

## **Recommended Best Practices for Working with Lesbian, Gay, Bisexual and Transgender (LGBT) Elder Clients**

Lesbian, gay, bisexual and transgender (LGBT) populations, in addition to having the same basic elder care needs as the general population, experience disparities and barriers related to sexual orientation and/or gender identity or expression. Many avoid, delay, or receive inappropriate or inferior care because of perceived or real stigma and discrimination by care providers and institutions. The stigma associated with sexual orientation and gender identity impedes access to important programs, services and opportunities.

Below is a recommended set of best practices based on recommendations made in a nationwide report titled “*Improving the Lives of LGBT Older Adults*” released by Services and Advocacy for Gay, Lesbian, Bisexual and Transgender Elders (SAGE), a national organization that provides services and advocacy for GLBT elders, language in the District of Columbia Human Rights Act, feedback provided by the local Metro-DC chapter of SAGE, and by Mautner Project: The National Lesbian Health Organization. These best practices will help reduce some of the stigma LGBT elders face and will improve culturally competent service delivery.

### **General**

- Sexual orientation and gender identity are, like certain other demographic and personal characteristics, relevant to health care delivery; some illnesses including breast cancer and depression are more prevalent among LGBT populations and LGBT patients are less likely to have accessed regular screenings.
- Every person has their own sexual orientation and gender identity. These are two distinct identities that describe a particular person. So, for example, while a non-transgender person can be straight, gay, lesbian or bisexual, so too can a transgender person be straight, gay, lesbian or bisexual.
- If a patient or care recipient does disclose his or her sexual orientation or gender identity to you, this information should be treated with great sensitivity, respect and confidentiality. If his or her sexual orientation or gender identity is relevant to the care they are receiving, this information should only be disclosed to others on a need to know basis.
- LGBT elders are more likely to be single, childless and estranged from families-of-origin; LGBT elders may well have developed “families of choice.” Consequently friends and partners of LGBT patients and care recipients should be given the respect and access usually given to a spouse or relative, where legally permissible. Medical practitioners should be sensitive to a possible need for caregiver assistance at home.

### **Intake**

- Approach the interview showing empathy, open-mindedness, and without rendering judgment.
- Intake forms should use the term “relationship status” instead of “marital status,” including options like “partnered.” When asking—on the form or verbally—about a patient’s significant other, use terms such as “partner,” in addition to “spouse” and/or “husband/wife.”
- Respect transgender clients by making sure all office staff – especially staff charged to process intakes - are trained to use a patient’s preferred pronoun and name. The patient should be asked to clearly indicate this information on their medical record in a manner that allows the health provider to easily reference it for future visits.
- Consider adding a “transgender” option to the male/female check boxes on your intake form. This will help capture better information about transgender clients, and will be an immediate sign of acceptance to that person. Do not list transgendered as an alternate sexual orientation (like lesbian, bisexual, or heterosexual). Gender identity and sexual orientation are distinct.
- Ask LGBT seniors (clients) about a personal history of hate crimes/violence. As you may already know, victims of violence are at increased risk of post-traumatic stress disorder. Depression and anxiety are also more prevalent among LGBT persons, a probable result of stigma and discrimination.

## Office Environment

- Disseminate or visibly post a non-discrimination statement stating that care will be provided to all patients, regardless of age, race, ethnicity, physical ability or attributes, religion, sexual orientation, and/or gender identity and expression.
- Providers should create a welcome and friendly environment for LGBT staff and patients and should refer patients to competent providers when follow-up or specialist visits are necessary.
- Healthcare providers, including nurses and volunteers in medical, social and housing facilities should be trained on factors that affect older HIV-positive patients, sexuality, isolation, stigma, comorbidity issues and others.
- Include LGBT specific media, signs and posters that include relevant information for LGBT persons in public areas.
- Provide in-depth training for staff members on the impact of homophobia and its effects on providing culturally sensitive care for LGBT patients. Proper use of language is also vital in establishing a welcoming environment.
- Participate in provider referral programs through LGBT organizations.
- Do not list transgendered as an alternate sexual orientation (like lesbian, bisexual, or heterosexual). Gender identity and sexual orientation are distinct.

Additional information about SAGE-DC can be found by visiting [http://www.thedccenter.org/programs\\_sagemetrodc.html](http://www.thedccenter.org/programs_sagemetrodc.html)

Cultural competency training for working with elder LGBT—Removing the Barriers: Silver is offered by Mautner Project, [www.mautnerproject.org](http://www.mautnerproject.org).

*This document was produced by the Mayor's Office of Gay, Lesbian, Bisexual and Transgender Affairs. The practices recommended herein are provided for informational purposes only and do not carry the force of effect of law or any other regulation(s). These recommendations do not constitute legal advice.*

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