

A decorative header consisting of horizontal stripes in shades of orange, red, teal, and olive green. The word "FACING" is written in large, bold, orange capital letters across the top of these stripes.

# FACING

# DISCRIMINATION ISSUES

AS LGBT LONG  
TERM CARE  
SETTINGS ARE  
STARTING TO  
MATERIALIZE,  
MAINSTREAM  
FACILITIES  
MUST REVIEW  
THEIR POLICIES  
AND TRAINING  
PROGRAMS.

All Rev. Robert Franke wanted to do was live in an assisted living facility (ALF) close to his daughter, Sara Franke Bowling, and his grandchildren in Little Rock, Ark. Franke is a 75-year-old retired biology and religion professor, university dean, and Unitarian-Universalist minister who happens to be gay.

Happily, he found an ALF not too far away, in North Little Rock. He applied for admission and supplied the ALF with all the necessary paperwork, including medical forms filled out by a local physician, and moved in.

The next day, he was evicted.

The administrator allegedly told the daughter that while his things could remain for the time being, the “body” had to be out by the end of the day, or Adult Protective Services would be called, according to a lawsuit brought on behalf of Franke and his daughter.

The reason for the eviction? Franke is positive for human immunodeficiency virus (HIV), and management decided he was a threat to the other residents and staff, says Scott Schoettes, an attorney with Lambda Legal, based in New York City.

“I was stunned that my dad was thrown out of his new home,” said Bowling in a news release. “The people at Fox Ridge were supposed to make sure that he was comfortable and cared for, and instead they shunned and rejected him, making him feel like a complete outcast.”

### Getting Legal Help

Franke’s son called Lambda Legal, a national legal organization that is well-known for bringing the law to bear on issues that involve discrimination against lesbian, gay, bisexual, and transgender (LGBT) people and those with HIV.

On May 12, Lambda Legal, in conjunction with a local law firm, brought a federal lawsuit against Parkstone Living Center (which owns Fox Ridge at North Little Rock) on behalf of Franke and his daughter. The organization filed for an injunction to force the center to allow him to return and to prohibit it from discriminat-

ing against other residents or potential residents who are HIV-positive.

The suit claims that Franke is protected from such discrimination under the federal Fair Housing Act, the Americans with Disabilities Act, the Arkansas Fair Housing Act, and the Arkansas Civil Rights Act.

A spokesperson for the Arkansas Department of Human Services, Julie Munsell, told the *Kaiser Daily HIV/AIDS Report* that if an individual discharged from an ALF appeals the discharge, he or she is allowed to remain in the ALF until a hearing is held.

However, although an appeal was filed, according to Munsell, it was dismissed without a hearing. She said that Fox Ridge is “claiming that they did not admit this client so there is no need for a hearing.”

The administrator at Fox Ridge at North Little Rock did not return phone calls by press time.

Franke is now living at another ALF in Little Rock.

“This is a problem that we think is happening quite a bit,” Schoettes says, although he usually hears stories about people who have called an ALF to try to place an HIV-positive parent, and as soon as the HIV is made known, suddenly space is unavailable.

Part of the reason it’s becoming more of an issue is because treatment for HIV has improved, and people who have it are living into their senior years. “We want to send a message to all the assisted living facilities out there that they need to make sure they understand the science” behind how HIV is contracted “and that there is no threat presented by someone with HIV living in their facility,” Schoettes says.

### Discrimination Still A Problem

Although everyone with HIV isn't gay, HIV is very much a gay issue and has been ever since the traumatic decimation of gay men by acquired immune deficiency syndrome (AIDS) in this country in the 1980s.

The Centers for Disease Control (CDC) estimates that, since the

beginning of the epidemic, more than 300,000 men who have sex with men have died of AIDS.

Discrimination based on HIV status isn't just in long term care, it's common throughout the health care system, according to a 2006 study by the Williams Institute of the UCLA School of Law that surveyed long term care

and other health care settings in Los Angeles.

But HIV status isn't the only reason gay people find themselves discriminated against in the health care sector. LGBT advocates also tell many tales of discrimination that occur simply due to people's sexual orientation or gender identity.

## LGBT Baby Boomers: Out And Aging

The typical lesbian, gay, bisexual, or transgender (LGBT) baby boomer is well-educated, middle-class, employed, and in a committed relationship. He or she is much more likely to be "out" than the previous generation—44 percent said they were completely out—although 32 percent were still completely closeted, according to a 2006 study of 1,000 LGBT baby boomers across the country.

The report, "Out and Aging: The Met Life Study of Lesbian and Gay Baby Boomers," was conducted by MetLife Mature Market Institute and the Lesbian and Gay Issues Network of the American Society on Aging.

Discrimination was the greatest concern about aging for 32 percent of gay men and 26 percent of lesbians. Those in partnerships feared it most. Twenty percent had little or no confidence that health care providers

would treat them with dignity and respect.

They did, however, feel that their experiences as LGBT had prepared them for the challenges of aging, something that is borne out by other studies. The benefits had been greater resilience, positive character traits, or better support networks, particularly for Hispanics and African Americans.

A quarter of them were caregivers for parents (36 percent), partners (18 percent), and friends and nonrelatives (26 percent).

In addition to being more likely to be caregivers at the time of the study, 80 percent expect and 76 percent have definite plans to be the caregiver for a friend or family member in the future.

However, almost one in five said they didn't know who would take care of them should the need arise. Of those without partners, one-third gave this response.

### Annual Household Income

< \$15,000	4.4%
\$15,000-\$25,000	3.1%
\$25,001-\$35,000	5.7%
\$35,001-\$50,000	12.4%
\$50,001-\$75,000	24.0%
\$75,001-\$100,000	14.3%
\$100,001-\$125,000	10.2%
\$125,001-\$150,000	8.0%
>\$150,001	12.8%

### Education

High school graduate	1.9%
Some college	19.4%
College graduate	35.3%
Graduate school	42.9%

Source: "Out and Aging: The Met Life Study of Lesbian and Gay Baby Boomers," 2006

### Laws Abound

"It's a high priority for Lambda Legal to do work around issues of LGBT aging," says Natalie Chin, a staff attorney with Lambda Legal who is focusing on the rights of LGBT elders. "I want to stress that 20 states prohibit discrimination based on sexual orientation," and 13 states and the District of Columbia also prohibit discrimination based on gender identity. In addition, more than 100 municipalities and counties have such laws.

"Knowledge of the law is essential," says Chin. "Long term care facilities should know that they can be held civilly and financially liable if they violate the rights of their LGBT residents."

The discrimination "is often not of evil intent," says Leslie Calman, executive director of the Mautner Project, a national lesbian health organization that provides sensitivity training for health care organizations. Probably the most common form of discrimination is simply the assumption that a new resident is heterosexual and treating them accordingly.

The degree of discrimination may be lessening, according to Karen Taylor, director of advocacy and training for Services and Advocacy for Gay, Lesbian, Bisexual, and Transgender Elders (SAGE), New York City.

When a study came out in 1994 showing a high level of discrimination among aging services in New York City, "the state Commission on Aging and a lot of the directors of county services for the aging took it upon themselves to become more culturally competent around LGBT issues, and in the last 10 years there's been a posi-

tive shift in New York,” Taylor says. Whether this is true for the rest of the country, Taylor can’t say.

### A Generation’s Biases

Sometimes the discrimination doesn’t come from the long term care center itself but from the residents, who grew up believing homosexuality to be sexual deviance. Homosexuality wasn’t removed from the psychiatric community’s list of mental illnesses until 1973, when today’s 83-year-olds were 47. For transgender people, “Gender Identity Disorder” remains a category in the diagnostic manual.

The drive to be in the closet can be spawned by the most innocent of situations. “My mother was recovering at an assisted living facility that had a rehabilitation unit,” says Taylor, “and the most common questions were, ‘Were

you married?’ ‘Do you have kids?’ and that can feel like an enormous barrier. You can’t stop people from asking that.”

And giving resident sensitivity training isn’t really an option. “You’re really not going to change” elderly residents at this time of their lives, Calman says. “Believe me, I’ve tried. You don’t take racist white [residents] and say, ‘We’re going to give you sensitivity training about black people.’ But you also don’t allow discrimination.”

Having a nondiscrimination policy and sensitivity training that include sexual orientation can ward off instances of discrimination.

Such training and policies are required by the Joint Commission and CARE, both of which accredit long term care settings. The Joint Commission’s standards require nursing and assisted living facilities to respect people of all “patterns of living,” including choices related to sexual orientation.

“I feel we’re just at the beginning of any kind of education or enforcement” of the Joint Commission standards regarding sexual orientation, says Jaime Grant, director of the Washington, D.C.-based National Gay and Lesbian Task Force’s (NGLTF) Policy Institute.

### LGBT Aging Issues

Being old and frail is no cakewalk for anyone. But the LGBT elderly face an additional set of challenges as they age.

To begin with, they’re largely invisible because the large, national studies, such as the census and CDC’s National Health Survey, don’t gather data on individuals’ sexual orientation or gender identity. That means agencies have very limited data upon which to base services that would be appropriate.

Most studies that have been done have small sample sizes and restricted geographical areas and “are easily dismissed” by those who don’t care to allocate resources to the needs of LGBT elders, says Grant.

Therefore, no one knows exactly how many lesbian, gay, and bisexual elders there are, although NGLTF estimates

there are between 1 and 3 million LGB seniors aged 65 and older. This is based on an assumption that between 3 and 8 percent of the overall population is LGB. The number of transgender elders is completely unknown.

What data there are suggest that LGBT elders are largely closeted, even to their health care providers, because they were young adults and in their prime during a period when a person could lose his or her job or be put against their will in a mental institution and given electroshock therapy if they were found out.

In fact, in some states they could be arrested for being involved sexually with someone of the same sex or for dressing entirely in clothes of the other gender. The U.S. Supreme Court didn’t rule that the sodomy laws that some states used to arrest gays were unconstitutional until 2003.

“For many LGBT elders in their 70s and 80s, ‘passing’ as heterosexual has been a lifelong survival strategy—one they are likely to carry with them when seeking long term care, entering a nursing home, or speaking with a health care provider,” says a report from Funders for Lesbian and Gay Issues (FLGI), a New York City-based organization that advocates for increased attention to LGBT issues among philanthropy circles.

“We hear stories all the time that [residents] have to hide their pictures and letters because they fear discrimination if perceived by staff or other residents as LGBT,” says Chin.

### Disadvantages To ‘Closeting’

The tendency to be closeted means that providers often don’t know they’re serving an LGBT individual and don’t know to address their special needs, says the FLGI report. “This in turn reinforces the perception among LGBT elders that these settings are not hospitable ones in which to live their lives openly.”

But being closeted is not conducive to good physical and mental health,



**The Joint Commission’s standards require nursing and assisted living facilities to respect people of all ‘patterns of living,’ including choices related to sexual orientation.**

studies say. When an LGBT elder goes back into the closet—puts personal photos away, stops talking about his or her past—because he or she wants to be accepted, this actually causes isolation that can lead to depression and shutting down socially, which can result in more physical and mental health problems, says Melanie Rowan of the National Center for Lesbian Rights (NCLR), San Francisco.

Being closeted “is a place of terror and navigation,” says Taylor.

“It requires an enormous amount of mental stamina because every encounter with anyone who crosses your daily life becomes at some point a decision about what you can and can’t say, and it overwhelms everything else,” says Taylor. “I had a gentleman who was having a mild heart attack in my office. I called 911, and he said, ‘Please don’t tell them anything about me!’ He was so afraid he would be treated badly.”

In fact, LGBT elders are five times less likely than straight seniors to seek out medical care out of fear of care providers’ reactions if they find out the truth. According to one study, a full 75 percent of LGBT elders said they were not completely open about their sexual orientation to health care workers.

### Special Health Risks

A study by the Gay and Lesbian Medical Association (GLMA) found that in older gay men who are not out to their physician, the early signs of HIV/AIDS are often misdiagnosed as normal signs of aging, including such symptoms as fatigue, weight loss, dementia, skin rashes, and swollen lymph nodes.

GLMA has found that older lesbians may be at higher risk for breast cancer. An Institute of Medicine study found that lesbians were at heightened risk of cervical cancer. Other areas where older lesbians are at increased risk include Alzheimer’s, fibromyalgia, arthritis, heart disease, and hypertension, according to “Outing Age,” a policy paper by NGLTF that is currently under revision.

Among gay men, there is some evidence that a larger percentage of older rather than younger men who are sexually active are engaging in unprotected sex, putting them at heightened risk of HIV/AIDS and other sexually transmitted diseases such as hepatitis.

### Transgender Risk Higher

Transgender individuals whose bodies aren’t congruent with their gender identity are at particular risk for abuse and neglect by society at large. Those whose bodies do match their gender identities may well be closeted, leading to inadequate health care.

For example, a male-to-female transgender person still has a prostate, and so still may get prostate cancer or other

prostate conditions—or a female-to-male transgender may still have female organs and have conditions related to them—but if the individual isn’t out to his or her health care providers they won’t know to look for those things.

Further, the effects of long-term hormone therapy treatments, which are necessary for transgender people who have transitioned or are transitioning, are unknown but could result in health conditions.

Various studies estimate that between 65 percent and 80 percent of LGBT seniors—those over age 65—live alone, while the Administration on Aging has reported that only 31 percent of all American seniors live alone.

For gay men, especially, part of this

## LGBT Seniors Want LGBT Long Term Care

According to a 2004 study of 341 lesbian, gay, bisexual, or transgender (LGBT) New Yorkers aged 50 and over, 30 percent said they wanted LGBT retirement, assisted living (AL), and nursing facilities. Respondents felt that LGBT people were best at taking care of their own, and among the most frequently cited reasons were discomfort with mainstream services, familial feelings for the LGBT community, the isolation and stigmatization suffered by LGBT seniors, and homophobia or heterosexism.

Fourteen percent needed assistance with activities of daily living (ADLs). Forty-five percent said

their health was only fair. Sixty-two percent lived alone, 30 percent with a partner, and 8 percent with family or friends.

One-third reported annual incomes ranging between \$25,000 and \$50,000; a third reported \$50,000 to \$100,000; and 11 percent had incomes over \$100,000. Twenty percent reported incomes of less than \$25,000 per year. About a quarter of respondents were not open about their sexual orientation to their families. Twenty percent didn’t disclose their sexual orientation to any health care provider, and 34 percent only disclosed it to some health care providers.

### Types Of Assistance Requested By New York LGBT Respondents

Assistance with ADLs	14%
LGBT retirement, AL, or LTC facilities	30%
Assistance with health services	10%

Source: “Caregiving Among Older Lesbian, Gay, Bisexual, and Transgender New Yorkers,” 2004



An architect's rendering of Open Circle Communities, a retirement community with assisted living in the planning stages.

isolation is due to the attrition of members of their families of choice through AIDS.

"Families of choice start to develop in [an individual's] 20s and 30s," says Taylor. For today's 80-year-olds, the AIDS epidemic began in their 50s, long after their families of choice were already formed.

### Financial Resources Scarce

Another area of difficulty for LGBT elders has to do with finances and public policy. Not being able to marry in most states creates a number of problems for LGBT seniors who are in relationships.

For example, if one of two partners needs to go on Medicaid for nursing home care and spends down, "there's at least a 50/50 risk" that the couple's home will be sold and all of the money used for nursing facility care, even if the home is jointly owned, says Laurie Young, aging policy analyst for NGLTF. Whether this happens or not depends on the state, she says. For example, in Massachusetts, where same-sex couples can legally marry, the state has "made a decision to fund the Medicaid costs so that married couples would not have to lose their home,"

says Young. "Massachusetts is the only state where that occurs."

When a partner dies, the other partner doesn't receive the same benefits as in a heterosexual marriage. The surviving partner has no access to spousal survivors' social security. LGBT partners generally aren't eligible for the pensions that help support widows and widowers. If the partner isn't named on the title of the home, he or she can be forced out by the next of kin.

Because it was legal to fire people for being LGBT—and still is legal in 30 states—"the population of folks who were [LGBT] settled for jobs on the fringe, which makes them less likely to have a pension, less life savings, and also when they're retiring they have less social security to rely on," says Taylor.

LGBT seniors are half as likely to have health insurance as their heterosexual counterparts, according to a Williams Institute study.

This all means that a surviving partner has fewer financial resources with which to obtain care should the need arise. "The vast majority of SAGE clients are living at or below poverty level," Taylor says.

Inadequate medical care, isolation,

and the finding that 90 percent have no children to care for them also means LGBT elders are more likely to enter residential long term care.

### LGBT Assisted Living

Some people have come to the conclusion that LGBT elders would be more comfortable in a facility designed specifically for them. Plans to build LGBT assisted living facilities and retirement communities have been on lots of tables, but few have ever actually opened.

Such facilities must be sensitive to other kinds of discrimination. Ageism, racism, and transphobia exist even among the LGB community. A national survey in 2003 by SAGE found that LGBT elders of color and transgender elders feel unwelcome even among LGBT elders.

Open Circle Communities is a retirement community that is under development near Rehoboth Beach, Del., a resort town with a thriving LGBT population. While the community will provide health care services, it is primarily for active adults aged 55 and over.

"There are no other communities

like this on the East Coast and only one other currently operating in the U.S.,” says Sandy Douglass, co-founder with Susan Hester, who was also founder and former executive director of the Mautner Project. Douglass also heads up the assisted living committee of the D.C. Health Care Association. “There are probably a half dozen other small development companies exploring this community concept for older lesbians and gay men, with most on the West Coast,” Douglass says.

### A Fresh Concept

The idea for Open Circle Communities came into being when Hester was looking for a continuing care retirement community (CCRC) for her mother, who was living with a man but not married to him. Hester was shocked when she was told by one CCRC that her mother and her partner would not be allowed to live together there, and neither would any gay or lesbian partners.

Taken aback, Hester decided that she needed to create a space for LGBT elders. A friend of hers who had parents who lived at The Methodist Home of D.C., where Douglass is chief executive officer (CEO) and administrator, told Hester that it was a well-run place and that she should talk with Douglass about her idea.

Together, they developed the idea. Open Circle will consist of 120 to 150 high-end attached homes and condominiums; a community center with state-of-the-art fitness center and indoor/outdoor pool; on-site home health care, sensitive personal assistance, and assisted living services as care is needed; coordinated social, recreational, and cultural activities; and access to state parks, rivers, the ocean, and Chesapeake Bay; catered meals and bistro dining; and maintenance, house-keeping, and security services.

By early October 2008, Hester and Douglass had a lot of investor interest and reservations—without doing any formal marketing—and they were up and rolling. Then in October they



RainbowVision Properties/Elena Gomez

**RainbowVision's comfortable living room decor welcomes assisted living residents.**

found that investors and financial institutions weren't funding new projects, and would-be retirees were having to work longer because of the stock market plunge radically reducing their retirement funds. Hester and Douglass decided at that point to put the project in a holding pattern until the market stabilized, Douglass says.

“We continue to work gently on it,” and when the markets come around, they will be ready to “come out of the chute,” she says. The demand and desire for a product like Open Circle Communities makes developing it a good business decision, she says.

### A New Vision In The West

RainbowVision, in Santa Fe, N.M., is a predominantly LGBT community with independent and assisted living that has been open for three years. It's not all LGBT—31 percent of the residents are straight, says President and CEO Joy Silver, and ages of residents range from 39 to 99.

Silver believes the LGBT community is going to change the way people age in the United States.

“The LGBT population in general has set a lot of trends in the art world, in theater and music, in fashion, and I think that we're doing the same thing

right now for the way aging is going to be handled in the U.S.,” says Silver. “They always say the best way to predict the future is to invent it.”

Silver invented the no-entry-fee RainbowVision based on what her Web site calls “enlightened self-interest.” She imagined what she would want as she aged and tried to create that for other LGBT seniors.

“When I lived in New York City, I passed a residence for the extremely frail in the Village. One night I looked up at the window and saw lights flashing and a mirrored disco ball spinning, heard music blaring, and saw go-go boys dancing. Smiling to myself, I said, ‘yeah, that's what I want. I want that party when I get to be that age. Cause if there's no dancing, I'm not going!’”

The community has 146 independent living units and an assisted living section called The Castro on 13 acres. Each condominium is owned by the resident living in it, and they—and people living off-site also participate—pay a membership fee to take advantage of the amenities and take part in activities and entertainment.

The assisted living section is the second floor of the clubhouse and is designed to look like a boutique hotel.

Occupancy hovers around 70 per-



RainbowVision Properties/Elena Gomez

**Arched entry to RainbowVision, a predominately LGBT community in Santa Fe, N.M.**

cent, impacted by the economy because the younger individuals who choose to live at RainbowVision are putting off selling their homes until the housing market recovers. Silver is seeing an increase in acuity level of the people who are moving into the community—so much so that the company is retrofitting some of its independent living units to be assisted living units.

### **Amenities Match Preferences**

RainbowVision is different in a few ways from other retirement communities. “Some communities have a golf course, but at RainbowVision we have a cabaret, because performance art is one of the values of this community. That becomes more of a social focus for us,” Silver says.

“The other thing we have is good lighting. If you’re going to age, you might as well have good lighting. We have ambient lighting for mood setting and a flair for the theatrical.”

The community’s facilities are designed to be flexible so that, for example, the dining room can be opened up and turned into a dinner theater.

The biggest reason LGBT people move into RainbowVision is so that they can live in the majority for a change, Silver says. “When you’re in

the minority and you’ve never had that opportunity, this is a really big thing. That experience of, ‘Wow, somebody speaks my language.’”

### **Sensitivity Training, Policies**

Not every LGBT person will be able to live in a place like RainbowVision or Open Circle Communities. Not everyone will want to.

For those who choose mainstream assisted living for a variety of reasons, such as wanting to be near family or friends, they’ll have to rely on the facility’s sensitivity to them and their needs.

Diversity training, to be contemporary, must include LGBT issues.

“LGBT seniors should not have to live out their twilight years in fear of discrimination or feel that they must jump back in the closet should they need to enter a long term care or assisted living facility,” says Chin.

Douglass sees a change happening. “As a state leader in NCAL [the National Center for Assisted Living] and an active member on the NCAL Quality Committee, I am pleased to report that one of our 2009 Quality Goals is to develop training resources for providers on service for [LGBT] populations in assisted living,” she says.

“This clearly indicates that some

NCAL member facilities are being proactive to provide appropriately sensitive services to all residents, including LGBT individuals.”

There’s a great need for more LGBT sensitivity training materials and trainers, says Rowan of NCLR, which does such training. There are many providers who want to offer their LGBT residents a welcoming environment, but they don’t know how to train their staff on the issue, she says.

Douglass says the most important things a facility can do to be more LGBT-friendly is “education, awareness, and respect.” The NCAL committee is working on implementing sensitivity training of front-line workers that would encompass “awareness education, maybe some role playing, and sensitivity drills to sensitize the workers on the unique needs and concerns of gay and lesbian older adults and the ways they can provide dignified and respectful care to the LGBT older adult,” she says.

### **Ways To Be Welcoming**

Rowan says the first step for facilities to take is to “acknowledge that there are LGBT elders.” After that, NCLR encourages the facility to look at its policies, such as rules that a resident can’t live with an unrelated person.

Staff at the Mautner Project have provided sensitivity training for more than 5,500 health care providers around the country.

“The issue is making it clear from the very first encounter with a client that the facility is open to LGBT people,” says Calman. She has toured assisted living facilities with her mother, and sometimes the tour guide would volunteer that the center was home to people of many religions. That would be the time to also mention that the center is “open to all different kinds of lifestyles, including LGBT” people, she says.

This will not only make LGBT people feel more welcomed, it will inform potential residents that if they have an LGBT relative that they will be

welcome, too. So, making it clear from the very beginning that the facility doesn't discriminate is one of the most important things a facility can do, says Calman.

Another important change in the way facilities communicate with residents or potential residents is simply in the paperwork. Admission forms, for example, may have a space to indicate if the individual is married, widowed, separated, or divorced. Since LGBT people can't get married in most states, that space should include "partnered" as an option.

Forms should be reviewed for other areas where they can be made more inclusive, says Calman, keeping in mind that LGBT people are more likely to have families of choice, as opposed to families of origin, who are extremely important in their lives.

Facilities should ask all new residents

about their sexuality during an initial health screening—something that must be done in a private space.

A lot of the sensitivity training the Mautner Project provides involves talking with staff about what it means to be LGBT "in terms of family and support systems, and in terms of care planning, social securities, and legal issues. People may need to invest a good deal more effort into having documents prepared that allow others decision-making power. People's individual comfort level with being out or not should be supported," Calman says. Having LGBT staff members also makes a huge difference, she says.

"It can really take very little" to clue LGBT people in that the facility won't discriminate against them, says Calman, such as having an LGBT magazine on the rack.

NCLR is putting out a resource

guide for LGBT elders and caregivers that provides an overview of the different legal areas that affect LGBT elders, among other things, "so if a provider wanted to have some available, that would be a welcoming thing," says Rowan.

In addition, many facilities post their non-discrimination policy where residents can see it, says Calman.

### Acknowledging Sex

SAGE also provides sensitivity training for elder services. Taylor notes that "it's very hard to do training for folks who are working with residents if they haven't had any training around sexual health" in the first place and that "the first time sex [is addressed it] is related to being gay." Not providing training on sexual topics for the aging also "reinforces the myth that older people are not sexual beings, and that LGBT

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behavior is aberrant,” she says. Sex “is a part of aging, and there are many different ways that people are sexual, and included are LGBT people,” says Taylor.

Posing the sex and LGBT people issue to staff in that context keeps the training from implying that LGBT

people are strangely sexual in old age. “I really think assisted living is a key kind of housing for people as we age,” says Taylor.

Just as there’s been a national discourse on how aging services will need to change as the baby boomers age because they are far more demanding

than the previous generation, “that’s going to be equally true in the LGBT community,” says Taylor, so getting on top of cultural competency now is going to pay off in the long run. ■

*Kathleen Lourde is a freelance writer based in Dacoma, Okla.*

#### For More Information

- The American Society on Aging’s LGBT Aging Resources Clearinghouse, [www.asaging.org/larc](http://www.asaging.org/larc)
- The American Society on Aging’s Lesbian and Gay Aging Issues Network, [www.asaging.org/lgain](http://www.asaging.org/lgain)
- The Mautner Project, [www.mautnerproject.org](http://www.mautnerproject.org)
- “Ten More Good Years,” [www.tenmoregoodyears.com](http://www.tenmoregoodyears.com). This is a documentary about LGBT elders

and the challenges they face. It comes with an educator’s guidebook to facilitate the film’s use.

- National Gay and Lesbian Task Force, [www.thetaskforce.org](http://www.thetaskforce.org)
- Human Rights Campaign, [www.hrc.org](http://www.hrc.org)
- American Veterans for Equal Rights, [www.aver.us](http://www.aver.us)
- Lambda Legal, [www.lambdalegal.org](http://www.lambdalegal.org)

- Services and Advocacy for Gay, Lesbian, Bisexual, and Transgender Elders, [www.sageusa.org](http://www.sageusa.org)
- National Center for Lesbian Rights, [www.nclrights.org](http://www.nclrights.org)
- The Methodist Home of D.C., [www.methodisthomeofdc.org](http://www.methodisthomeofdc.org)
- Open Circle Communities, [www.opencirclecommunities.com](http://www.opencirclecommunities.com)
- RainbowVision, [www.rainbowvision.com](http://www.rainbowvision.com)



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