Strengthen Your State and Local Aging Plan

A Practical Guide for Expanding the Inclusion of LGBT Older Adults

National Resource Center ON LGBT AGING

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National Resource Center ON LGBT AGING

The National Resource Center on LGBT Aging is the country's first and only technical assistance resource center aimed at improving the quality of services and supports offered to lesbian, gay, bisexual and/or transgender older adults. Established in 2010 through a federal grant from the U.S. Department of Health and Human Services, the National Resource Center on LGBT Aging provides training, technical assistance and educational resources to aging providers, LGBT organizations and LGBT older adults. The center is led by Services & Advocacy for GLBT Elders (SAGE) in collaboration with 18 leading organizations from around the country: the American Society on Aging, CenterLink, FORGE Transgender Aging Network, GRIOT Circle, Hunter College, the LGBT Aging Project, Meals on Wheels Association of America, the National Asian Pacific Center on Aging, the National Association of Area Agencies on Aging (n4a), National Association of Nutrition and Aging Services Programs, National Caucus & Center on Black Aged (NCBA), National Center for Elder Abuse, National Indian Council on Aging, the National Council on Aging's National Institute of Senior Centers (NISC), National Hispanic Council on Aging (NHCOA), Openhouse, PHI, and the Southeast Asia Resource Action Center (SEARAC).

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Services and Advocacy for GLBT Elders (SAGE) is the country's largest and oldest organization dedicated to improving the lives of lesbian, gay, bisexual and transgender (LGBT) older adults. Founded in 1978 and headquartered in New York City, SAGE is a national organization that offers supportive services and consumer resources to LGBT older adults and their caregivers, advocates for public policy changes that address the needs of LGBT older people, provides education and technical assistance for aging providers and LGBT organizations through its National Resource Center on LGBT Aging and cultural competence training through SAGECare. With offices in New York City, Washington, DC and Chicago, SAGE coordinates a growing network of 28 SAGE affiliates in 20 states.

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SAGE is grateful to James R. Moorhead, Jr., for his research, writing, editing this guide and overall Aging Network expertise. SAGE is also grateful for the contributions of Greg Link with the Administration on Community Living, Amy Gotwals with the National Association of Area Agencies on Aging (n4a), Samantha Gardner and Nanette Relave with National Association of States United for Aging and Disabilities (NASUAD), and Meghan Jenkins Morales a University of Wisconsin Ph.D. student. To request additional copies or download this guide, visit lgbtagingcenter.org.

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DEAR AGING NETWORK PARTNERS:

Thank you for your commitment to providing the best possible services to older adults who identify as lesbian, gay, bisexual, and transgender (LGBT). This guide is the sixth in a series produced by SAGE's (Services and Advocacy for Gay, Lesbian, Bisexual, and Transgender Elders) National Resource Center on LGBT Aging. SAGE's National Resource Center on LGBT Aging was created to support providers in addressing the needs of this diverse and growing population.

The Aging Network plays a critical role in delivering services to older adults across the country. Yet, LGBT older adults often remain invisible and may not seek services due to fear of, and experiences with, discrimination. Those who seek services may not be out as LGBT. Estimates indicate that today there are nearly 3 million people over the age of 55 who identify as LGBT and that number is expected to double by 2030.[1] Additionally, research shows LGBT couples reside in 93% of all counties across the country.[2] This means that in communities large and small you more than likely already serve, or will soon serve, LGBT older adults.

This guide is intended to:

- Help you understand the unique challenges and needs of LGBT people as they age;
- Provide tools and resources to advance inclusion of LGBT older adults during state and local planning; and,
- Lay the groundwork for the Aging Network to further their commitment to serving diverse communities including LGBT older adults

Throughout this guide, State Units on Aging and Area Agencies on Aging share how their organizations have worked to engage the LGBT community and develop LGBT-inclusive plans and services. We hope this guide complements your work, and enhances your ability to advance the inclusion of LGBT older adults. Small changes can have a big impact. Thank you for your efforts to create secure, affirming, and supportive spaces and programs for the country's diverse aging population, including LGBT older adults.

Sherrill Wayland
Manager of National Projects
SAGE (Services & Advocacy for GLBT Elders)

[1]Movement Advancement Project (MAP) and SAGE (2010). Improving the lives of LGBT older adults: Full report. Retrieved from http://www.lgbtagingcenter.org/resources/resource.cfm?r=16

[2]The Williams Institute, United States Census Snapshot: 2010. Retrieved from https://williamsinstitute.law.ucla.edu

INTRODUCTION

As the lesbian, gay, bisexual, and transgender (LGBT) older adult population grows, many Aging Network providers are starting to consider their needs and incorporate their perspectives in the planning process. By making some simple changes, LGBT populations can be brought to the table as aging services and programs are designed, implemented, and evaluated. This guide aims to provide the local and state Aging Network (e.g., State Units on Aging (SUA), Area Agencies on Aging (AAA), Aging and Disability Resource Centers (ADRC), direct service providers, advisory councils on aging, ombudsmen, etc.) with the tools and resources needed to be more inclusive of LGBT populations during the planning process.

To better understand why it is important to include LGBT populations in the planning process, this guide starts with a brief overview of the experiences of LGBT older adults in late life and when accessing care. The next section focuses on strategies to build new partnerships with LGBT-focused organizations to assist with an inclusive planning process. This leads to a discussion of how to change your community assessments to capture the needs and concerns of LGBT constituents. The next section outlines best practices on how to include LGBT populations when drafting planning documents, goals, objectives, strategies, and outcomes to help your organization measure your progress in reaching LGBT older adults. The final section describes performance measurement and how information on the successes of established LGBT-inclusive outcomes is a great starting point in the iterative planning process.

The guide also highlights the success stories and experiences with LGBT-inclusion from Aging Network organizations in Arizona, Arkansas, California, Florida, Massachusetts, Michigan, Missouri, New York, and Oregon. Their stories and experiences demonstrate that this work is possible throughout the nation and helps organizations become more effective in reaching underserved segments in their communities.

The first success story highlighted in this guide comes from ElderSource (a AAA in Jacksonville, Florida). ElderSource serves urban, suburban, and rural communities, and with this in mind, created an LGBT Advisory Committee to assist with presenting planning and policy recommendations for the inclusion of LGBT older adults living in its geographically diverse area. As a result, ElderSource focused more on making existing programming and services welcoming of LGBT people through outreach and LGBT cultural competency training.

The U.S. Department of Health and Human Services (HHS) Administration on Aging (AoA) published "A Toolkit for Serving Diverse Communities" which outlines an easy-to-follow four-step process that includes assessment, identifying resources, designing services, and program evaluation.[3] Organizations can use the AoA toolkit as a starting point and create plans specific to LGBT older adults by incorporating the tools and resources outlined in this guide.

[3]U.S. Administration on Aging. (2010). A toolkit for serving diverse communities. Retrieved from https://www.acl.gov/sites/default/files/programs/2017-03/AoA_DiversityToolkit_Full.pdf

A Case for Urban, Suburban, and Rural LGBT Outreach at ElderSource in Jacksonville, FL

By Linda J. Levin, M.S.G., Executive Director
ElderSource

ElderSource is designated by the state to serve as the Area Agency on Aging and the Aging and Disability Resource Center for seven counties in Northeast Florida. ElderSource's service area is a diverse region made up of urban, suburban, and rural communities. Outreach to LGBT elders is often assumed to be challenging and more costly in suburban or rural communities than in urban communities. However, by embedding LGBT-inclusion and outreach into everyday activities, ElderSource found that inclusive efforts had minimal costs and were simply incorporated into the general operating budget.

In 2011, the needs of LGBT elders across ElderSource's service area were first identified through surveying service providers and working with the LGBT community to conduct an LGBT older adult needs assessment. Results indicated that LGBT older adults: had a general distrust of service providers; were not accessing senior centers or home-based programs; and were not self-identifying as LGBT if they were utilizing services. Another needs assessment of LGBT elders in 2015 echoed these findings of social isolation and fears of discrimination, stressing the importance of continued LGBT-inclusion. ElderSource determined it was a priority to ensure programs and services were accessible to LGBT elders. Achieving this goal included LGBT-inclusive outreach and training for staff and providers in LGBT cultural competency.

To address these findings and assist in the planning of LGBT-inclusive outreach and services, ElderSource formed a Task Force. The Task Force consisted of key stakeholders inclusive of LGBT community members, providers, and allied community members from diverse backgrounds who share a commitment to LGBT inclusiveness. The Task Force met over several months to develop a report of priorities. This work continued through 2014 and included outreach and awareness events such as screening the documentary Gen Silent[4] and a PhotoVoice project.

The experience at ElderSource confirms that LGBT-inclusion does not require any more effort or cost than what is already taking place. For example, AAAs attend numerous outreach events throughout the year such as tabling at resource fairs and speaking to community groups. ElderSource assumes that every outreach event is an opportunity to reach LGBT elders by including visible materials and messages that reflect inclusiveness of LGBT elders or commonly accepted LGBT symbols like the rainbow flag. LGBT outreach simply becomes a part of the everyday outreach. Training staff and other clients to make LGBT elders feel comfortable and welcome in existing programs and services means you do not need special programming, just welcoming programming.

The Task Force is now called the LGBT Advisory Committee and has obtained funding from the LGBT Community Fund at the Northeast Florida Community Foundation. Additional accomplishments include: an LGBT-friendly provider referral database of trained providers; anti-discrimination personnel policies inclusive of LGBT individuals; inclusion of LGBT individuals on the ElderSource Board of Directors and Advisory Council; inclusion of an LGBT focus group as part of needs assessment; and LGBT elder outreach required as part of agency requests for funding.

Visit ElderSource for additional information: www.myeldersource.org

[4]Maddux, S. (2010). *Gen Silent*. MadStu Productions.

FRAMING THE ISSUE

LGBT older adults encounter unique challenges when seeking home and community-based services, social services, and long-term care. Inclusive planning requires keeping these challenges in mind throughout the planning process.

Many, if not most, older LGBT adults have experienced a lifetime of systematic discrimination and prejudice. Due to their gender identity and/or sexual minority status, many have lacked access to social institutions that provide critical security in later life, such as marriage, family, and employment.[5,6] Some LGBT older adults express fear of continued discrimination from the staff of long-term care and social services, and by their peers, leading some to go back into the "closet" or to delay accessing care until a crisis.[7] Social isolation is arguably the greatest issue this population faces as they age. Research indicates that LGBT older adults experience higher rates of social isolation when compared to their non-LGBT counterparts.[8] For example, older LGBT individuals are 2 to 3 times more likely to live alone than non-LGBT individuals.[9] Research also suggests that LGBT older adults are 3 to 4 times less likely to rely on adult children for informal caregiving, thus leading to greater reliance on formal or paid caregivers to assist with activities of daily living (e.g., eating, bathing, dressing, etc.) and instrumental activities of daily living (e.g., managing money, running errands, housework, etc.).[8] Furthermore, social isolation can be difficult to overcome for many LGBT older adults, as there are fewer opportunities to socialize in age-friendly and LGBT-inclusive environments. This is especially true for LGBT older adults in rural settings where there are fewer LGBT-inclusive businesses or services.

It is important to note that the LGBT older adult population is not a monolithic group of people that experience aging the same way. Instead, sexual orientation and gender identity are just two of the various social identities (e.g., race, ethnicity, disability, immigration status, socioeconomic status, education, occupation, etc.) that impact how we age.

The next story highlights how LGBT-inclusion at the San Francisco Department on Aging and Adult Services included forming an LGBT Aging Task Force where LGBT stakeholders set a goal of assessing community needs to produce policy and programming recommendations that now are in action. San Francisco worked with an LGBT academic researcher to assist in assessing the needs of the local LGBT aging community. This is a strategy that your Aging Network may find beneficial in assessing the needs of diverse communities.

[5]Out and Visible, SAGE (2014). Retrieved from http://sageusa.org/resources/publications.cfm?ID=214

[6]Fredriksen-Goldsen, K. I., Bryan, A. E. B., Jen, S., Goldsen, J., Kim, H.-J., & Muraco, A. (2017). The unfolding of LGBT lives: Key events associated with health and well-being in later life. *The Gerontologist 57*(S1), S15-S29. Retreived from http://age-pride.org/wordpress/published-articles/

[7]Stein, G. L., Beckerman, N. L., & Sherman, P. A. (2010). Lesbian and Gay elders and long-term care: Identifying the unique psychosocial perspectives and challenges. *Journal of Gerontological Social Work,* 53(5), 421–435. https://doi.org/10.1080/01634372.2010.496478

[8]Movement Advancement Project (MAP) and SAGE. (2010). Improving the lives of LGBT older adults: Full report. Retrieved from http://www.lgbtagingcenter.org/resources/resource.cfm?r=16

[9]Kim, H.J., & Fredriksen-Goldsen, K. I. (2016). Living Arrangement and Loneliness Among Lesbian, Gay, and Bisexual Older Adults. *The Gerontologist, 56*(3), 548–558. https://doi.org/10.1093/geront/gnu083

For more information about the unique needs of LGBT older adults, please refer to the following LGBT aging reports and research:

Understanding Issues Facing LGBT Older Adults
www.lgbtmap.org/file/understanding-issues-facing-lgbt-older-adults.pdf

Out and Visible: The Experiences and Attitudes of LGBT Older Adults, Ages 45-75
www.sageusa.org/files/LGBT_OAMarketResearch_Rpt.pdf

Inclusive Services for LGBT Older Adults: A Practical Guide for Creating Welcoming Agencies
www.lgbtagingcenter.org/resources/resource.cfm?r=487

Aging with Pride, National Health, Aging, and Sexuality/Gender Study Publications
www.age-pride.org/wordpress/published-articles

The Lives of LGBT Older Adults: Understanding Challenges and Resilience
www.apa.org/pubs/books/4318127.aspx

LGBT Older Adults in Long-Term Care Facilities: Stories from the Field
www.lgbtagingcenter.org/resources/resource.cfm?r=54

LGBT Aging Task Force Promotes LGBT-Inclusive Planning in San Francisco

By Tom Nolan, Manager, Special Projects
Department of Aging and Adult Services, City and County of San Francisco, California

In 2012, the San Francisco Board of Supervisors adopted a resolution, at the request of the City's Human Rights Commission's LGBT Advisory Committee, creating an LGBT Aging Policy Task Force. The creation of the LGBT Task Force can be traced to a committee of the City's Human Rights Commission's LGBT Advisory Committee. The Committee held a hearing and invited all with concerns regarding issues affecting LGBT seniors to come forward and testify. More than 60 individuals offered their personal reflections and suggestions.

The Task Force was charged with devising actionable items to improve the lives of LGBT seniors. The Supervisors appointed 15 community leaders broadly representative of the City's LGBT senior population to the Task Force.

The Task Force commissioned a survey designed by Karen Fredriksen-Goldsen (University of Washington), which was translated into Spanish, Russian, Chinese and Tagalog. Outreach involved working with various communities and organizations in San Francisco that included LGBT and HIV/AIDS service providers as well as faith based communities and a wide array of other aging and service organizations. This outreach resulted in feedback from 619 individuals. The Task Force also conducted focus groups to hear from individuals and groups representing the diversity of the city. The Task Force then used results of these efforts to present recommendations in a report called "LGBT Aging at the Golden Gate" http://sf-hrc.org/sites/default/files/LGBTAPTF_FinalReport_FINALWMAFINAL.pdf. The Board of Supervisors unanimously accepted the report.

The San Francisco Department of Aging and Adult Services (an Area Agency on Aging) is charged with guiding these recommendations through the approval process. To date the following recommendations have been approved and are in the implementation phase:

- Creation of an LGBT Seniors "Bill of Rights" in long-term care facilities;
- The collection of LGBT demographic information, wherever other demographic information is collected, in five city departments and the agencies with which they contract (responses are voluntary and confidential);
- Training for cultural humility within the Department of Aging and Adult Services, the larger city, and contracting agencies;
- Information and referral available to LGBT seniors in supportive, accepting facilities;
- Senior peer counseling and case management tailored to the needs of the LGBT community;
- Targeted outreach and support services to LGBT seniors around issues of the various forms of dementia;
- Creation of the first affordable housing project in the city directed toward LGBT seniors; and,
- Creation of LGBT senior volunteer outreach programs to combat isolation.

Future programs will address the lack of financial literacy and the lack of life planning documents by many LGBT seniors, as well as homelessness and the lack of welcoming shelter space.

Another jurisdiction seeking to create a similar, locally focused program could begin with identifying LGBT organizations and community leaders, LGBT-friendly faith organizations and/or individuals concerned with human rights generally. The most important first step is to recognize that in any given community there are, in fact, LGBT seniors.

By actively engaging LGBT older adults and concerned community organizations about the needs of LGBT older adults, organizations start to develop a baseline to assist in planning.

To learn more about the work in San Francisco visit: www.sfhsa.org/DAAS.htm

INCLUDING LGBT STAKEHOLDERS IN PLANNING

As with any planning process, it is important to include the right stakeholders at the table. Many state and local Aging Network entities already include representatives of minority communities on advisory boards and councils, and extending invitations to local LGBT experts and community members affirms that the planning process is committed to incorporating the views and concerns of the LGBT community. As noted in the Southeast Michigan success story below, as no one person can represent an entire community, we suggest inviting multiple local LGBT experts and community members. Their involvement helps build bridges between the aging and LGBT communities and in addition to diversifying your planning process, LGBT representatives may be better equipped to assist older adults in finding LGBT-inclusive services and supports. The local leaders of SAGE's network of affiliates around the country have experiential knowledge and expertise in working with local LGBT older adults, and are ideal candidates to be a part of the planning process. SAGE affiliate contact information can be found online at www.sageusa.org/advocacy/sagenet.cfm.

In Southeast Michigan, three AAAs partnered with a SAGE affiliate and LGBT community members to improve services for LGBT older adults. The following story describes steps the Aging Network can take for inclusive outreach to the LGBT community.

If your community or state does not have a local LGBT organization, LGBT organizations with chapters throughout the nation may be available to help you connect with key stakeholders in your area. Consider reaching out to the following organizations:

American Society on Aging LGBT Aging Issues Network: www.asaging.org/lain/

CenterLink (LGBT Community Centers): www.lgbtcenters.org/Centers/find-a-center.aspx

Equality Federation: www.equalityfederation.org

LGBT Bar Affiliate Organizations: www.lgbtbar.org

PFLAG: www.pflag.org

SAGE (Services & Advocacy for GLBT Elders): www.sageusa.org

SAGE Affiliates: www.sageusa.org/advocacy/sagenet.cfm

InterPride: www.interpride.org

National Gay & Lesbian Chamber of Commerce: www.nglcc.org

Grassroots Organizing for LGBT-Inclusive Planning in Southeast Michigan

By Kat LaTosch, MSW
LaTosch Diversity & Inclusion Consulting

In January of 2014, Detroit Area Agency on Aging (1-A), Area Agency on Aging 1-B, The Senior Alliance (1-C), and the LGBT Older Adult Coalition (now known as SAGE Metro Detroit), came together to find a way to better serve LGBT older adults in Southeast Michigan. The success of this community coalition was the result of having grassroots support between AAAs, LGBT community members, organizations and other key stakeholders. The following are steps which proved successful in building grassroots support between AAA and LGBT older adults and communities:

Find people at the AAA with a personal connection to the LGBT community. Start with an internal scan of the Area Agency on Aging. Are there employees with a personal connection to the LGBT community? This could be an LGBT employee or an employee with friends or family who identify as LGBT, or as an ally to the LGBT community. There may also be employees who have participated in LGBT cultural competency trainings and have a strong commitment to LGBT-inclusion. Invite the employees to become active members of workgroups helping with the planning process.

Seek out and welcome LGBT community stakeholders to the table. Conduct a scan of your employees and community. Are there LGBT organizations in your community such as a SAGE affiliate, LGBT community center, HIV/AIDS organization, LGBT affirming religious organization, or diversity and inclusion departments in universities and corporations? These are all places where an Area Agency on Aging can begin to provide outreach and build diversity in planning activities that are inclusive of LGBT older adults. This engagement will help both internal and external LGBT partners reduce feelings of exclusion and isolation.

Build Grassroots Support. Once the AAA has identified both internal and external LGBT and allied stakeholders, next engage them in active planning and determining needs. Consider asking stakeholders to assist in inviting other LGBT older adults to focus groups or helping promote community needs surveys through their networks. Grassroots support can help the AAA in promoting planning activities as well as inclusive programs to the broader community.

Value the professional and community expertise LGBT stakeholders bring. LGBT stakeholders are often in the best position to help AAAs understand the needs of their community and how to effectively reach them. One important way to value the participation of stakeholders is also to promote their contributions – write articles about them and release them in a newsletter or article about LGBT-inclusive planning and service activities.

Have more than one LGBT person or ally at that table. No one person can represent the LGBT older adult community or experience. Strive for diverse representation and intersectionality by seeking people who represent differing perspectives reflective of socio-economic status, education, race and ethnicity, immigration status, gender, and ability.

To learn more about the success of this work in Southeast Michigan go to:
http://www.lgbtagingcenter.org/resources/resource.cfm?r=851

ASSESSING COMMUNITY NEEDS

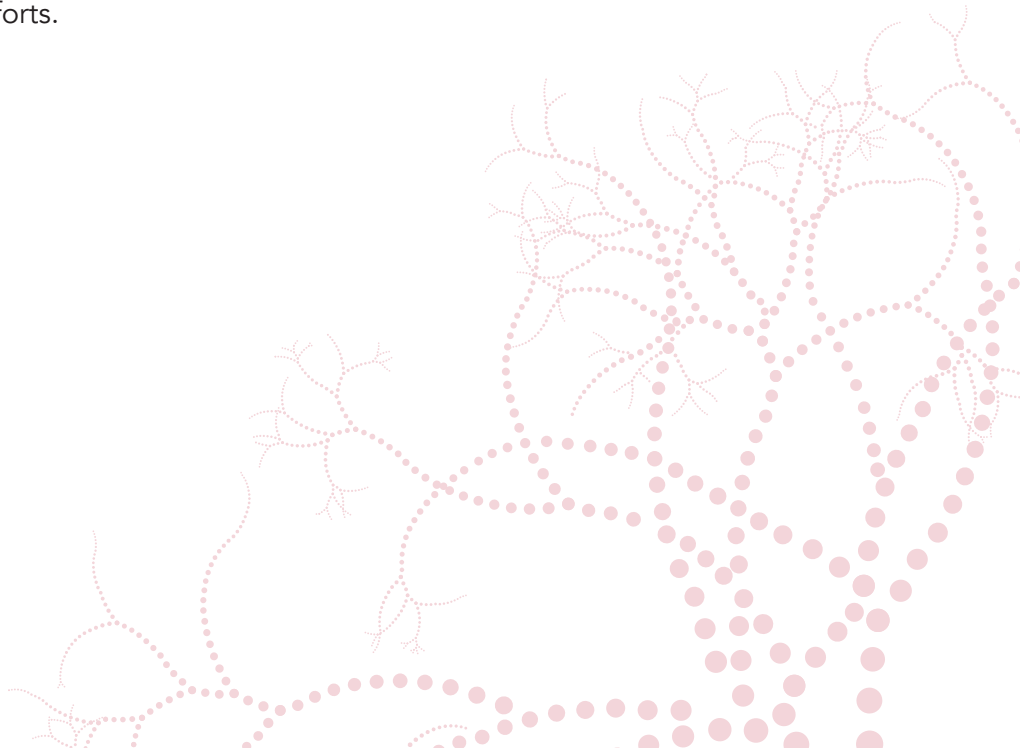
As with all minority groups, gathering data about the LGBT older adult population's size and unique service needs helps to set realistic and measurable goals, and direct your resources to where they will have the highest impact. Understanding the types and quality of services needed to best serve LGBT older adults in your Planning and Service Area (PSA) will allow your agency to strategically leverage available resources. If conducting an LGBT-inclusive needs assessment is not feasible, there are existing data sources that can be used to help guide your agency's planning process.

For example, the Behavioral Risk Factor Surveillance System of the Centers for Disease Control and Prevention (CDC) includes an optional module that asks respondents about their sexual orientation and gender identity. Please check to see if your state includes the module. If your state does not include the module, you might consider making a request for inclusion to the administrating agency in your state (www.cdc.gov/brfss/questionnaires/index.htm).

While the U.S. Decennial Census does not ask about sexual orientation and gender identity directly, certain data points can be extrapolated to estimate the number of same-sex couples in any part of the nation. Here is information on same-sex couples, (www.census.gov/topics/families/same-sex-couples.html).

The Williams Institute of the University of California, Los Angeles, has more information about data on LGBT populations, policy needs, and recommendations for collecting data on LGBT populations (https://williamsinstitute.law.ucla.edu/#mapus).

The following is a list of existing LGBT community needs assessments and research available to help guide your planning efforts.



LGBT Community Needs Assessments, Research and Other Useful Tools

Improving the Lives of LGBT Older Adults: Issue Briefs
www.lgbtmap.org/improving-the-lives-of-lgbt-older-adults-issue-briefs

Out and Visible: The Experiences and Attitudes of LGBT Older Adults, Ages 45-75
www.sageusa.org/resources/publications.cfm?ID=214

2015 U.S. Transgender Survey
www.lgbtagingcenter.org/resources/resource.cfm?r=836

Aging with Pride National Health, Aging, and Sexuality/Gender Study Publications
www.age-pride.org

Aging Network Planning Tools: LGBT Community Assessments and Reports
www.lgbtagingcenter.org/resources/resource.cfm?r=843

National Intimate Partner and Sexual Violence Survey: Findings on Victimization by Sexual Orientation
www.cdc.gov/violenceprevention/pdf/nisvs_sofindings.pdf

NASUAD provides information on needs identification of diverse populations at
www.nasuad.org/needs-identification

The Diverse Community Questionnaire of the AoA's "Toolkit for Serving Diverse Communities" is another resource that can be tailored to meet the needs of your agency when identifying areas for internal and external growth in improving services for LGBT older adults. https://www.acl.gov/sites/default/files/programs/2017-03/AoA_DiversityToolkit_Full.pdf

A full needs assessment may take months or years to complete, which is why it is important to make sure that LGBT older adults are represented in your existing assessment plans. For example, as you identify key stakeholders in the LGBT community, those stakeholders can help make sure that LGBT older adults are participating in your surveys, focus groups, and public hearings, thereby including their voices in your existing plan. The findings and insight gained will inform the planning of your agency's Area or State Plan on Aging LGBT-inclusive goals, objectives, strategies, and outcomes, which are covered in the following section. The success story below from New York State Office for the Aging demonstrates how modifying your existing assessments and data collection efforts can help assess the needs of your LGBT constituents.

New York State Inclusive LGBT & Older Adult Sexual Health

The New York State Office for the Aging (NYSOFA) works to enhance New York's ability to better serve LGBT older adults and to help protect the sexual health of all in this age cohort. These initiatives help improve the overall health of many older adults living in New York, which has more than 3.7 million older adults, the fourth largest population in the nation.

NYSOFA is committed to fostering the inclusion of LGBT older adults in person-centered programs and services that promote health and wellness. As data collection is essential to identifying the unique needs and issues facing vulnerable LGBT older adults, NYSOFA has incorporated into its Comprehensive Assessment for Aging Network Community-Based Long Term Care Services (COMPASS) questions regarding sexual orientation and gender identity. The COMPASS is NYSOFA's primary screening tool. Results from COMPASS assist in the development of client-centered planning and services. Sexual orientation and gender identity data will provide tools to measure the effectiveness of outreach policies and identify opportunities to better serve LGBT older adults in a culturally competent manner throughout the various regions of New York State.

New York State is also developing and implementing a three-point plan to end AIDS as an epidemic in New York State by the end of 2020, which will include elements that address its impact on older adults. According to the New York State Department of Health's AIDS Institute, the impact of HIV/AIDS on older persons is significant. Adults 50 years of age and older make up the fastest growing segment of the HIV infected population, comprising 55% of people living with HIV in the state by 2016, and estimated to grow to 70% by 2020.

NYSOFA has been working in partnership with the AIDS Institute to provide advice to help inform the state's blueprint on ending the AIDS epidemic. This group met several times and documented its findings in an Older Adult and HIV Implementation Strategies Report that was submitted to the full advisory group. These discussions led to the enactment of new laws proposed by the governor that extend the upper age limit for the offer of an HIV test beyond age 64. These efforts led to the development of a report called "Older Adults and Sexual Health: A Guide for Aging Services Providers," by the AIDS Institute and NYSOFA.

Through better LGBT data collection and health education, New York can improve the quality of life for older adults by targeting limited community service resources to the populations with the highest need. New York State remains committed to supporting LGBT and all older adults with diverse programs and services, and looks forward to continuing to strengthen outreach and education programs.

Learn more about the programs in New York State here: www.aging.ny.gov

"For the past few years our agency has considered the needs of LGBT seniors due to the professional outreach and training provided by SAGE. SAGE has provided a LGBT cultural competency training for our providers. We have reached out to LGBT seniors through speaking at Lunch 'n Learns. We invite LGBT seniors to our events, and we are a sponsor at SAGE's Annual Summer Celebration. While we still have much work to do to welcome LGBT seniors to the Aging Network, we believe this best practice guide will serve as a valuable tool to keep us moving in the right direction."

Anneliese Stoever
Community Programs Manager
St. Louis Area Agency on Aging

LGBT-INCLUSIVE PLANNING GOALS AND OBJECTIVES

The heart of the planning process are the goals and objectives that guide how Older Americans Act funded programs and services are designed and implemented at the local and state level. Inclusion of LGBT populations in the goals, objectives, strategies, and outcomes in plans may be new to some local and state planning departments. This section provides a broad overview of LGBT-inclusive plans followed by examples of goals, objectives and strategies from local and state planning documents.

For more information on goals and objectives, visit NASUAD's guide on Tools and Planning at www.nasuad.org/goals-objectives

LGBT-Inclusive Plan Narratives

Many local and state plans include a description in the "Narrative" section of the groups the agency considers minorities or underserved populations. Any reference to minority populations in goals, objectives, strategies, and outcomes therefore incorporates these groups. Including LGBT populations in the Narrative description of minority populations ensures that they are visible and included throughout the planning process.

While some plans include LGBT populations in the overall description of minority populations in the narrative section, others develop goals, objectives, strategies, and metrics that focus specifically on LGBT older adults. The following sections explain how each of these components of Plans on Aging can be inclusive of LGBT populations.

LGBT-Inclusive Plan Goals

Some agencies have developed goals that specifically focus on LGBT populations. While this approach can be effective, most agencies prefer to develop overarching goals related to Older Americans Act elements (i.e., outreach efforts, advisory councils, and the focus of activities and programs) that have subsequent objectives, strategies, and outcomes that focus on underserved populations like LGBT older adults.

LGBT-Inclusive Plan Objectives

While goals are broad enough to encompass LGBT populations, objectives allow agencies to provide specific descriptions for how they can include older LGBT adults. Objectives should be measurable, time specific, attainable, and realistic. Some plans use objectives that are narrower than the goal but broad enough to encompass many strategies that are specific to subpopulations.

LGBT-Inclusive Plan Strategies

Strategies or action steps usually describe how the agency plans to achieve the related goal and objective in more detail. Oftentimes, multiple strategies are found beneath one related goal and objective where each strategy can be inclusive of LGBT populations or where some strategies can specifically address LGBT populations, depending on the nature of the related goal and objective.

LGBT-Inclusive Plan Outcomes and Performance Measures

Assigning outcome and performance measures (some plans use the term "metrics") like target dates and totals to goals, objectives, and strategies is a tool many agencies use to measure success. Agencies should pay close attention to setting realistic and achievable outcomes that provide opportunities for success. It will take time to build relationships and trust with LGBT communities, so starting small is a good idea while providers and LGBT communities become more accustomed to working with one another.

Below are examples of local and state planning goals, objectives, strategies, and outcomes that include LGBT populations. It should be noted that not all local or state plans use the same format in documenting their goals and outcomes. The examples below are intended to show how your organization may choose to explicitly incorporate LGBT populations into your particular process.

"By including questions on community needs assessments that focus on LGBT older adults, AAAs can identify numbers of LGBT people in their communities, and incorporate their concerns in creating their Area Plans. At Pima Council on Aging (PCOA), our November 2016 Community Assessment Survey demographics were inclusive of sexual orientation and gender identity. We also included these questions: 'Please rate the Services available to LGBTQ older adults. Indicate your personal level of concern about discrimination because of lesbian/gay/transgender status. What new or improved aging services would you like to see in the community?' Our staff also completed SAGECare trainings earning SAGECare Bronze Credential. As a result of PCOA's many LGBTQ-affirming activities, we have created a very positive perception of our agency in the LGBTQ community, and increased the use of all our services by LGBTQ older adults."

Sandy Davenport, LMSW
Caregiver Specialist
Pima Council on Aging

For more information on LGBT aging training, please visit www.sageusa.care

Examples of LGBT-Inclusive Aging Goals, Objectives, Strategies, and Outcomes

Example of Outreach Efforts for local or state plans: (Generic)

GOAL.....Create a focus on reaching underserved persons.

OBJECTIVE.....Develop an Aging Network that reaches underserved persons across the PSA.

STRATEGY.....Identify and prioritize potential underserved populations (i.e., greatest economic need, greatest social need, rural, limited English speaking, **LGBT populations**, and veterans) to be reached.

OUTCOME.....Increase percentage of underserved individuals (i.e., greatest economic need, greatest social need, rural, limited English speaking, **LGBT populations**, and veterans) by 10% after setting baseline in 2018.

Example from Local Plan: ElderSource, Jacksonville, FL

GOAL.....Enable individuals to maintain a high quality of life for as long as possible through the provision of home and community-based services, including supports for family caregivers.

OBJECTIVE.....Improve caregiver supports.

STRATEGY.....ElderSource will address caregiver issues with **LGBT elders** through outreach and appropriate referrals.

Example from Local Plan: Multnomah County Aging, Disability and Veterans Services Division 2017-2020 Area Plan

GOAL.....Promote access to family caregiver services and resources, including respite services, to meet the needs and preferences of family and informal caregivers from diverse cultural backgrounds.

OBJECTIVE.....Increase participation by family and informal caregivers that identify racial, ethnic and cultural minority groups.

KEY TASK.....Develop capacity for meeting needs of **LGBT elders** and family and informal caregivers.

TIMEFRAME.....Start date – July 2016 End date – June 2020

Example from Aging and Disability Resource Connection: (Florida's State Plan on Aging)

GOAL..... Information and Access – Enable older Floridians, individuals with disabilities, their families, and other consumers to choose and easily access options for existing physical health, as well as long-term and end-of-life care.

OBJECTIVE..... Provide culturally appropriate information in a variety of formats to elders, their families, and other caregivers taking into account linguistic and cultural differences.

STRATEGIES ..... Provide information and referral assistance in a culturally and linguistically appropriate manner regardless of elders' ethnicity, race, gender, religion, **sexual orientation, gender identity,** or socioeconomic status.

Encourage individuals who identify with the **lesbian, gay, bisexual, and transgender (LGBT)** community to plan for their elder years through education about long-term care options.

Educate in-home and institutional care service providers about the unique needs of diverse elders, especially elders with the greatest economic need, elders with physical or mental limitations, elders with Limited English Proficiency, elders facing cultural or social isolation including **LGBT individuals,** and elders in rural communities.

Example from Elder Justice: (Connecticut's State Plan on Aging)

GOAL..... Protect Rights and Combat Elder Abuse, Fraud, and Neglect.

OBJECTIVE..... Ensure that programs and services are welcoming and effective for all consumers, including sensitivity to issues of race, disability, economic status, language, religion, **sexual orientation, and gender identity.**

STRATEGY ..... Collaborate with the federal Administration for Community Living and local partners to modify data collection forms to be culturally sensitive to **sexual orientation, marital status, and gender identity or expression.**

OUTCOME ..... Target Date: June 2017

Establishing LGBT-inclusive goals and objectives in your agency's plan creates a road map towards success that can be measured. The following profile of Multnomah County Aging, Disability & Veterans Services in Oregon is an example of how outreach to LGBT older adults as part of an existing veterans program can help accomplish the goal of reaching underserved populations through existing programs.

Inclusive LGBT Planning and Programs at Multnomah County Aging, Disability & Veterans Services

By: Erin Grahek, Community Services Manager
Multnomah County Aging, Disability & Veterans Services

Multnomah County Aging, Disability & Veterans Services (ADVSD) is an Area Agency on Aging in Oregon. During the past five years we have focused on the strengths and needs of LGBT older adults in our community. We have benefited from strong community partnerships with our local SAGE affiliate, LGBT community members themselves and the larger network of culturally-specific providers. Support for this work permeates all levels of our agency, and having top leadership provide vocal support and intentionally demonstrating an inclusive and welcoming environment has been essential. We have focused on three areas of training, programming, and outreach, as described below.

A well-trained staff is critical to our LGBT-inclusion efforts. We provided an ADVSD-wide, "Introduction to LGBT Aging" training. This led to the implementation of Safe Zone posters in all ADVSD buildings, providing a way to continue to raise awareness, show leadership's support, and ensure our commitment to better serve LGBT community members. Recent efforts have also included training on best practices for serving transgender community members and the unique needs and experiences of LGBT veterans. We identified and supported several champions within our staff that carried this work forward by becoming subject-matter experts and acting as internal resources. We created an internal LGBT Regional Alliance workgroup that brought Aging, Disability and Veterans' Services staff together from three counties to share ideas, resources and skills. As a result, we have been able to reach large numbers of staff that has led to increased sustainability of our efforts.

We implemented a large-scale project that culminated in LGBT-Welcoming designation for Adult Foster Homes whose operators completed a series of three trainings, displayed inclusive messages or symbols in their home, and signed a pledge to provide inclusive care to all residents. Our goal was to increase awareness of the anxiety and fear a LGBT resident may have when moving into this type of community and provide consumers with more options when choosing a home. These foster homes were promoted in partnership with our local SAGE affiliate (SAGE Metro Portland) in the Guide to LGBT Friendly Senior Housing in Oregon. In 2011, we awarded a contract to SAGE Metro Portland to provide LGBT-specific case management, social events, and wellness programming. We are offering an evidence-based, home-based mental health program called PEARLS, with older LGBT people as a priority population.

We emphasize communicating to LGBT older adults that our services are welcoming and respectful to all communities and that all ADVSD staff will value community members' sexual and gender identities. We do this by including same-sex couples in outreach materials and changing intake forms to have inclusive language for gender identities, preferred name, and relationship status. One example of this is Veteran Services Referral Form. We have included the rainbow flag on Veteran Services brochures, business cards, and staff ID lanyards. We have a large presence at Portland Pride and other community events for LGBT older adults such as the Gay & Grey Expo. Staff and leadership have begun to start meetings by introducing themselves and their preferred gender pronouns, and including this information in their email signatures. These forward-facing efforts serve as a welcoming signal to the people we encounter both internally and in the community.

For more information on the mission and work of Multnomah County Aging, Disability & Veterans Services please visit: www.multco.us

MEASURING SUCCESS AND PLANNING FOR THE FUTURE

Once your local Aging Network begins to implement LGBT-inclusive plans and services, the next question is how to measure success and progress towards achieving the outlined goals, objectives, strategies, and outcomes. Think about the multiple ways your local Aging Network is currently monitoring such progress through its ongoing performance measuring and how these processes can be adapted to be LGBT-inclusive. For example, if you are using a program satisfaction survey, it is important to ensure that demographic questions are inclusive of diverse sexual orientations and gender identities. This allows you to know which comments are coming from LGBT older adults, simultaneously measuring your success at reaching LGBT older adults while collecting feedback that can be used in future planning.

For more information on how to ask questions related to sexual orientation and gender identity see the best practice guide "Inclusive Questions for Older Adults: A Practical Guide to Collecting Data on Sexual Orientation and Gender Identity" at www.lgbtagingcenter.org/resources/resource.cfm?r=601.

The established LGBT-inclusive outcomes in your agency's plan can be monitored on an ongoing basis to identify opportunities for improvement early in the planning cycle. For example, one of your outcomes may be to provide LGBT cultural competency training to at least 25% of your agency and provider staff by the end of the planning cycle. A good way to measure performance is to have ongoing reporting on what percentage of each group has received training related to LGBT cultural competency. For information on LGBT cultural competency training and education resources visit www.lgbtagingcenter.org/training/.

As your agency continues the planning process, the LGBT-inclusive advisory board or council that was established during the planning process can provide feedback during the plan's implementation. Ask these members if they are seeing an impact in their communities. Hold a town hall or focus group and invite members of the LGBT community to give feedback and suggestions for future planning. The advisory council and LGBT community's input, in addition to your agency's monitoring processes, are great sources of data to inform the development of future plans. To learn more about outcomes and performance measurement, visit www.nasuad.org/outcomes-performance-measurement.

The final success story in this guide is from Massachusetts. It shows how years of planning, networking, outreach, and services shaped a culture of LGBT inclusivity in the local and state Aging Network. As illustrated by the Massachusetts Executive Office of Elder Affairs, the intended outcomes can start small with policy updates to include protections against discrimination based on sexual orientation and gender identity and eventually lead to the systematic collection of sexual orientation and gender identity data and an LGBT Commission that can continue to assist in evaluation and future planning of LGBT-inclusive services.

For more information about creating welcoming environments, refer to "Inclusive Services for LGBT Older Adults: A Practical Guide to Creating Welcoming Agencies" http://www.lgbtagingcenter.org/resources/resource.cfm?r=487

SAGECare provides LGBT competency training and consulting on LGBT aging issues to service providers. SAGECare offers the added benefit that qualifying agencies may receive a national credential to highlight the percentage of staff trained. To learn more visit: www.sageusa.care

"We are excited that the training we have experienced from SAGECare will give us the tools to make our service delivery more user friendly and inclusive of LGBT older folks in our community. Our mission, as one of our staff pointed out during our on-site training, is to provide services with heartfelt caring for all people. We feel better prepared to complete that mission."

Monte Callicott
Executive Director
East Arkansas Area Agency on Aging, Inc.

Developing LGBT-Inclusive Elder Services in Massachusetts

By: Mary DeRoo, RN, BSN, MSM
Director of Home and Community Programs
Massachusetts Executive Office of Elder Affairs

Lisa Krinsky, LICSW
Director, LGBT Aging Project
Fenway Health

Advancing culturally competent and affirming LGBT aging services has been a priority for the Aging Network in Massachusetts for over 15 years. At the center of this work is the relationship between the LGBT Aging Project and the Massachusetts Executive Office of Elder Affairs (EOEA) and numerous Area Agencies on Aging (AAA).

The LGBT Aging Project first delivered LGBT cultural competency trainings to Massachusetts' mainstream elder service providers in 2004. Since 2006 EOEA has funded the LGBT Aging Project to deliver these trainings along with technical assistance and LGBT community outreach to most of the state's AAAs as well as many Councils on Aging.

In 2004, Boston's Cafe Emmanuel was the country's first intentional LGBT-friendly congregate meal program funded by the Older Americans Act. Started by a mainstream elder service with a strong commitment to LGBT older adults, this program has now been replicated across Massachusetts with 17 LGBT-friendly meal programs providing important opportunities for nutritious meals and social engagement.

In 2012 EOEA was the first State Unit on Aging to designate LGBT elders a population of "greatest social need" under the Older Americans Act. EOEA requested that local agencies working with older adults identify and assess the LGBT population as a part of their area plan. As a result of this directive, a number of Massachusetts AAAs have hosted community needs assessment meetings particularly for LGBT older adults and caregivers, in order to learn what this segment of their constituency needs and how they can address those needs. The LGBT Aging Project co-hosted some of these meetings, leveraging their credibility with LGBT older adults and reassuring them that there would be a safe LGBT presence at these community events.

This extensive work over the years helped set the stage for establishing the Massachusetts LGBT Aging Commission that published recommendations in the Fall of 2015. Based on these recommendations, in 2016 EOEA added sexual orientation and gender identity (SOGI) questions to their Comprehensive Data Set (CDS) assessment tool so that older adults who are enrolled in Home and Community Based services are asked SOGI questions. For those LGBT older adults who answer the questions openly and affirmatively, this is the beginning of their being visible to LGBT-culturally sensitive service providers.

Inclusion of these questions comes after a decade of the LGBT Aging Project working closely with EOEA and its network of elder service agencies. EOEA and the LGBT Aging Project continue this strong relationship by providing the Aging Network with training on collection of SOGI data from older adults, as well as technical assistance and consultation as needed. This sets the stage for the EOEA to develop a robust system for measuring program success and LGBT-inclusion efforts as SOGI data collection will be incorporated into individual assessments, program monitoring, satisfaction surveys, research and evaluation.

Through combining a number of strategies, engaging and training elder service providers and effecting changes in policy - LGBT aging advocates have achieved a great deal in Massachusetts over the past 15 years. While much remains to be done in Massachusetts, we believe that the Massachusetts model of including a statewide LGBT Aging Commission, has great potential to transform elder services and support LGBT elders' ability to age successfully in community with health, dignity and respect.

See the following for information on the Massachusetts Executive Office of Elder Affairs www.mass.gov/elders and the LGBT Aging Project www.lgbtagingproject.org

LGBT-Inclusive Planning Best Practices Checklist

- ❑ Educate staff of agencies and service providers about the needs of LGBT older adults.
- ❑ Develop partnerships with community-based LGBT organizations.
- ❑ Invite LGBT community stakeholders to provide input.
- ❑ Identify the needs of older LGBT adults through new or existing needs assessments and data.
- ❑ Review existing programs and services for LGBT-inclusion.
- ❑ Design LGBT-inclusive plans on aging with input from key stakeholders.
- ❑ Measure program success.
- ❑ Continue planning for LGBT-inclusive services and programs.

CONCLUSION

This guide is a collection of tools and resources for local and state Aging Network entities to utilize as they begin or continue planning aging services with LGBT older adults in mind. Many of the organizational LGBT-inclusion examples described throughout this guide did not cost additional money or involve new resources. They were often a simple matter of ensuring that key stakeholders from the LGBT community were at the table to assist with LGBT planning and outreach. Existing programs can be made LGBT-inclusive by ensuring the Aging Network is LGBT culturally competent and services are welcoming to LGBT communities, making the provision of services more efficient by serving those most in need.

We hope that you and your agency have found the organizational stories and resources throughout this guide useful, and that you are better prepared to incorporate the needs of LGBT older adults into the planning of your agency's next Plan on Aging. On page 24 there is a Best Practices Checklist that gives an overview of an LGBT-inclusive planning process.

The list was gleaned from the organizational stories and practices that led to LGBT-inclusion. This list is not meant to be a step-by-step process to be applied universally. Every community is different, as is illustrated in this guide's Aging Network success stories. Your agency's path towards an LGBT-inclusive planning process will be unique with equally different outcomes. For more information and assistance with ongoing work, please visit SAGE's National Resource Center on LGBT Aging, Aging Network Planning Tools page for updates and new resources www.lgbtagingcenter.org/resources/resources.cfm?s=36.

GLOSSARY**

Acquired Immune Deficiency Syndrome (AIDS)
The last stage of the infection from Human Immunodeficiency Virus (HIV) that attacks a person's white blood cells. This means they can no longer fight off sickness and disease.

Ally
A person who works for social change for a group that faces injustice or disadvantage. The ally is not a member of that oppressed group but supports and fights for equality on behalf of the group, e.g. heterosexuals who support LGBT rights.

Bisexual, Bi*
An individual who is physically, romantically, and/or emotionally attracted to both men and women. "Bisexual" does not suggest having equal sexual experience with both men and women. In fact, some people who identify as "bisexual" have not had any sexual experience at all.

Cisgender
Individuals whose gender identity and/or gender expression do align with their biological or assigned sex. If someone was assigned the sex female at birth and lives comfortably as a woman, she is likely cisgender.

Closeted, In the Closet or Stealth*
Describes a person who does not share with others, or only shares with a few "safe" people, that they are lesbian, gay, bisexual and/or transgender.

Coming Out*
A lifelong process of self-acceptance of one's sexual or gender identity that may include a sharing of that identity with others. How much people are "out" may differ by setting, people they are with, and life stage. The coming out process is unique for each individual, and is the choice of each individual. LGBT older adults often hide their sexual orientation or gender identity from their health care and social service providers (do not "come out") for fear of being treated badly.

Discrimination*
Unfair and unequal treatment in favor of or against an individual or group based on group identity; e.g. African American, female, Arabic, youth, or LGBT. Discrimination is the actual behavior towards the individual(s).

Dyke
Slang for a lesbian. It originated as a negative label for a masculine or butch woman, and this usage still exists. It has been reclaimed by some as a positive word.

Faggot/Fag
An offensive, negative slang sometimes used to describe gay men.

Family of Choice
Diverse family structures usually created by LGBT people, immigrants, and racial or ethnic minorities, that include but are not limited to life partners, close friends, and other loved ones not biologically related or legally recognized but who are the source of social and caregiving support.

Family of Origin
The family in which a person grows up, or the first social group a person belongs to, which is often a person's biological family or an adoptive family.

Gay*
A word used to describe anyone, mainly men, who have primary physical, romantic, and/or emotional attraction to someone of the same sex, e.g., gay man, gay people. Many gay people prefer this term over "homosexual" which retains negative connotations. Lesbian can be a preferred term for a gay woman. While younger men may use the term "queer," this terms is generally considered offensive to older people.

Gender
A person's internal sense of being male, female or another gender. A person may choose to express their gender through culturally defined norms associated with male and female, which may or may not align with a person's internal gender identity or with the sex they were assigned at birth.

Gender Expression*
How a person outwardly expresses their gender identity and/or role; how they dress, walk, wear their hair, talk, etc. Typically, transgender people seek to make their gender expression match their gender identity, rather than their sex assigned at birth.

Gender Identity*
The gender you feel you are inside (man, woman, neither or both). For transgender people, their birth-assigned gender and their personal sense of gender identity do not match. Gender identity and sexual orientation are not the same. Transgender people may be heterosexual, lesbian, gay, or bisexual. For example, a transgender woman who was assigned a male gender at birth and is attracted to other women may self-identify as a lesbian.

Gender Role
Societal or ethnic/cultural expectations about how a person should dress, look, talk, and behave based on whether they are female or male.

Gender Perception
How observers classify a person's gender.

Going Stealth
A person living as a gender different from what was assigned to them at birth without people knowing or being able to tell that the person is transgender.

Heterosexual*
Used to describe people whose primary physical, romantic, and/or emotional attraction is to people of the opposite sex; also known as straight.

Heterosexism*
Belief that heterosexuality is the only "natural" sexuality and that it is inherently healthier or superior to other types of sexuality, including LGBT sexuality. The term refers to the negative attitudes, bias, and discrimination exhibited by people with this belief.

Homophobia/Transphobia/Biphobia*
Homophobia refers to a fear of lesbians and gay men. Biphobia is used to describe a fear of bisexual people. Transphobia is used to describe a fear of transgender people. These phobias reflect prejudice, hatred, antipathy, and avoidance toward lesbian, gay, bisexual and transgender people.

Homosexual
An outdated clinical, medical term that is no longer the preferred word used to describe someone who is gay or lesbian. It has taken on negative connotations because of its previous use to denote a mental illness.

Hormone Therapy
Use of hormone treatments to create characteristics that reflect the sex with which a person identifies.

Identity or Self Identify
What people call themselves that expresses their internal reality. This may be different from external characteristics or how others might view them.

Intersectionality
A term used to describe how we are all a combination of different traits or identities, such as culture, ethnicity, race, education, age, language, and also sexual orientation and gender identity.

Lesbian*
A woman whose primary physical, romantic, and/or emotional attraction is to other women. Some lesbians may prefer to identify as gay (adj.) or as gay women. Many lesbians view "homosexual" as a derogatory term. While younger women may use the terms "dyke" or "queer," these terms are generally considered offensive to older people.

LGBT/GLBT*
Acronym for lesbian, gay, bisexual and transgender. LGBT and/or GLBT can be used interchangeably.

LGBT Older Adults
The preferred term for LGBT people 65, the current standard age of retirement, or older. The term "older adults" may be preferable to "old," "senior," "elderly" or "aging" (terms which many don't identify with personally). Also acceptable are "older LGBT people" or "LGBT older people" depending on context.

Lifestyle*
Term used to refer to lesbian, gay, bisexual, and transgender lives, generally considered offensive to LGBT people. Just as there is no one straight "lifestyle," there is no one lesbian, gay, bisexual, or transgender lifestyle.

Minority Stress
The damaging physical and mental health effects of being stigmatized and/or the focus of prejudice and discrimination, which create a hostile and stressful environment.

Openly Gay*
Describes people who self identify as lesbian or gay in their personal, public and/or professional lives. Terms such as openly lesbian, openly bisexual, and openly transgender are also used. Sometimes referred to as being "out," as in, "She is an out lesbian." Openly gay people generally continue to scan each new environment for its level of safety before speaking of their LGBT identity.

Outing*
The act of publicly telling (sometimes based on rumor and/or speculation) or revealing another person's sexual orientation or gender identity without that person's consent. It is considered inappropriate by a large portion of the LGBT community, and can be very damaging socially, personally, and/or professionally to the individuals who are "outed."

Partner
A nondiscriminatory and gender neutral way to describe one of the people in a committed, long-term relationship.

Queer*
Historically a negative term, it is now being used by some LGBT people—mostly younger ones and as a broader term—to describe themselves. However, it is not universally accepted even within the LGBT community and should be avoided unless quoting or describing someone who self-identifies that way.

Questioning*
A person who is unsure about his or her sexual orientation or gender identity.

Same-Gender Loving (SGL)*
A cultural term used most frequently in communities of color that affirms the same-sex attraction of men and women. The term may be favored by some over the labels gay, lesbian, or bisexual.

Sex*
The classification of people as male or female based on their anatomy (genitals or reproductive organs) and/or biology (chromosomes and/or hormones).

Sex Assigned at Birth
At birth, infants are usually given a sex designation of male or female by a doctor based on the child's genitals.

Sex Reassignment Surgery
Surgery performed to create genitalia that reflect the sex with which a person identifies.

Sexual Orientation*
A person's primary physical, romantic, and/or emotional attraction to members of the same and/or opposite sex, including lesbian, gay, bisexual and heterosexual (straight) orientations. It is the accurate term and should be used instead of the offensive term "sexual preference," which conveys the suggestion that being gay or lesbian is a choice and therefore can be "cured" or changed.

Transgender*
An umbrella term for people whose gender identity and/or gender expression differs from the sex they were assigned at birth. The term may include but is not limited to transsexuals and cross-dressers. Transgender people may identify as female-to-male (FTM) or male-to-female (MTF). It is important to use the descriptive term (transgender, transsexual, cross-dresser, FTM or MTF) preferred by the individual. Transgender people may or may not decide to alter their bodies hormonally and/or surgically.

Transition
The process of changing genders in order to match the gender a person identifies as. This can include: Male to Female and Female to Male or Intersex.

Transsexual*
An older term that originated in the medical and psychological communities. While some transsexual people still prefer to use the term to describe themselves, many transgender people prefer the term transgender to transsexual. Unlike transgender, transsexual is not an umbrella term, as many transgender people do not identity as transsexual. It is best to ask which term an individual prefers.

Two-Spirit*
The term refers to LGBT people and reflects traditions among many Native American nations that accept and celebrate the diversity of human gender, spirituality, and sexuality.

***Adapted from the Gay & Lesbian Alliance Against Defamation (GLAAD) Media Reference Guide, www.glaad.org**

****This glossary was developed using the following additional sources:**

- *From Isolation to Inclusion: Reaching and Serving Lesbian, Gay, Bisexual and Transgender Seniors, Openhouse LGBT Cultural Humility Curriculum for Senior Service Providers*; Openhouse, San Francisco, CA. www.openhouse-sf.org/resources/training.
- LGBT Aging Project, Boston, MA. www.lgbtagingproject.org
- *LGBT Aging Health Issues*, Cook-Daniels, FORGE Transgender Aging Network, Milwaukee, WI. www.forge-forward.org/aging.
- *LGBT Aging: What Makes It Different? A Training Curriculum from the New York State Health & Human Services Network*, compiled and edited by SAGE, New York, NY. www.sageusa.org
- *Improving the Quality of Services and Supports Offered to LGBT Older Adults*, National Resource Center on LGBT Aging, New York, NY. www.lgbtagingcenter.org

National Resource Center ON LGBT AGING

305 Seventh Avenue, 15th Floor
New York, NY 10001
212-741-2247
lgbtagingcenter.org
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