name or pronoun?

4. Isolation
    a. Will I be denied visitors because of my expression of being LGBT or that of my visitors?
    b. Will I be kept apart from other residents because of their discrimination against me?
    c. Will LGBT residents suffer from abuse and neglect because of isolation and discrimination by staff and/or residents?

5. Cultural Competency
    a. What type of training do individuals and groups like discharge planners, ombudsman, program participants, nursing home staff have related to LGBT cultural competency?
    b. How does a facility provide opportunities for other residents to understand we should be given the same show of dignity and privacy that they have, even if they don't agree with who I am?

6. Advocacy
    a. LGBT individuals who are single and have no close relatives may be railroaded into staying in a nursing home. They may be sent to a nursing home for rehabilitation, after a hospitalization. The individual at some point while rehabbing may request to go home, but is told that they should not go because it is "against medical advise" or that they will need 24/7 care when they return home. Individuals with limited resources and who are not capable of organizing a return home often remain in the home indefinitely. These individuals need an "advocate" to help them return home. Unfortunately, it is in the nursing home's best interest to keep the individual in facility.
    b. Other more "eccentric" LGBT individuals may not be "understood" by the staff. They may be misread as being more cognitively and mentally impaired than they actually are Transsexual individuals may be more at risk. They may be successfully petitioned for guardianship by the institution because they have no one to advocate on their behalf.
    c. Recommend that the Nursing Home Ombudsman program do cultural sensitivity training to help LGBT residents connect with community support programs that can advocate on the older person's behalf and help set up community based support services so they can return home.

7. Caregiving and Non-Traditional Family
    a. Many LGBT individuals, especially transgender, have biological families who do not make choices based on individual's wishes- how does a nursing home mitigate this conflict?
    b. LGBT individuals have non-traditional kinships that do not fit the usual biological family/spouse criteria for decision making and dissemination of information of resident's condition- what policies are in place to support non-traditional kinships?
    c. How does the nursing home manage information access to people who do not fit a traditional family paradigm?

d. How does the nursing home manage important decision making with people who do not fit a traditional family paradigm?

8. Capacity to manage HIV/AIDS
    a. Does a nursing home have the capacity to appropriately manage complicated Highly Active Anti-Retroviral Therapy (HAART) and recognize the importance of correctly-timed dosing requirements?
    b. Does staff understand the difference between actual transmission risk and lore about transmission risk? Is correct information on transmission risk conveyed to residents?

Additional concerns for people who are part of multiple marginalized communities:

The recent Chicago Reporter Article and the Chicago Tribune series on care and safety issues at several of Illinois' nursing homes brought to the front several alarming examples of racial disparity in quality of care and of vulnerable citizens being violently abused by other residents that should not have been housed at nursing homes. The presence of "criminals and mentally ill" patients in nursing homes has been indicated as a precursor to elderly patients experiencing violence or trauma. This presents a unique opportunity to enforce policies and inform admission criteria that both improves safety and reduces discrimination.

Admittance policies must acknowledges the dual interest of protecting the workplace and vulnerable populations, while also encouraging the high quality and competent care of non-violent ex-offenders in need of nursing home care. Further, admission criteria must be based on the violent or non-violent conduct and circumstances of a criminal incident as well as a full review of a patient's history rather than solely the offense sited on the criminal record.

Poorly worded and enforced policies are rife with opportunities to both admit violent criminals into a facility with vulnerable people, *and* increase disparity and restrict access for non-violent patients who are disproportionately convicted of nonviolent criminal offences, such as Latino and African-Americans, LGBT people, and economically disadvantaged people.

Moving toward solutions and enhanced safety:

Many complex factors that combine to make nursing homes an anxiety-inducing consideration and potentially dangerous place for older LGBT people are the result of lack of access to information, strategies and skills to correct the problems. Fortunately, there are models that show cultural competency and the ability to serve LGBT individuals with dignity and good care. High schools stop bullying against LGBT kids; wards of the state benefit from explicit guidelines on how to support a young LGBT person; and, good nursing homes have established Best Practices and policies and procedures protect and support residents with unique needs who are members of other groups/communities such as Jewish residents or veterans.

chicago task force on LGBT aging

... Living Well Under the Rainbow

History:

The Chicago Task Force on LGBT Aging was first convened in January 1998 as part of Horizon's Mature Adult Program of Center on Halsted. Now an independent coalition, the Task Force includes professionals in the field of aging services and advocacy; service providers in the LGBT community; and members of the LGBT community. Member agencies include the Secretary of State's Office, Chicago Department of Public Health, Cook County State's Attorney's office, AARP Illinois, Council for Jewish Elderly, Jewish Family and Community Service, the Center on Halsted, Heartland Alliance, Howard Brown Health Center, Rush University Medical Center, the Chicago Department of Senior Services, Pathway Senior Living, Little Brothers Friends of the Elderly, Alexian Brothers and Northwestern University.

Mission:

Our mission is to become a **diverse coalition** of LGBT and aging professionals and community representatives whose purpose is to provide **service, education, advocacy, and support** for positive action on aging issues and services in the Chicago LGBT community.

Action:

In 2003 the Task Force carried out a comprehensive needs assessment of LGBT seniors in the Chicago area, which has become a frequently utilized reference for local advocates and service providers, as well as professionals from across the country and abroad. In response to this survey, the Task Force has held Roundtable Discussion Series on topics such as housing, health care, and substance abuse, in an effort to address the needs and realize the recommendations shared by the senior LGBT community. The Task Force has also presented on their work and advocacy at the 2005 and 2007 NCOA/ASA Conference, and was proud to host the LGBT Elder Forum at the 2005 conference.

The Task Force brought much needed education and networking opportunities for seniors and providers through the "Living Well Under the Rainbow" LGBT Senior Health and Benefits Fair. We also participate and sponsor booths at the Northalsted Market Days, Women Who Love Women Health events, the Chicago Department of Senior Services' Caregiver's Conferences, the HIV over 50 Conference in 2005, and the annual Chicago PRIDE parade.

The sensitivity training on LGBT aging issues, "*Understanding and Caring for Lesbian and Gay Older Adults*," was developed by members of the Task Force in conjunction with the Center for Applied Gerontology and has been used to sensitize hundreds of frontline workers in Chicago toward LBGT aging issues. In addition, sensitivity workshops have been given at the Illinois Governor's Conference on Aging in 2001 and 2004; and training sessions have reached the Chicago Department of Senior Services' managers, the program staff for the Greater Illinois Chapter of the Alzheimer's Association, volunteers from the Legacy Corp for Health and Independent Living, and staff of member agencies of HEROS (Helping Elders through Referral and Outreach Services). Most recently, sensitivity training was provided at the nationally recognized North Shore Senior Center.

Task Force members have also advocated on behalf of Chicago's LGBT elders by providing testimony during the Chicago Department of Senior Service's Area Plan public hearings and as part of the White Conference on Aging's Listening Session. In addition, we held our own White House Conference on Aging event to push for recognition of the unique and growing needs of LGBT Baby Boomers in the Midwest.

Task Force members are also working closely with Chicago's own LGBT newspapers to bring informational stories about aging issues to the broader community. Coverage in these papers included the complete reprint of the testimony for the Area Plan mentioned above and ongoing coverage of events and workshops.

We are eager to share our work and learn from others. For more information about the Task Force and its activities and events, please contact one of our co-chairs:

John Dinauer at 773-751-4006 jdinauer@heartlandalliance.org
Terri Worman at 312-458-3610 tworman@aarp.org