



## **NC Coalition on Aging Healthcare Equity Committee – LGBTQ+ workgroup**

### **BRIDGING THE GAP BETWEEN THE LGBTQ+ SENIOR POPULATION AND THE HEALTHCARE SYSTEM**

Dated: 2.14.2023

#### **OUR WHY (Background and History)**

The extreme lack of trust that the LGBTQ+ senior population has for the Medical Establishment can be attributed to their lived experience. Consider the following -

LGBTQ+ seniors aged 65 and older grew up in a world where:

- It was against the law to publicly gather with other members of their community
- The medical profession looked upon same gender attraction as a mental disorder until 1973
- They learned to fear discrimination, abuse or mistreatment by health care professionals, as had been their experience in the past
- Involuntary conversion therapy and even lobotomies were used as treatments to “cure” their perceived anomalies
- The AIDS/HIV epidemic, commonly referred to as “the gay disease”, was not addressed by the federal government and the medical establishment until it was too late for many of their friends and relatives
- Many of these individuals feel that as they enter the healthcare system they need to go back into the closet in order to protect themselves from harm. This is particularly true when living in a continuing care community, an assisted living facility or senior housing. The result of this fear is a life of social isolation which leads to increased health disparities and premature death.

#### **THE SITUATION AS IT EXISTS TODAY**

As adults in this community continue to live longer, the need to bridge the divide between the LGBTQ+ populace and the healthcare system becomes more pressing than ever. And while they battle many of the same fights as the greater aging population, such as ageism and the high cost of medical care, there are many issues unique to this population. For example:

1. Lack of a referral system that identifies health care professionals who are community-friendly and welcoming
2. Lack of understanding the importance of families of choice
3. Little to no trainings for healthcare professionals on how to best serve the community, particularly for the Transgender community
4. Lack of data for the LGBTQ+ senior population
5. The current conservative political discourse in North Carolina

#### **RECOMMENDED BEST PRACTICES – SHORT TERM**

1. The NC Coalition on Aging can survey its members to determine if they have policies in place to identify and better serve the LGBTQ+ community.
2. Create a statewide registry of senior-specific healthcare and social services professionals who identify as being friendly and welcoming to the LGBTQ+ community.
  - a. Obtain these professionals' names from members of the Community, which will be the best way to get reliable referrals.
  - b. This referral list could be maintained by the NCCOA.
  - c. This will be a living document and will be updated on a continuing basis.
3. Encourage organizations that are LGBTQ+ friendly and welcoming to display familiar icons of equality.
  - a. Equality rainbows and equality flags can be displayed on office premises
  - b. Display icons prominently on websites and printed publications
  - c. Show pictures of same gender couples alongside those of the "straight" community
  - d. Create a nondiscrimination statement that will be prominently displayed on organization website
4. Encourage organizations to add data collection points on intake paperwork requesting that the consumer self-identify their sexual orientation, gender identity, preferred pronoun, etc. This will be done on a voluntary basis with no negative connotation for those who do not wish to participate.
5. Work with other LGBTQ+ organizations, such as Equality NC, as a partner that will help us achieve our goals. Equality NC would be a logical choice since they are a statewide advocacy organization.
6. Continue working with AARP, who have been proven to be valuable partners with the LGBTQ+ community.

#### **POLICY RECOMMENDATIONS – LONG TERM**

1. The State of North Carolina shall provide LGBTQ+ equity and inclusion training for all health care and social services professionals that must be licensed to practice in North Carolina. Completion of this training will result in a certified designation.
  - a. Create an oversight organization to ensure that policies of Diversity, Equity and Inclusion are being enforced. Perhaps the NCCOA could have a hand in creating and maintaining such an organization on a statewide basis.

- b. Create or outsource approved trainings, which will be updated and reviewed on a yearly basis to reflect the latest available information.
- c. In order to maintain the certified designation, provide for higher level trainings every 2 years, offering continuing education units for those participants who successfully complete each update course.

## 2. Data Capture

- a. Partner with NC DHHS to receive statewide data (de-identified, aggregate data) that is being collected from aging programs and service providers on the updated DAAS 101 forms
- b. Make this data available to the public
- c. Use this data to define geographic areas of higher, self-reported, LGBTQ+ populations in the state to focus outreach efforts, as well as those who reside in underserved rural areas
- d. Identify and reach out to individuals with disabilities who are part of this cohort