



Cultural Competency Training Requirement Toolkit

What is a cultural competency training requirement?

A cultural competency training requirement (CCTR) ensures that those working with older people, in long-term care settings and/or through home and community-based services (HCBS) are able to meet the needs of lesbian, gay, bisexual, and transgender (LGBTQ+) older people and older people living with HIV. The idea is that LGBTQ+ older people and older people living with HIV are as deserving of compassionate eldercare as anyone else. The populations of LGBTQ+ older people and older people living with HIV are large and growing — they have unique needs due to a lifetime of discrimination, stigma, and harassment. LGBTQ+ older people and older people living with HIV should not be fearful when seeking home and community-based services and/or long-term care.

A CCTR would ensure that providers know: the basics about what LGBTQ+ means; the basics of what it means to be living with HIV; stories of real LGBTQ+ older people and older people living with HIV — and how their lives have intersected with changes in how society thinks about and treats them; skills to work with LGBTQ+ older people and older people living with HIV; and suggested improvements across multiple departments including: programming, policy and procedures, marketing, facilities, and staff and board recruitment.

Why is this needed?

[LGBTQ+ older people](#) and [older people living with HIV](#) are, generally speaking, resilient populations that face many unique challenges. It is no surprise that today's LGBTQ+ older people and older people living with HIV have faced discrimination, yet many of them have responded to such adversity by building movements like ACT UP and the Mattachine Society to advocate for equal rights. They have developed their own support systems and communities, and they've created "families of choice" (usually comprising life partners and close friends who are not biologically related or legally recognized, but who provide crucial social and caregiving support).

The effects of a lifetime of social stigma, and prejudice, both past and present, however, cannot be underestimated. Many LGBTQ+ older people and older people living with HIV came of age during a time when they were labeled as criminals, sinners, and mentally ill. People living with HIV were considered outcasts and even today, transmission is still criminalized in some jurisdictions. While these societal labels have mostly changed, for some older people, this fear and social stigma has disrupted their lives, their connections with their families of origin, their lifetime earnings, and their opportunities to save for retirement.

In addition, the added stress of dealing with decades of discrimination means that LGBTQ+ older people and older people living with HIV are at a greater risk of physical and mental illnesses, and other issues, such as depression, disability, chronic illnesses, poverty, social isolation, poor nutrition and premature mortality.

While LGBTQ+ older adults may be at risk for poorer health outcomes, research suggests that they are less likely than heterosexual and non-transgender elders to access aging network service and providers, senior centers, meal programs, and other entitlement programs because they fear discrimination or harassment if their sexual orientations or gender identities become known. Some LGBTQ+ older adults may access aging service agencies but still choose to remain closeted or private about their sexual orientations and gender identities. That said, while self-disclosing one's sexual orientation and gender identity can be a risk, it has also been shown to lead to positive mental and physical health outcomes.

Nearly four decades ago, people who were diagnosed with HIV/AIDS could expect to live at best two years after their diagnosis. They were more focused on if, when, and how they would die, rather than how they were going to live. People living with the disease were not focused on—or prepared for—what life would look like even a handful of years ahead. Neither were the doctors, care providers, or government programs serving them.

Offering culturally competent services and supports that address the needs and interests of LGBTQ+ older people and older people living with HIV is one concrete step that service providers can take to create welcoming, safe and affirming spaces, where all older people, *including LGBTQ+ older people and older people living with HIV*, can be their authentic selves, just like their peers.

How can this be accomplished?

There are a number of examples from across the country. You can follow the lead of [California](#) and mandate [LGBTQ+ cultural competency training](#) as part of certification for long term care institutions. You can follow the lead of [Massachusetts](#) and mandate LGBTQ+ cultural competency training for all state-funded or licensed aging providers. Or you can follow the lead of [Washington, DC](#), which requires that staff employed by long-term care facilities be trained on serving LGBTQ+ older people and older people living with HIV.

All models that we have seen have been legislatively implemented. It's unclear if there is an administrative route, but it's something you might explore if better suited for your state, county, city, or other jurisdiction.