LGBTQ AGING

The Case for Inclusive Long-Term Care Communities
CONTENTS

1 LGBTQ Aging: The Case for Inclusive Long-Term Care Communities

2 The LEI Grows Your Community’s Diversity, Equity & Inclusion Efforts

3 The LEI Supports New In-Roads to Underserved Markets

4 The LEI Improves Person-Centered Planning

5 Participating in the LEI Promotes Your Commitment to Caring for LGBTQ Older Adults

Human Rights Campaign: hrc.org
SAGE: sageusa.org
Long-Term Care Equality Index: theLEI.org
© SAGE, 2020. All Rights Reserved.
On a Sunday afternoon, a group of women gathered in a local church fellowship hall to discuss their concerns for the future. The women were asked, “What are your plans should you need to move into a residential care community?”

The women went on to share the story of a friend who had moved to a retirement community. Their friend overheard her neighbors talking negatively about LGBTQ people. This made their friend worry that if her neighbors found out she was a lesbian, she would be mistreated or even asked to move. Due to her fear, she told her friends they could no longer visit her at her new home.

After a lively discussion about their friend, one of the women proclaimed, “I guess we’ll just have to move. Move to a new city or state that is more accepting of us.”¹
Since LGBTQ (lesbian, gay, bisexual, transgender, and queer) older people have lived a lifetime experiencing discrimination and stigma, it is easy to imagine this conversation happening in groups of LGBTQ people across the country.

For LGBTQ older people, remaining in the communities they call home requires access to welcoming and inclusive long-term care services, such as independent living, assisted living and skilled nursing care. Thankfully, long-term care communities (LTCCs) have a new opportunity to lead in developing policies and practices that promote welcoming and inclusive communities for LGBTQ people and their families.

The Long-Term Care Equality Index (LEI) is a program of SAGE and the Human Rights Campaign Foundation (HRCF). The goal of the LEI is to create a network of LTCCs across the country that are providing a welcoming home for older LGBTQ people.

This brief explores why the LEI is an important process that all LTCCs should engage in—especially if they pride themselves on being rooted in person-centered care; if they are intent on continually enhancing their diversity, equity and inclusion; and/or if they wish to grow their market of potential residents.

NOTE ON TERMINOLOGY
Throughout this document you will see LGBT, LGBTQ, and LGBTQ+ used to describe the lesbian, gay, bisexual, transgender, and queer expansive communities. The interchanging acronyms are an example of how language evolves over time—from the individual and organizational perspective. SAGE and HRCF encourage you to use the language reflected by the LGBTQ person(s) you are working with. Following is a guide on terminology and language that may be helpful: www.lgbtagingcenter.org/resources/pdfs/allys-guide-to-terminology.pdf

BENEFITS OF LEI PARTICIPATION

- Provide high-quality, welcoming environments to LGBTQ residents and assurance to their families and friends that their loved ones are safe.
- Public recognition as a leader in providing LGBTQ-welcoming services.
- Access to best practices for LGBTQ diversity, equity and inclusion.
- Access to quality education and resources for serving LGBTQ residents.
- Technical assistance with meeting state and federal regulatory requirements related to serving LGBTQ residents, including CMS Requirements of Participation regarding person-directed services and trauma-informed care.
- Improved ability to develop LGBTQ culturally appropriate marketing for future staff, clients, and funders.
We’ve got good news. Communities that participate in the Long-Term Care Equality Index (LEI) have a tool developed in collaboration with experts nationwide to support their work towards a diverse and inclusive environment for all residents, including LGBTQ older adults. The LEI supports communities by providing access to a confidential self-assessment by which a community can measure the degree of its LGBTQ-inclusiveness on a range of benchmarks that have been established by national LGBTQ and aging services leaders. Once completed, communities receive specific information about their own strengths and weaknesses, along with targeted guidance, rooted in best practices, that describes practical polices and procedures that improve inclusivity for LGBTQ older adults.

The self-assessment includes a section on foundational practices that are essential first steps for any community beginning this process. It has specific guidelines about the initial benchmarks to reach, including resident and employee non-discrimination policies, visitation rights, and executive education. Once accomplished, three additional sections help communities further expand their efforts through meeting best practices regarding resident supports and services, employee benefits and community engagement.

Along the way, the LEI shares guidance and lessons learned from long-term care communities that have successfully implemented LGBTQ best practices. One example includes the following reflection by Veronica Calderon, Chief Diversity & Inclusion Officer, Aldersgate CCRC.

Those engaged in building diversity, equity, and inclusion provide high-quality, welcoming environments to LGBTQ older residents and assurance to their families and friends that their loved ones are safe within their communities. Yet they often struggle with the statement that, “we want to do better—the commitment is there—we just don’t know exactly how to go about it.”
When Aldersgate started the journey towards inclusion and equity, we knew how important it was to talk openly about the discrimination our elder LGBTQ+ community faced every day. Once we started having open conversations about these issues, we decided to partner with SAGE for specific LGBTQ-inclusive training and since the Long-term Care Equality Index was not available at the time. Some of the best practices we implemented included: gender transition support guidelines for staff and residents, gender neutral bathrooms, the development of an LGBTQ+ employee resource group and many other initiatives that support our mission, vision and values.

There were challenges along the way, mainly from staff and residents who were not comfortable with discussion and efforts to become LGBTQ+ welcoming. But we never allowed that to move us away from our goal. As the Chief Diversity, Inclusion and Equity Officer for Aldersgate and doing this work for many years—this kind of pushback is not out of the norm. The work of building an inclusive community is not easy. With our continued commitment to LGBTQ+ inclusion, progress is being made.

The work of inclusion requires action, resources and intentionality. The action steps are ongoing and include providing education for all (staff and residents) and actively welcoming the LGBTQ+ elder community to Aldersgate by way of programming and partnerships. Doing both has been a game-changer—the challenges have gotten smaller and support continues to grow.

Further, LGBTQ+ inclusivity should be part of the organization’s strategic plan, not a program, stand-alone activity or event. Organizations must move beyond education—reach out to the outside community—tell your story about why it is important for your organization to be inclusive. Be part of LGBTQ+ community events and encourage staff and residents to attend. We have been the only retirement community CCRC (continuum of care residential community) to have been part of the Charlotte Pride parade for the past two years. The response we get from being there is overwhelming!

The benefit goes beyond the ROI—when anyone thinks of Aldersgate, they now see us as a community for all. We often get invited to be at tables we were never at before; we have access to folks and future residents that we never thought we would; and most importantly—our teammates are part of everything we do. Building a community for all also includes our LGBTQ+ residents, their family and friends as well as Aldersgate teammates. We are committed to being a community where people can live their authentic lives, enjoy their best possible days and be respected and whole. Participating in the LEI will help Aldersgate further this commitment.
Many residential communities are interested and excited to create LGBTQ-welcoming services, for good reason—LGBTQ older adults themselves consistently rank welcoming elder housing as one of their top concerns.

Many older people will share stories about having to go “back into the closet” as they age because they are not able to find LGBTQ-inclusive residential community options. According to a study by AARP,² “More than eight in ten survey respondents say they would feel more comfortable with providers who are specifically trained in LGBT patient needs (88%), use advertising to highlight LGBT-friendly services (86%), have some staff members who are LGBT themselves (85%), or display LGBT-welcoming signs or symbols in facilities and online (82%).”

Additionally, LGBTQ older adults make up a sizable portion of our nation’s population. Currently, reports estimate that there are currently around 3 million LGBT adults over age 50.³ SAGE expects this number to grow to around 7 million by 2030.

Nearly every county in the U.S. is home to LGB individuals, and estimates from The Williams Institute indicate there are hundreds of thousands of older adults aged 65 and older who are transgender.⁴

With a growing LGBTQ older adult population, LTCCs have more opportunities than ever to create welcoming environments for LGBTQ older adults looking for residential services.

---

**88%**  
Percentage of LGBT elders who would feel more comfortable with providers trained in LGBT patient needs.

**7 Million**  
Estimated number of LGBT Americans by 2030.

**Trans Inclusion**  
There are hundreds of thousands of transgender older adults aged 65+. 
When it comes to building a more inclusive community, one issue that many LTCCs struggle with is ensuring that members of the public know they are inclusive. How do they market themselves as such? The LEI helps the community prepare itself for being an LGBTQ-inclusive space, from the inside out, while also helping identify practical steps to build relationships with the local region’s LGBTQ members—to market their inclusivity in the most effective way. The LEI is a tool to help you get there by answering these questions and more. In addition, those communities that reach a certain threshold in the LEI will be publicly recognized for their leadership by HRCF and SAGE, which in itself is a valuable marketing tool.

LTCCs that complete the LEI process will be listed in a national directory of communities, so caregivers and other older adults can find LGBTQ-inclusive options. The research shows that LGBTQ older adults will likely respond—as an AARP report indicates, 82% of those surveyed are seeking long-term care communities that take intentional actions to support LGBTQ residents.5

For many older adults, staying in communities where they have family, friends, and social connections is of great importance. LTCCs with a commitment to LGBTQ inclusivity are creating a welcoming environment for the growing population of aging LGBT people, as described by LTCC resident Robyn Carolyn Montegue.

“It was important to me to find a community that not only welcomed me, but was also close to my family, friends and parish. I have lived here a year and management knows of my trans heritage and accepts me. To my neighbors and management, I am simply known as Robyn—who likes to bake cookies and go to church on Sundays. Access to both independent and assisted living communities is paramount for aging LGBT people. I am thankful for the supportive community I now call home.”

Robyn Carolyn Montague, Retired Aerospace Engineer, Missouri
Person-centered care and planning is a process for selecting and organizing the services and supports that an older adult or person with a disability may need to live in the community. Most important, it is a process that is centered on the person who receives the support.

And yet how can a practitioner truly provide person-centered planning if they don’t understand some of the deepest fears and aspirations a person may have about moving into a long-term care community?

What if the practitioner assumes that all older adults have the same fears, and doesn’t know about an LGBTQ older adult’s possible fear of having to hide all their personal information and cherished belongings away from both staff and other residents in an effort to protect themselves from potential and real judgment, mistreatment, and discrimination? Or what about a transgender older adult’s concerns of being placed in a gendered wing of a residence where they would live at odds with their gender identity?

How can a practitioner allay these fears if they don’t have the language and cultural understanding to assure a safe environment and the knowledge to make changes that might be needed? The LEI and its resources are here to help further explore and answer these questions.

We know LGBTQ older people have experienced prejudice throughout their lives. Further, the LGBTQ community is diverse across various characteristics, which compounds the prejudice they face. For example, many have also dealt with a lifetime of discrimination on the basis of their abilities, race/ethnicities, incomes, religions, languages, and family relationships. Consider for a moment the needs of Vera and Zayda, as shared by their friend Nina in Carlsbad, CA:

“Two friends of mine, Vera and Zayda, had been together for 58 years. When Vera’s Alzheimer’s became too much, Zayda moved her to an assisted living facility. Zayda could barely trust family or neighbors with the truth, let alone strangers, so she and Vera became “sisters.” Much later, after Vera’s death, Zayda needed to move into an assisted living facility herself. She had many, many photos of the love of her life, but dared not display them in her new home. The other residents would talk about husbands, children and grandchildren, but she felt too vulnerable to tell the truth. Zayda was in hiding and terribly isolated.”

Nina, Carlsbad, California
Unfortunately, all too often, LGBTQ older people like Vera and Zayda have not received welcoming care in long-term care communities. Experiences with mistreatment in long-term care communities was heavily documented in LGBT Older Adults in Long-Term Care Facilities: Stories from the Field, where 43% of respondents reported mistreatment, and more than 80% predicted discrimination by staff and other residents.7

Creating a welcoming LGBTQ retirement community and person-centered care and planning go hand-in-hand. Person-centered care and planning, along with trauma-informed care, are two important ways of working with residents that can improve LGBTQ inclusivity when they are combined with LGBTQ cultural competency training:

The aging-services sector has made recent strides with regard to LGBTQ protections and workforce training and capacity building, including a renewed focus on person-centered care, trauma-informed care, and cultural competency training to improve quality of care and outcomes. It is imperative that staff on the frontlines of the aging services sector receive adequate training and information regarding the unique situation of LGBTQ older adults. The Centers for Medicare and Medicaid Services (CMS) recognized this imperative and enacted regulations as of November 2017, which mandate that staff engage individuals in the development of a person-centered care plan within 48 hours of admission to a long-term care setting. Additionally, CMS issued a new rule, implemented in November 2019, that requires that trauma survivors receive trauma-informed care that eliminates or mitigates triggers that may cause re-traumatization.8

Best practice guidelines and resources regarding culturally responsive person-centered care and trauma-informed care are made available to communities that participate in the LEI. The LEI also provides participating communities with specific examples of non-discrimination policy language, best practices on staff training, and lists of considerations when creating more inclusive spaces for transgender and gender expansive older adults. Further, these best practices and resources are offered in a format that is continually updated and enhanced.

Additionally, the National Consumer Voice for Quality Long-Term Care and SAGE provide guidance on resident rights from an LGBTQ perspective in the document, Residents’ Rights and the LGBT Community: Know Your Rights as a Nursing Home Resident, which serves as an excellent model for affirming the rights of all nursing home residents, notably LGBTQ people.9 The implementation of resident rights inclusive of LGBTQ residents can assist in planning that is person-directed and trauma informed.
Participating in the LEI Promotes Your Commitment to Caring for LGBTQ Older Adults

The landscape of care and support for LGBTQ communities is strengthened with the commitment of LTCCs taking part in the LEI.

From the current generation of older LGBTQ people to the generations that will follow, LTCCs can become a place where LGBTQ people feel welcomed and included—a place they can call home. United Church Homes, with Life Plan and affordable housing communities in 14 states, is an early adopter of LGBTQ inclusivity and in the story below, shares they are creating communities that are welcoming homes for LGBTQ residents.

The official journey for United Church Homes’ commitment to the LGBTQ+ community started with the Board of Directors in 2011. During a planning session in 2010, a group of directors and senior-level staff were asked what differentiated the organization from others that provide services to older adults. One of the answers came quickly: rooted in the traditions that make up the United Church of Christ, we are open and affirming of members of the LGBTQ+ community.

Our unofficial journey began decades earlier in the 1990’s when UCH welcomed a transgender resident in one of our communities. We already had employees who identified as being LGBTQ+. Same-sex couples had lived in our cottages and apartments. And we had engaged with local organizations to help provide education to our staff, so they could more respectfully understand and care for LGBTQ+ residents. But we also knew that we needed to advocate for them more publicly. And we eventually decided that we needed an ongoing process to educate new employees along the way.

When the UCH Board officially voted to become “Open and Affirming” in 2012, we did encounter anger from some volunteers. Although many had threatened to withdraw their support, only one couple identified this as the reason for their withdrawal of support.

continued on next page >
In another community, a resident moved out when they became aware of an openly gay staff member. And yet, as difficult as it is to count even a few negative responses, it is far easier to list the positive effects of our actions.

Since beginning the SAGECare educational certification process in 2017, several staff members have been honored with conversations with current residents who were freed to share pieces of their own stories previously hidden from others for fear of retaliation or abuse.

There is the father, who, very near the end of his life, shared for the first time with the chaplain that his son had died of AIDS 30 years earlier. Until that point, he had never trusted anyone enough to process his own grief and love, for fear that others in his small hometown would think poorly of him if the truth were known.

Or what about the grandmother who saw the rainbow sticker on her community’s front door and asked about its meaning? A staff member then helped her understand the transition her grandchild was going through. She had not understood what it meant to be transgender, and she genuinely wanted to know in order to love this person who had always been so precious to her.

Another new resident admitted that when she found out that the community was welcoming of the LGBTQ+ community, she knew that she had found a home. She wanted to live in a community where all of her children would feel safe to visit her and genuinely be themselves. Her gay son had not been a welcome visitor when she lived in another community.

One of the biggest effects that we have seen is in relation to our staff. Whether new employees identify as being members of the LGBTQ+ community or if their son, sister, uncle, or parent are, they value working in an inclusive environment. And in several of the counties where our communities are located, UCH is the only, or one of the only, employers that is welcoming and inclusive.

Through this commitment, we have been honored to partner with the broader LGBTQ+ community to advocate for this at-risk population locally and nationally. In many ways, our journey was easy because the initiative came from the UCH Board. In an attempt to reach potential millennial employees, the UCH career website explains, “We’re unapologetically inclusive. Deal with it.”

We respect that not everyone can embrace this position. But we also know our commitment to serve all older adults makes it the just and right thing for UCH to do.
There is a desire on the part of LTCCs to provide LGBTQ-welcoming services and supports, as shared through the stories from Aldersgate and United Church Homes. Through participation in the LEI, LTCCs gain access to quality education and technical assistance to implement best practices in serving LGBTQ residents and employees.

LTCCs interested in joining this growing, national momentum to provide LGBTQ culturally responsive long-term care residential opportunities are invited to take the first step: completing the “Commitment to Caring Campaign” pledge. After completing the pledge, LTCCs will gain access to a confidential self-assessment, best practices, and an educational session that will prepare LTCCs to complete the Long-Term Care Equality Index survey resulting in the publication of the LEI report.

LTCCs interested in the LEI and building more LGBTQ welcoming and inclusive communities can learn more at www.theLEI.org.
NOTES

1 SWayland, SAGE Focus Group, 2008

2 AARP, Maintaining Dignity Understanding and Responding to the challenges Facing Older LGBT Americans. 2018, https://doi.org/10.26419/res.00217.001

3 Williams Institute, Census and LGBT Demographic Studies, https://williamsinstitute.law.ucla.edu/category/research/census-lgbt-demographics-studies/

4 SAGE (Services and Advocacy for GLBT Elders) and MAP (Movement Advancement Project), Improving the lives of LGBT older adults 2010.

5 AARP, Maintaining Dignity Understanding and Responding to the challenges Facing Older LGBT Americans. 2018, https://doi.org/10.26419/res.00217.001

6 National Senior Citizens Law Center, LGBT Older Adults in Long-Term Care Facilities: Stories from the Field, 2011, https://www.lgbtagingcenter.org/resources/resource.cfm?r=54

7 National Senior Citizens Law Center, LGBT Older Adults in Long-Term Care Facilities: Stories from the Field, 2011, https://www.lgbtagingcenter.org/resources/resource.cfm?r=54

8 LeadingAge, LTSS Center @UMass Boston, The Commitment to Caring Campaign: Making the case for the aging-services sector. A report prepared for HRC Foundation and SAGE, 2019.

9 National Consumer Voice for Quality Long-Term Care, Residents’ Rights and the LGBT Community: Know Your Rights as a Nursing Home Resident, 2018, retrieved from https://www.lgbtagingcenter.org/resources/resource.cfm?r=923
SAGE offers supportive services and consumer resources to LGBT older people and their caregivers, advocates for public policy changes that address the needs of LGBT elders, and provides education and technical assistance for aging providers and LGBT community organizations.

The Human Rights Campaign Foundation improves the lives of LGBTQ people by working to increase understanding and encourage the adoption of LGBTQ-inclusive policies and practices.

SAGE and The Human Rights Campaign Foundation would like to thank our generous sponsors, without whom the Long-Term Care Equality Index would not be possible.