

How to Locally Assess and Promote LGBT Inclusive Healthcare & Housing Options for Elders

Brief Overview of GLBT Commission
Scope of Project
Results
Further Work
Questions and Discussion

Presented By:

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GLBT Commission Background

- Formed in 2005
- City Ordinance – Appointments by City Manager

Mission: Advocate for a culture of respect and to monitor progress toward equality of all persons with regard to sexual orientation and gender identity.

Committed to promoting and monitoring policies and practices that have a positive effect on the health, welfare, and safety of all persons who live, visit, or work in the City of Cambridge with regard to sexual orientation and gender identity.

Commission's Main Focus:

1. Help address the needs of GLBT seniors,
2. Help address the needs of GLBT Youth,
3. Work with the Police department and Emergency service departments.

- **First Accomplishment** of Commission was to get Project10 East, the Cambridge Rindge and Latin High School (CRLS) Gay Straight Alliance reestablished.
- **Second Accomplishment** resulted by working with Police Department on GLBT Issues to get them to include this as part of their mission.
- Active Liaison, Superintendent Chris Burke
 - Training of all members of the Police force by Gay Officers Action League.
 - Training now done in Lowell Police Academy. Have done some Fire department training and some EMTs.

- **Third accomplishment** was to initiate Assessment of Policies and Practices with respect to LGBT elders in Health Care and Housing organizations.
 - Goal is not to create a Score Card
 - Policies Vs. Practices: It is easy for organizations to create policies, but much harder to put them into practice. Make sure employees know what the policies are and creating procedures to follow when there are problems. Training is a key element of good implementation.

Additional / Future Work:

- Conducting an assessment of Policies and Practices in Youth After School Activities.
- Working on a policy and implementation of Gender Neutral Bathrooms in City buildings and in Commercial establishments.
- We got the city to plan an all-employees Sexual Orientation and Gender Identity training program – RFP for trainers soon to be issued.

Healthcare Project Overview

Main Focus:

To assess how the policies and practices of healthcare organizations within the City of Cambridge support the needs of LGBTQ seniors

Healthcare & Housing

Healthcare Project:
(All healthcare orgs in City)

Survey Implemented
Report Written
Follow-Up Meetings w Each Org

Limitations

1. Results represent limited staff responses
2. Results do not necessarily reflect an organization's actual policies and practices
3. It is not organization specific feedback

Housing Project:
(Individual for each Housing org in City)

Survey Implemented
Collecting / Analyzing Results

Background Context

NATIONALLY:

- It is estimated that 1.5 million adults over age 65 identify as lesbian, gay or bisexual; by 2030 this number is expected to be 3 million.
- Similarly, it is estimated there are hundreds of thousands of seniors who identify as transgender.

STATE WIDE:

- 4.4% of the adult population in MA identifies as LGBT

LOCALLY:

- Senior Population: According to 2010 census data, 9.5% of the Cambridge population is 65+.

Establishing Urgency

SAGE, 2015; U.S. Census, 2010; MAP, 2015

Need for Support from / Education for Healthcare Providers

- 29% of Lesbian, Gay and Bisexual (LGB) elders and 30% of Transgender elders delayed or did not seek out health care, as compared to 17% of their heterosexual peers.
- Many LGBT elders have experienced some form of discrimination, physical and/or emotional abuse, social isolation or stigmatization.

Movement Advancement Project & SAGE , 2010

Findings of Lambda Legal's Survey on Discrimination Against LGBT People

- 56% of LGB patients and 70% of Transgender or gender non-conforming patients had experienced some form of discrimination in healthcare

Table 1: I was refused needed health care



Table 2: Health care professionals refused to touch me or used excessive precautions

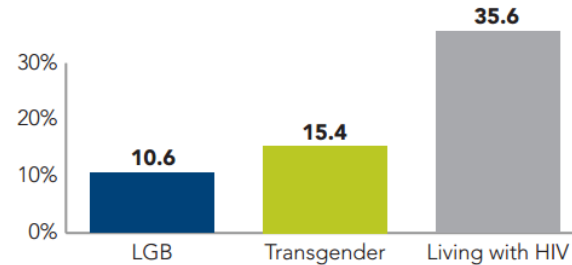


Table 4: Health care professionals blamed me for my health status

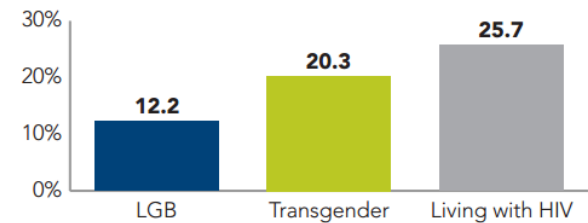


Table 3: Health care professionals used harsh or abusive language

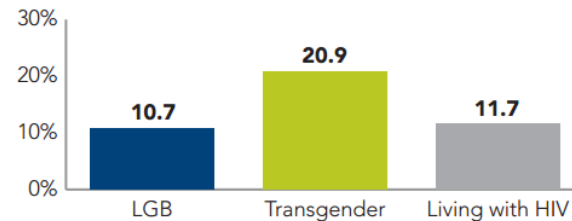
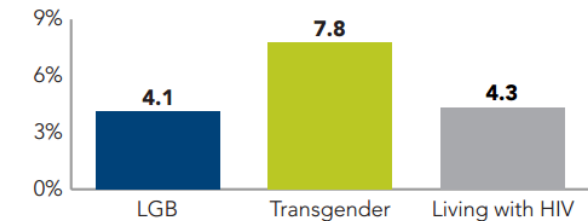


Table 5: Health care professionals were physically rough or abusive



Lambda Legal, 2010

Unique Health Needs of LGBTQ Seniors:

- Health disparities exist between LGBTQ older adults and non-LGBTQ counterparts:
 - Higher rates of depression and anxiety, substance abuse, high blood pressure, cholesterol, diabetes, heart disease, HIV/AIDS, suicidal ideation
 - Different rates of health disparities exist within the LGBTQ population (e.g. suicidal ideation is the highest within the transgender population)
- Sexual Minority Stress Theory:
Negative physical and mental health outcomes due to higher stress levels experienced by minorities
- Social isolation / fewer familial ties

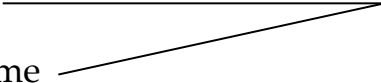
Greater dependence on mainstream aging services and agencies

Massachusetts Department of Public Health, 2009; SAGE, 2012; SAGE 2014; Katz-Wise, 2015

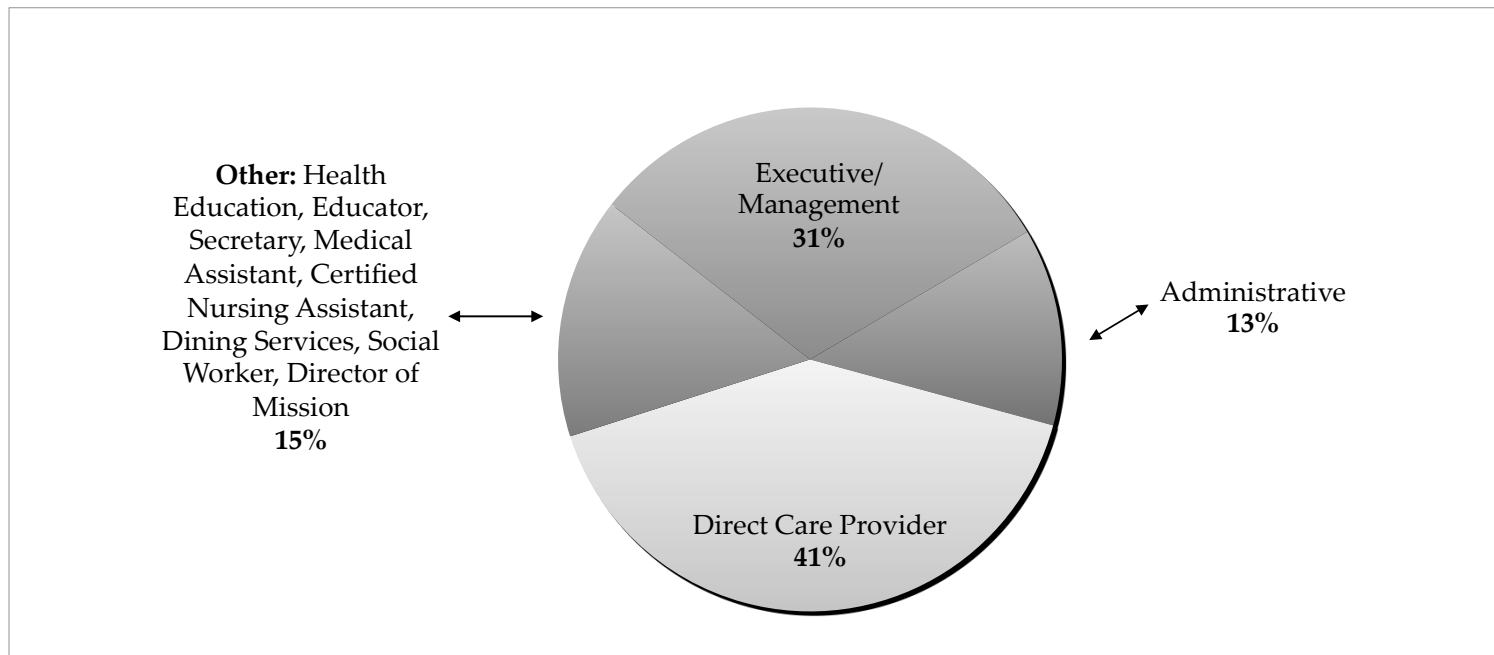
Process of Project Formation

1. Identify all Healthcare Organizations in the City of Cambridge
2. Background understanding
3. Identify Best Practices for creating LGBTQ inclusive healthcare
4. Existing Surveys / Assessments* (HEI)
5. Create New Survey
6. Reach out to Healthcare Organizations' Management to Distribute
7. Form Partnerships w Healthcare Organizations

Who Participated?

- **Nine Healthcare Organizations**
 - 5 medical facilities, 3 assisted living facilities, 1 nursing home.
 - **71 Staff Members across all healthcare organizations**
 - 53 staff across medical facilities
 - 15 staff across assisted living facilities
 - 3 staff from one participating nursing home
-  **Grouped together**

What is your role/position within this healthcare organization? (N=71)



FIVE Main Areas of
LGBTQ Inclusive Care
for Healthcare
Organizations

- Self-Identification Opportunities for Patients/Residents
- LGBTQ Senior Services and Programs
- Policies for LGBTQ Inclusive, Patient Centered Care
- Services and Supports for Transgender Patients/Residents
- Training Regarding LGBTQ Inclusive Care

Self-Identification Opportunities

Best Practices:

1. To give patients / residents the opportunity to self-disclose their sexual orientation and gender identity on intake forms and/or health records.
2. To use LGBTQ inclusive terms while collecting information on marital and relationship status.
3. To establish a confidentiality policy that protects the privacy of LGBTQ individuals, and is clearly communicated to and understood by all staff.
4. To collect LGBTQ information from patients and residents in a safe, confidential manner that is *clearly* communicated.

Results and Recommendations (1 of 5)

Across medical facilities, assisted living facilities and nursing homes, many healthcare professionals reported that their organization **does not** offer explicit options on **intake forms and/or health records** for patients and residents to specify their sexual orientation and gender identity, or that they do not know if these options are offered.

Results and Recommendations (2 of 5)

Collecting information about sexual orientation:

- 40% of staff across medical facilities said they did not know if their organization offers this option on intake forms and/or health record.
- 34% reported that their organization does not offer this option, and 10% reported, “Yes,” this option is offered.
- **No** staff across assisted living facilities and the nursing home reported that their organization offers this option.

Results and Recommendations (3 of 5)

Collecting information about gender identity:

- Almost half (48%) of staff across medical facilities said they did not know if their organization offers this option on intake forms and/or health record. 31% responded, “No,” that these options are not offered, while a smaller 6% responded, “No, but interested.”
- Only one staff across assisted living facilities and the nursing home reported that their organization provides this opportunity on intake forms and/or health records.

COMMISSION RECOMMENDATION	Allow patients/residents to specify both sexual orientation and gender identity/expression on intake forms and/or health records.
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Results and Recommendations (4 of 5)

Confidentiality Policy:

- Across all healthcare organizations, many staff reported that they do not collect information about the sexual orientation and/or gender identity of patients and residents, therefore making the question of confidentiality during this process not applicable.
- Across medical facilities, 43% of staff respondents did not know if a confidentiality policy was communicated to patients/residents.
- Across all healthcare organizations, the minority of staff (25% of staff across medical facilities, and 34% of staff across assisted living facilities and participating nursing home) reported that their organization's healthcare professionals communicate their confidentiality to patients/residents while collecting information about their sexual orientation and/or gender identity.

COMMISSION RECOMMENDATIONS	1. Clarify the confidentiality policy and how it is communicated to patients/residents. 2. Clarify if sexual orientation and gender identity information is collected.
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Results and Recommendations (5 of 5)

Inclusive Terms for Marital/Relationship Status:

- While the vast majority of staff across medical facilities, assisted living facilities and the nursing home responded that their healthcare organization collects information about patient's and resident's marital or relationship status, an overwhelming minority of staff across all healthcare organizations reported that their organization offers options for patients and residents to specify their marital or relationship status using LGBTQ inclusive terms.

COMMISSION RECOMMENDATION	Provide inclusive terms for patients/residents when identifying marital/relationship status. (e.g. Partner, Domestic Partner, Same-Sex Partner, Significant Other)
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LGBTQ Senior Services and Programs

Best Practices:

1. For programming, organizations can:

- Provide LGBTQ focused programming and events, or tailor already existing to include education about aging concerns and themes for LGBT elders;
- Co-Sponsor programs or events with local LGBTQ community groups and organizations;
- Provide peer support or mentor groups

2. For health services, organizations can:

- Publish and/or provide published printed materials to educate patients about LGBTQ health needs;
- Review LGBTQ inclusive services through patient/resident satisfaction surveys;
- Review clinical services for LGBTQ related gaps;
- Conduct or support LGBTQ health related research;
- Appoint an LGBTQ-focused office, point-person, and/or advisory group.

Results and Recommendations (1 of 4)

Materials to Support and Educate LGBTQ patients/residents:

Across medical facilities:

- Almost half of respondents across medical facilities did not know if their organization publishes LGBTQ printed materials
- Furthermore, the majority did not know if their organization makes LGBTQ materials published by other organizations, available to patients. About 25% of respondents said that their organization does make published LGBTQ materials available to patients.

The majority of assisted living facility/nursing home respondents reported that their healthcare organization does not publish printed materials or make LGBTQ materials published by other organizations available to educate or support LGBTQ patients.

COMMISSION RECOMMENDATION	Provide these materials in public and private spaces for patients, residents, families and staff to access (examination rooms, patient lounges, waiting rooms, book shelves, bulletin boards, website, etc.).
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Results and Recommendations (2 of 4)

LGBTQ-friendly symbol/sign:

- The overwhelming majority across all types of healthcare organizations reported that they do not have this type of symbol/sign messaged to patients/residents.
- **Medical facilities** are the only organization type in which staff responded that there is a visible LGBTQ-friendly symbol/sign messaged to patients.

COMMISSION RECOMMENDATION	Display this sign in a visible place for patients, residents, their families and staff. *Important this signage is messaged only if there are inclusive policies and practices to support it.
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Results and Recommendations (3 of 4)

Review of LGBTQ Inclusive Services:

- The **overwhelming majority** across healthcare organizations reported that their organization **regularly surveys** patients about the care they receive.
- However, **no** healthcare organization allows their patients/residents to identify as LGBTQ during this survey process to assess the experiences of LGBTQ clients, and only one out of 60 total respondents reported their organization collects LGBTQ- related information to improve services.

COMMISSION RECOMMENDATION	Allow patients/residents to confidentially disclose their sexual orientations/gender identities on patient care surveys to improve services (and possibly conduct research) for LGBTQ senior patients/residents.
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Results and Recommendations (4 of 4)

LGBTQ Inclusive Programming/Events:

- 50% (8 out of 16) of staff across assisted living facilities and the nursing home reported that their organization has either participated in, or supported, one or more LGBTQ-related services or events in Cambridge. 27% of staff across medical facilities reported doing the same.
- 27% of staff respondents across medical facilities, and 14% of staff across assisted living facilities and the nursing home reported that their organization provides services and events themselves to educate and support LGBTQ patients.

COMMISSION RECOMMENDATION	All healthcare organizations should work towards providing LGBT events or services themselves, and participate in or support at least one LGBTQ-related service or event taking place in Cambridge annually.
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Policies for LGBTQ Inclusive, Patient-Centered Care

Best Practices:

1. To provide and clearly communicate a **Patient Non-Discrimination Policy and Employment Non-Discrimination Policy** that include both the terms sexual orientation *and* gender identity to patients/residents, their families, and staff.
2. To provide and clearly communicate an **Equal Visitation Policy** that includes explicit language granting equal visitation to LGBTQ patients/residents and their visitors.
3. To provide and clearly communicate a **Medical Decision Making Policy** that explicitly informs patients/residents of their right to designate a person of their choice, including a same-sex partner, as their medical decision-maker.

Results and Recommendations (1 of 4)

Patient Non-Discrimination Policy:

Q: Does your organization have a Patient Non-Discrimination Policy that includes *both* terms “sexual orientation” and “gender identity”?

Medical Facilities:

- A large percentage of staff (approximately 43%) reported that their policy includes both terms “sexual orientation” and “gender identity.”
- The majority of respondents did not know whether or not this policy includes both of these terms.

Assisted living facilities/nursing home:

- A minority of staff respondents (2 out of 13) reported that this policy includes both terms.

COMMISSION RECOMMENDATION	Adopt both of these terms in Patient Non-Discrimination Policy, and clarify the policy among all staff.
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Results and Recommendations (2 of 4)

Employment Non-Discrimination Policy:

Q: Does your organization have an Employment Non-Discrimination Policy that includes *both* terms “sexual orientation” and “gender identity”?

Medical Facilities:

- The majority (23 out of 37) of staff respondents reported that they do not know if their Employment non-discrimination policy includes both terms.
- 11 out of 37 responded that yes, this policy does include both terms.

Assisted living facilities/nursing home:

- The majority of staff reported that their **Employment Non-Discrimination policy** only includes the term “sexual orientation.”
- 3 out of 13 reported reported their policy includes both terms.

COMMISSION RECOMMENDATION	Adopt an Employment Non-Discrimination policy that includes both “sexual orientation” and “gender identity/expression” and clarify this policy among <i>all</i> staff.
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Results and Recommendations (3 of 4)

Equal Visitation Policy

Q: Does your organization include explicit language granting equal visitation to LGBTQ patients/residents and their visitors?

- Very few staff respondents across all healthcare organizations reported that their organization includes explicit language granting equal visitation to LGBTQ patients/residents and their visitors.
 - Only one respondent from an **assisted living facility/nursing home** reported, “Yes.”

COMMISSION RECOMMENDATION	Adopt an Equal Visitation Policy that includes explicit language granting equal visitation to LGBTQ patients/residents and their visitors.
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Results and Recommendations (4 of 4)

Medical Decision Making:

Q: Does your organization explicitly inform patients and residents of their right to designate a person of their choice, including a same-sex partner, as their medical decision-maker?

Medical facilities:

- The majority of staff reported “Yes.”

Assisted living facilities/nursing home:

- The highest number of respondents (5 out of 13) reported, “No, but interested.”
- A minority (3 out of 13) of staff reported, “Yes.”

COMMISSION RECOMMENDATION	Assisted living facilities and nursing homes should be sure to adopt a medical decision making policy that is explicitly LGBTQ inclusive, and inform patients/residents. Medical facilities should continue to explicitly inform patients/residents of this policy, and adopt one if they have not done so already.
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Services and Supports for Transgender Patients and Residents

Best Practices:

1. To offer inclusive terms on intake forms and/or health records.
2. To provide gender neutral bathrooms within healthcare organizations.
3. To designate at least one employee at an appropriate level of skill, knowledge, and influence to serve as a navigator, advisor and/or support for transgender patients/residents.

Results and Recommendations (1 of 4)

Preferred Names:

The majority of staff respondents across all healthcare organizations reported that they did not know if their organization offers the explicit option on intake forms and/or health records for patients and residents to specify their preferred name that differs from their name assigned at birth.

COMMISSION RECOMMENDATION	Include the option for patients/residents to specify their preferred name that differs from that assigned at birth on intake forms and/or health records, and clarify among staff that this option exists.
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Results and Recommendations (2 of 4)

Preferred Pronouns:

- An overwhelming minority of staff across **medical facilities**, and no staff across **assisted living facilities** and the **nursing home**, reported that their organization's intake forms and/or health records offer explicit options for patients/residents to specify their preferred pronouns.

COMMISSION RECOMMENDATION	All healthcare organizations should provide explicit options for patients/residents to specify their preferred pronouns on intake forms and/or health records.
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Results and Recommendations (3 of 4)

Staff Appointed Navigator, Advisor, Support:

- The minority (four out of 33) of staff respondents across medical facilities, and no staff across assisted living facilities and the nursing home, reported that their organization has trained and clearly designated at least one employee at an appropriate level of skill, knowledge and influence to serve as a navigator, advisor and/or support for transgender patients.

COMMISSION RECOMMENDATION	Train and clearly designate at least one employee at an appropriate level of skill, knowledge and influence to serve as a navigator, advisor and/or support for transgender patients.
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Results and Recommendations (4 of 4)

Gender Neutral Bathrooms:

- More than half of **medical facility** respondents, and almost half of **assisted living facility/nursing home** respondents reported that their organization has designated one or more bathrooms as gender neutral/unisex.
- The three respondents who chose “Other” specified: "Some restrooms are not designated as any particular sex;" "all bathrooms at our day center are unisex but not specifically for gender identify reasons;" "multiple single bathrooms."

COMMISSION RECOMMENDATION	All healthcare organizations should provide a gender neutral/unisex bathroom.
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Training Regarding LGBTQ Inclusive Care

Best Practices Include:

1. Provide training to all staff regarding best practices for LGBTQ patient-centered care.
2. Provide training to all staff that focuses on unique health needs of LGBTQ Seniors.
3. Provide training to all staff that includes examining and understanding personal bias/attitudes.
4. Create a safe environment where LGBTQ related issues can be openly discussed among and between staff.

Results and Recommendations

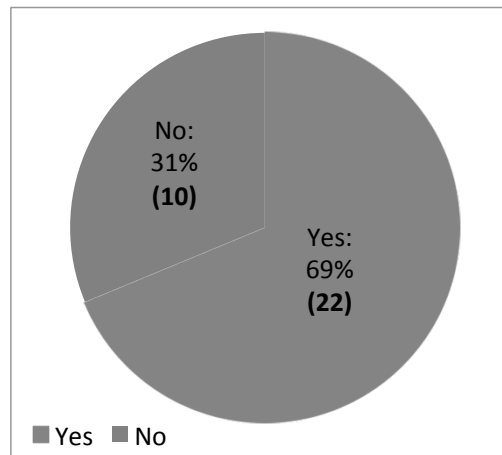
- The **majority** of respondents reported that staff/employees do not receive expert training in LGBTQ patient-centered care.
 - Medical facilities are the only organization type to respond, “Yes,” to providing this training, with a minority of 5 out of 33 respondents indicating that they receive expert training in LGBTQ inclusive care.

COMMISSION RECOMMENDATION	All healthcare organizations in the City of Cambridge should provide expert training in LGBTQ inclusive, patient-centered care to all of their healthcare providers and professionals that cover all aspects of “Best Practices.”
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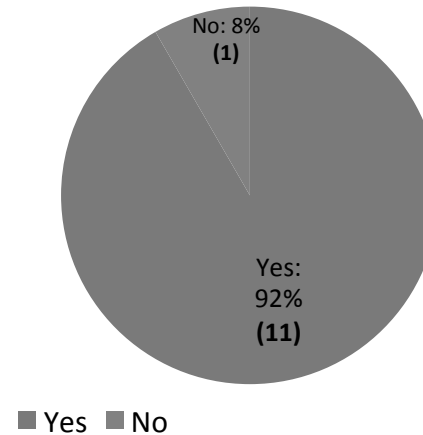
Great News:

- The majority of respondents across healthcare organizations reported they are interested in receiving support from the GLBT Commission to improve/enhance LGBTQ inclusive, patient-centered care within their healthcare organization.

Medical Facilities



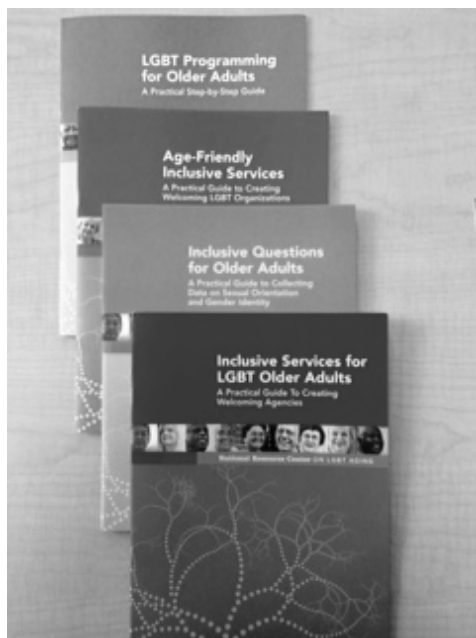
Assisted Living/Nursing Home



RESOURCES

“Best Practices Guides”

Services & Advocacy for Gay, Lesbian,
Bisexual, Transgender Elders (SAGE)

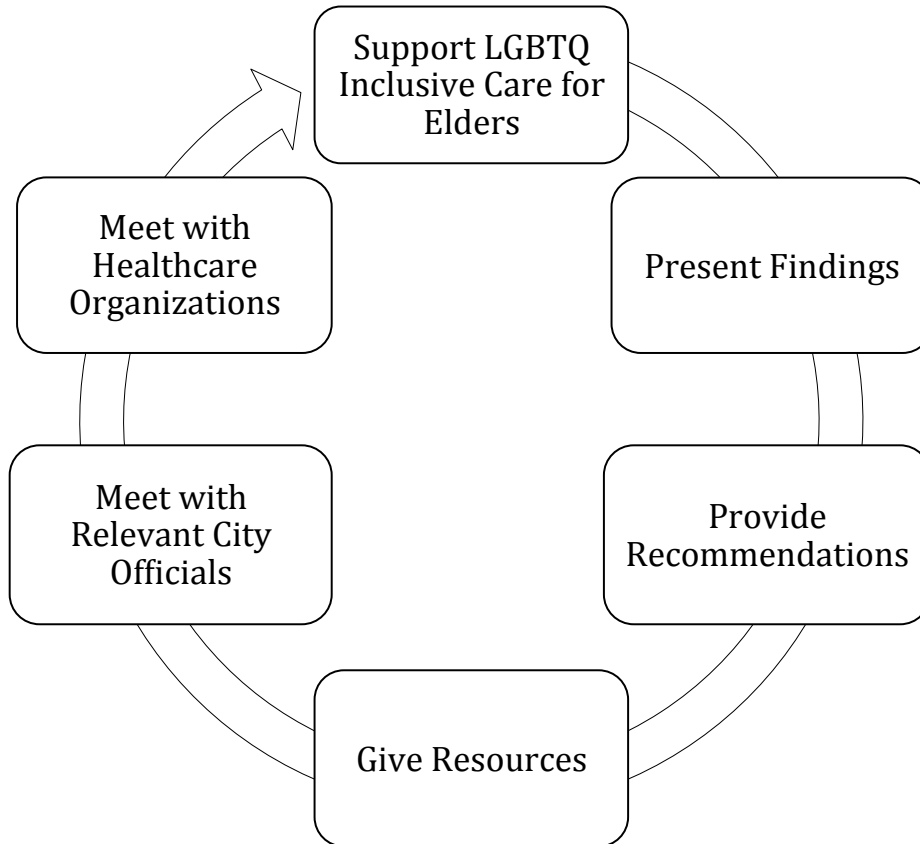


Trainings / Webinars

The LGBT Aging Project
(Fenway Institute)



Next Steps



- Follow-Up Surveys to Assess Impact
- Survey Elder Residents Themselves

THANK YOU

- GLBT Commission Co-Chairs
- Executive Director of Human Rights Commission
- Assistant to City Manager
- GLBT Commissioners
- City Manager and Office
- Participating Healthcare Organizations
- All of the tremendous people in this field



For more information, contact the GLBT Commission
intern/researcher at:

echandler@cambridgema.gov

Scenarios for Discussion

With a partner next to you, please discuss the following scenarios by:

1. Choosing a partner
2. Listening to each others answer to the scenario by taking turns.
3. Sharing with the group a thoughtful response you heard from your partner.

You work in a day program for elders. A new client arrives. She is wearing a dress and she introduces herself using a female name, but you notice that all her identification lists her as male. How do you respond?

