LGBT Integration Project
The Importance of Inclusivity for LGBT Older Adults

Funded by the U.S. Department of Health & Human Services - Administration on Community Living / Administration on Aging
ACL sought to expand outreach and education to better serve hard-to-reach populations.

Lesbian, Gay, Bisexual, and Transgender (LGBT) seniors recognized as underserved.

SMP partnered with Equality California Institute (EQCAI) and was awarded the grant.
LGBT Older Adult Population

2010: Between 1.6 and 2.4 million

2030: As many as 7 million LGBT older adults
LGBT: Underserved? Hard-To-Reach? Why?

- LGBT seniors face some unique challenges
  - Homophobia from those outside of the LGBT community
  - Ageism from within the LGBT community
  - Absence of an informal caregiver system
  - Potential isolation and closeted existence of LGBT seniors
  - All of these reasons make access to services challenging
Several organizations collaborated on a research study (2010) which surveyed 649 LGBT older adults in LTC facilities on concern of potential issues:

- Abuse/neglect by staff – 346
- Isolation from other residents – 500
- Discrimination by residents – 526
- Discrimination by staff – 578
True Stories

- “I have been haunted for years by what happened to two lesbian friends of mine. They had been “married” for more than 50 years, when they both fell ill. Their families sent them to separate nursing facilities despite all protests. They each shortly passed away. It was heartbreaking!” Vicky E.

- “A woman died shortly after I started as a floor nurse in a nursing facility. I learned this story from staff. She had a stroke and could not speak. Her family decided that her partner of 50+ years had no rights to their property, or to see or make decisions for the patient. The family sold their home and got a restraining order against the partner. These ladies were retired school teachers in their 80’s and were never “out.” They had no legal protection in place.” Michelle F.
Real or Perceived Experiences

Number of Instances

- Verbal or Physical Harassment From Other residents – 200
- Refused Admission, or Re-Admission, Attempted or Abrupt Discharge – 169
- Verbal or Physical Harassment From Staff – 116
- Staff Refused to Accept Medical POA from Resident’s Spouse or Partner – 97
- Restriction of Visitors – 93
- Staff Refused to Refer to Transgender Resident by Preferred Name or Pronoun – 80
- Staff Refused to Provide Basic Services or Care – 51
- Staff Denied Medical Treatment – 47
One focus group attendee asked if SMP would have a gay person answering the phone and stated that this is the only way she would feel comfortable calling. (Prior to presentation).

- Being sensitive to the fact that the LGBT community constantly negotiates who is safe to be honest with and questions who they can trust.
- Many Medicare beneficiaries have a lived a life in the closet, or feel they must now protect themselves as they age and become more reliant on services.
- Sometimes discrimination is perceived and may not be the reality.
When a LGBT person discloses orientation, you don’t miss a beat and are able to interact with them just as you would with a heterosexual person.

- **Some Common Terms and Definitions:**
  - LGBT, LGBTQ, LGBTQA, TBLG–F/B has 51 ways to describe gender
  - Coming Out: To declare and affirm both to oneself and to others one’s identity as lesbian, gay, bisexual, transgender, queer, etc. It is not a single event but instead a life-long process.
Gender expression: Refers to the ways in which people externally communicate their gender identity to others through behavior, clothing, hairstyle, voice and emphasizing, de-emphasizing or changing their body’s characteristics. Gender expression is not necessarily an indication of sexual orientation.
Terms and Definitions:

- **In the closet**: To be in the closet means to hide one’s LGBT identity in order to avoid negative social repercussions, such as losing a job, housing, friends or family. Many LGBT individuals are “out” in some situations and “closeted” in others, based on their perceived level of safety.

- **“Aging Back Into the Closet”** Research suggests that LGBT older adults are less likely than their heterosexual peers to access aging services and to reach out to providers, senior centers, meal programs and other entitlement programs because they fear discrimination or harassment if their sexual orientations or gender identities become known. – SAGE USA
It’s NOT asking you to change your beliefs, it simply asks that you be respectful of everyone.

Inclusive Intake Forms
- Include Domestic Partner, Partner, Significant Other
- Gender of Spouse
- Transgender – both female to male and male to female as an option

- Brochures and language that express LGBT safety
- Develop an anti-slur and anti-harassment policy for clients and staff
- Include sexual orientation and gender identity in your non-discrimination policy
What Does Cultural Competency Look Like?

- Have positive images of gays and lesbians displayed in your workplace. If books or literature are displayed, be sure to include some gay and lesbian titles.
- Collaborate with other agencies and social service providers to provide more LGBT services and broaden your outreach area.
What Does Cultural Competency Look Like?

- Include the gay, lesbian, bisexual and transgender population in your diversity outreach program for under-served groups.
- Advocate for inclusive policies securing equal treatment and respect for LGBT clients.
- Ask questions in a non-judgmental manner.
- If you do not know the gender of your client's significant other use gender-neutral pronouns or open-ended language until you find out.
This space RESPECTS all aspects of people including age, race, ethnicity, gender, religion, national origin, language, education, marital status, sexual orientation, gender identity/expression or variance, physical ability, social-economic status, genetic information and HIV status.
Disseminating culturally competent SMP Fraud Prevention and Identification Information through media, outreach campaigns, education, community events, etc.

Providing outreach and education to the LGBT community and including the “safe” message in other presentations.

Increased awareness, empowerment, and actions to prevent Medicare fraud among the LGBT population and by providing cultural diversity training for professionals.
Manhattan Doctor Pleads Guilty To $8.5 Million Medicare Fraud Scheme

- Dr. ROBERTO AYMAT participated in scheme to defraud Medicare out of approximately $8.5 million through the use of fraudulent HIV/AIDS clinics.
- Billed Medicare for medications never administered or not medically necessary.
- Recruited HIV/AIDS patients eligible for Medicare, and paid them kickbacks.
- Billed Medicare for more than 10 times the number of units of prescription drugs actually purchased.
Medicare Part B covers a portion of certain:

- Doctors' services
- Laboratory tests
- Outpatient physical therapy
- Home health care
- Ambulance services
- Outpatient hospital care
- Outpatient speech therapy
- Medical equipment and supplies

Part B coverage is optional. If you and/or your spouse still works when you become eligible for Medicare, you will need to decide whether to sign up for Medicare or postpone your enrollment. The Medicare Part B premium ($104.90 in 2014)
Same Sex Marriage & Delaying Enrollment in Part B (Medical Insurance):

Get informed and find out how this may affect your coverage:

- Her spouse presently works and they are covered under the county health plan as employee and spouse.
- When she turned 65 in 2012, Social Security told her she did not have to sign up for Medicare Part B since she was covered under the Employer Group Health Plan (EGHP).
- Everything was fine until May of 2013, when Medicare contacted her and said that she had been given incorrect information. She did in fact have to sign up for Part B since the Federal Government does not recognize same sex marriage.

If you have questions about how a same-sex marriage may affect your claim, please call 1-800-772-1213 (TTY 1-800-325-0778) or visit the Social Security Administration (SSA) website at http://www.ssa.gov/same-sexcouples/
The Obama administration is set to re-examine the ban that prohibits Medicare from covering gender reassignment surgery.

“Current Medicare standards are based on science from the 1960s.

The ban on gender reassignment surgery: “Fails to account for development in the care and treatment” for transgender people over the course of the last 30 years.

The current scientific evidence overwhelmingly shows that sex-reassignment surgeries are effective and medically necessary treatments for some transgender individuals.
Resources

- **Equality California** – [www.eqca.org](http://www.eqca.org)
  - Statewide LGBT Advocacy Organization

- **National Resource Center on LGBT Aging**
  - [www.lgbtaginqcenter.org/resources](http://www.lgbtaginqcenter.org/resources) – Fact sheets on Medicare and LGBT Issues

- **Services & Advocacy for Lesbian, Gay, Bisexual, & Transgender Elders (SAGE)**
  - [www.sageusa.org](http://www.sageusa.org) – The country's largest and oldest organization designed to improve quality of life for the LGBT community