



THE NEED FOR LGBTQ INCLUSIVE HEALTH CARE FOR SENIORS IN THE CITY OF CAMBRIDGE

The 2015 Report to Assess LGBTQ Inclusive, Patient-Centered Care for Seniors
Across Nine Major Healthcare Organizations in Cambridge



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CITY OF CAMBRIDGE

Table of Contents:

Executive Summary	2
Key Findings	3
Background	7
Methodology	10
Detailed Findings	11
Patient/Resident Self-Identification	11
LGBTQ Senior Services and Programs	19
Policies for Inclusive LGBTQ Patient-Centered Care	26
Services and Supports for Transgender Patients/Residents	31
Training Regarding LGBTQ Inclusive Care	34
Additional Information	36
Conclusion	38
Recommendations	38
Limitations	41
Future Directions for Research	41
Resources	42
Glossary of Terms	44
References	45

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Executive Summary

In December 2014, the Cambridge Gay, Lesbian, Bisexual and Transgender (GLBT) Commission began a project to assess how the policies and practices of healthcare organizations in Cambridge support the needs of Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) seniors. As the LGBTQ senior population continues to grow nationally, state-wide and locally, the Cambridge GLBT Commission seeks to understand how healthcare organizations can be welcoming options for everyone living in this City. This project assesses how healthcare organizations within Cambridge, including medical facilities, assisted living facilities and nursing homes, welcome LGBTQ senior patients and residents into their policies and practices. From the results of this survey, the Commission hopes to serve as a resource for healthcare organizations in Cambridge to adopt and enhance their healthcare services to be more LGBTQ inclusive.

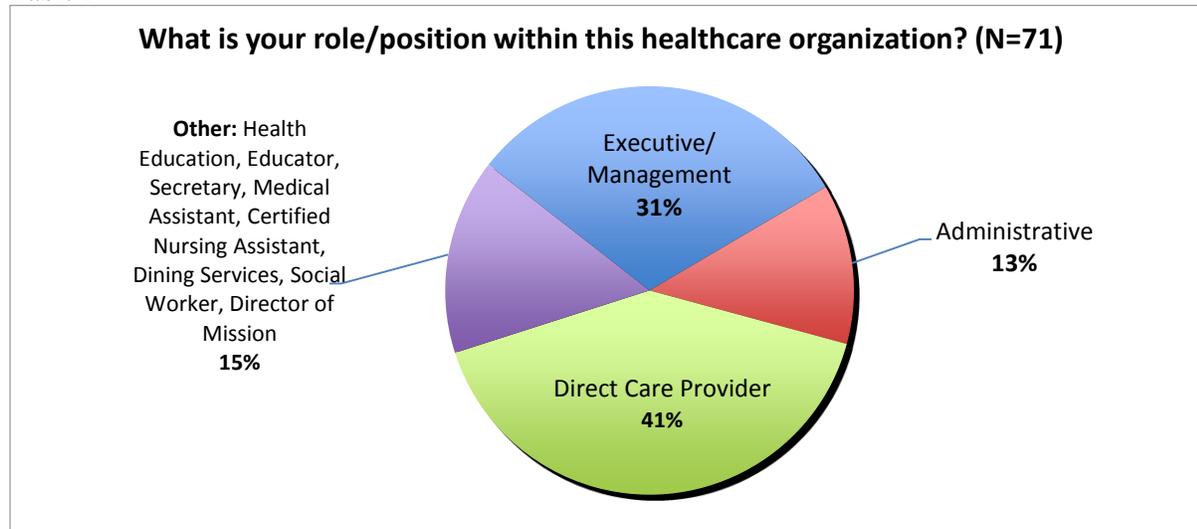
The results of this project are derived from a survey given to 71 staff members (N=71) from nine healthcare organizations located within the City: five medical facilities, three assisted living facilities and one nursing home. Staff members who took the survey included direct care providers, social workers, directors, managers, administration, and other positions (specified in Table 1). From the 71 staff members who participated in the survey, 53 work across the participating medical facilities, 15 work across the participating assisted living facilities, and three work in the one participating nursing home. For this report's purposes, we use medical facility as an inclusive term to represent a hospital, medical office, health center, and rehabilitation center. Additionally, the results from staff across assisted living facilities and the one participating nursing home are grouped together.

This project highlights current best practices for LGBTQ inclusive patient-centered care, while identifying possible areas for growth across healthcare organizations in the City to reach these established practices. The intent is to assess the status of policies and practices across participating healthcare organizations, rather than to provide a scorecard. Our goal is to provide a basis for working with these organizations to improve the situation for their clients and employees, and to create welcoming LGBT healthcare services. Thus, in this report we are not identifying responses as to where they came from, or explicitly identifying any organization's individual status regarding LGBT inclusive care. Additionally, it is important to distinguish between policies and practices; policies are necessary - but unless they are put into practice with appropriate communication and training, they may have limited effect.

What follows are key findings from the study of LGBTQ inclusive, patient-centered care across healthcare organizations within the City. The survey, as well as findings, of this study focus on five main areas:

- A. Patient/Resident Self-Identification**
- B. LGBTQ Senior Services and Programs**
- C. Policies for Inclusive LGBTQ Patient-Centered Care**
- D. Services and Supports for Transgender Patients/Residents**
- E. Training Regarding LGBTQ Inclusive Care**

Table 1



Key Findings

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

For specifying **sexual orientation**:

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

For specifying **gender identity**:

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

2. Across all healthcare organizations, there is a need for clarification among staff whether information regarding sexual orientation and/or gender identity of patients and residents is collected by healthcare professionals. Furthermore, if this information is being

collected, there exists the need to clarify if and how a confidentiality policy is being communicated to patients/residents during this process.

- Across **all healthcare organizations**, many staff reported that they do not collect information about the sexual orientation and/or gender identity of patients and residents, therefore making the question of confidentiality during this process not applicable.
 - Across **medical facilities**, there is a need to clarify if there is a confidentiality policy that is being communicated to patients/residents while collecting information about their sexual orientation and/or gender identity. 43% of staff respondents did not know if a confidentiality policy was communicated to patients/residents.
 - A minority of staff across **all healthcare organizations** (a quarter of staff across medical facilities, and a third of staff across assisted living facilities and the participating nursing home) reported that their organization's healthcare professionals communicate their confidentiality to patients/residents while collecting information about their sexual orientation and/or gender identity.
- 3.** While the **vast majority** of staff across medical facilities, assisted living facilities and the nursing home responded that their healthcare organization collects information about patient's and resident's marital or relationship status, an **overwhelming minority** of staff across all healthcare organizations reported that their organization offers options for patients and residents to specify their marital or relationship status using LGBTQ inclusive terms.
- Across **assisted living facility/nursing home** staff, no one reported that their organization allows patients and residents to specify if they are in a state registered partnership, or non-state-registered same-sex partnership.
 - Across **medical facilities**, 21% of staff responded that they offer an explicit option for patients/residents to specify that they are in a **state-registered partnership**, whereas 40% of respondents did not know if this option was offered, and 29% reported that it was not.
 - Only a small number of respondents (9 out of 48) from **medical facilities**, who indicated that their organization offers patients/residents the option to specify that they are in a **non-state-registered same-sex partnership**, reported their organization has adopted inclusive terms, such as "Partner," "Domestic Partner," "Significant Other," "Same-sex Partner," and "Same-sex Domestic Partner."
- 4.** A minority of staff across all healthcare organizations reported that they make published materials available to educate and support LGBTQ patients/residents:
- Almost half of respondents across **medical facilities** do not know if their organization publishes LGBTQ printed materials, and the majority do not know if their organization makes LGBTQ materials published by other organizations available to patients.

However, a quarter of staff respondents said that their organization does make published LGBTQ materials available to patients.

- The majority of **assisted living facility/nursing home** respondents reported that their healthcare organization does not publish printed materials or make LGBTQ materials published by other organizations available to educate or support LGBTQ patients.
5. The majority of staff across **all healthcare organizations** reported that they do not have a visible, LGBTQ-friendly symbol/sign that is messaged to patients/residents. **Medical facilities** were the only organization type from which staff responded that there is a visible LGBTQ-friendly symbol/sign messaged to patients.
 6. Even though the **vast majority** of respondents across **all healthcare organizations** reported that their organization regularly surveys patients about the care they receive, **no staff** reported that patients/residents are allowed to identify as LGBTQ during this survey process. Only **one** out of 60 total respondents reported his/her organization collects LGBTQ-related information to improve services.
 7. According to staff respondents, there is some involvement in providing, participating in, and/or supporting LGBTQ-related services or events among healthcare organizations across medical facilities, assisted living facilities and the nursing home.
 - 50% (8 out of 16) of staff across **assisted living facilities and the nursing home** reported that their organization has either participated in, or supported, one or more LGBTQ-related services and/or events in Cambridge. Additionally, 27% of staff across **medical facilities** reported doing the same.
 - A little over a quarter of staff respondents across **medical facilities**, and 14% of staff across **assisted living facilities and the nursing home** reported that their organization provides services and events to educate and support LGBTQ patients.
 8. A large percentage of staff respondents (approximately 43%) across **medical facilities** reported that their Patient Non-Discrimination policy includes both terms “sexual orientation” and “gender identity.” However, the majority of respondents did not know whether or not their organization’s Patient Non-Discrimination policy includes both of these terms.
 - Two out of 13 staff respondents across **assisted living facilities and the nursing home** reported that their Patient Non-Discrimination policy includes both terms.
 9. The majority (23 out of 37) of staff respondents across **medical facilities** reported that they do not know if their Employment non-discrimination policy includes both terms, “sexual orientation” and “gender identity.” However, 11 out of 37 responded that yes, this policy does include both terms.

- The majority of staff respondents **across assisted living facilities and the nursing home** reported that their Employment Non-Discrimination policy only includes the term “sexual orientation.” Three out of 13 reported, “Yes,” their organization’s policy includes both terms.
10. Very few staff respondents across **all healthcare organizations** reported that their organization includes explicit language granting equal visitation to LGBTQ patients/residents and their visitors.
 11. A majority of staff respondents across **medical facilities** reported that their organization explicitly informs patients/residents of their right to designate a person of their choice, including a same-sex partner, as their medical decision-maker.
 - Three out of 13 staff respondents across **assisted living facilities and the nursing home** reported, “Yes,” to offering LGBT inclusive medical decision-making. However, the highest number of respondents (five out of 13) reported, “No, but interested.”
 12. There is a large need across all types of **healthcare organizations** to offer, or clarify existing, explicit options for patients and residents to specify their preferred pronouns and preferred names on intake forms and/or health records.
 - An overwhelming minority of staff respondents across **medical facilities**, and no staff across **assisted living facilities and the nursing home**, reported that their organization’s intake forms and/or health records offer explicit options for patients/residents to specify their preferred pronouns.
 - The majority of staff respondents across **all healthcare organizations** reported that they did not know if their organization offers the explicit option on intake forms and/or health records for patients and residents to specify their preferred name that differs from their name assigned at birth.
 13. The minority (four out of 33) of staff respondents across **medical facilities**, and no staff across **assisted living facilities and the nursing home**, reported that their organization has trained and clearly designated at least one employee at an appropriate level of skill, knowledge and influence to serve as a navigator, advisor and/or support for transgender patients.
 14. Across all **healthcare organizations**, many staff respondents reported that their organization has designated one or more bathrooms as gender neutral/unisex.
 15. The majority of respondents reported that staff/employees do not receive expert training in LGBTQ patient-centered care. **Medical facilities** are the only organization type to respond, “Yes,” where 5 out of 33 respondents indicated that they receive this expert training.

BACKGROUND

The need to ensure high quality, inclusive healthcare options for elderly citizens is a growing demand across American landscapes. The population of American elders continues to grow at a rapid rate: in 2010, 13 percent of Americans were aged 65 and over. By 2030, these estimates are projected to be over 20 percent (U.S. Census, 2014; Services and Advocacy for GLBT Elders (SAGE), 2014). Within this growing elderly population, the Lesbian, Gay, Bisexual, and Transgender population continues to increase as well. Currently it is estimated that there are 1.5 million adults over age 65 who identify as Lesbian, Gay or Bisexual, and it is anticipated that this number will grow to nearly 3 million by 2030 (SAGE, 2012). Similarly, although there is no exact data that has been similarly collected regarding the number of transgender elders in the United States, it is estimated that there are hundreds of thousands of seniors who identify as such (SAGE, 2012). To direct our focus locally, 4.4% of Massachusetts' adult population identifies as LGBT (MAP, 2015). While it is unknown how many LGBT adults live in the City of Cambridge, adults aged 65 years and older made up 9.5% of the City's population in 2010 (U.S. Census, 2010). As the general older adult population and LGBT older adult population continue to rise in number, and the LGBT adult population continues to age, it is essential to have in place safe, welcoming environments in which everyone can grow old with dignity and respect.

Ensuring quality futures for LGBTQ elders is a crucial point of focus on the national, state and local level. In order to accomplish this goal of quality care for LGBTQ older adults, healthcare organizations must provide health services and create environments that are inclusive and welcoming. However, to do this, it is fundamental for healthcare providers to understand that many LGBTQ senior's past and present experiences of discrimination and stigmatization have had significant impacts on their concerns and health needs related to aging.

Many elders, regardless of LGBTQ status, face concerns related to aging. For instance, according to a national survey, less than half (38.3%) of elders ages 65+ in the United States identify their health as being in excellent or very good condition (AARP, 2009). However, LGBTQ elders differ from their non-LGBTQ counterparts, as they face certain health disparities at disproportionate rates in three key areas: mental health, chronic physical conditions and access to health care. While research shows that the majority of LGBTQ elders have experienced discrimination, prejudice and social isolation due to their sexual orientation and/or gender identities at some time in their life, it also suggests that concerns about aging, as well as health status, are strongly tied to this long history of discrimination (SAGE, 2014, p. 13). In the 2010 national survey *Improving the Lives of LGBT Older Adults*, co-authored by the LGBT Movement Advancement Project (MAP) and Services and Advocacy for Gay, Lesbian, Bisexual and Transgender Elders (SAGE), results showed 20% of LGB adults are more likely to experience psychological distress, as compared to 9% of Heterosexual adults. Furthermore, 22% of LGB adults were more likely to receive medication for emotional health issues, versus 10% of their Heterosexual peers.

In this same report, mental health disparities were equally disturbing for transgender adults: 50% reported having suicidal ideation, as compared to just 2% of their heterosexual peers, and 5% of their LGB peers. With regards to declining physical health, there is a greater concern among LGBT older adults, where 43% (ages 47-75) are very or extremely concerned with this issue, in comparison to 33% of non-LGBT peers (SAGE, 2014, p. 12). Finally, research also suggests significant health issues among LGBT older people in areas related to physical and

mental health, such as high blood pressure, cholesterol, diabetes, heart disease, HIV/AIDS, depression and anxiety (SAGE, 2014, p. 13).

Although research indicates LGBT older adults are at greater risk for physical and mental illnesses, they are also less likely to seek medical care from health professionals than their non-LGBT peers. Results from *Improving the Lives of LGBT Older Adults* (2010) highlight this trend, where 29% of Lesbian, Gay and Bisexual (LGB) elders and 30% of Transgender elders delayed or did not seek out health care, as compared to 17% of their heterosexual peers. Research indicates that reluctance to access healthcare services could stem from a past of discrimination or stigmatization by healthcare professionals. In Lambda Legal's national study *When Health Care Isn't Caring* (2010), results showed 56% of LGB patients and 70% of Transgender or gender non-conforming patients that were surveyed had experienced some form of discrimination in healthcare. More than half of respondents reported that they had experienced at least one of the following types of discrimination: healthcare organizations and/or providers' refusal to provide needed care, healthcare providers' refusal to touch them or use of extreme precautions, healthcare providers' use of abusive language and physical contact, and healthcare providers blaming them for their health status.

In addition to their unique health needs, aging alone is a greater fear and reality for many LGBT elders than their non-LGBT peers. Previous research suggests that LGBT individuals are at significantly greater risk of social isolation than their non-LGBT counterparts, as they are more likely to live alone and be single, and less likely to have children and be connected with their biological families (SAGE, 2014). Because of increased likelihood of social isolation among LGBT older adults, concerns related to aging alone are higher than for their non-LGBT peers. According to a 2014 national survey of older adults (aged 47-75) conducted by SAGE, social isolation and independence in relation to aging are great concerns for LGBT elders: 43% of LGBT older people are very or extremely concerned about not being able to take care of themselves, as compared to 34% of non-LGBT people; 32% of LGBT older people are very or extremely concerned about being lonely and growing old alone, as compared to 19% of non-LGBT older people; 30% of LGBT older people are very or extremely concerned about not having someone to take care of them, as compared to 16% of non-LGBT older people (SAGE, 2014, p. 12).

Importance of Inclusive, Patient-Centered Healthcare

As research indicates that LGBTQ elders are more likely to be socially isolated, they continue to rely more heavily on nursing homes, assisted living facilities and medical facilities to serve as a home, safe space or healthcare resource as they age. Therefore, it is essential that these facilities include and welcome patients/residents, regardless of sexual orientation and gender identity. Creating a space that allows LGBTQ seniors to feel safe, also gives healthcare providers the ability to support their unique health needs, which often stem from a lifetime of discrimination based on their LGBTQ status (SAGE, 2014).

According to the Human Rights Campaign Foundation 2014 Healthcare Equality Index Report (HEI 2014), many healthcare organizations across the country are severely lacking in the full adoption of LGBTQ inclusive, patient-centered care across various key areas of their practices and policies. In order for a healthcare organization to receive "Leader in LGBT Healthcare Equality" status from the HEI 2014, they must meet four elements ("Core Four Criteria") of LGBT patient-centered care related to its policies and practices. These include: an LGBT inclusive patient non-discrimination policy (that include both terms "sexual orientation"

and “gender identity”); an LGBT inclusive employment non-discrimination policy (that includes both terms “sexual orientation” and “gender identity”); an LGBT inclusive visitation policy; and staff training in LGBT inclusive patient-centered care. Additionally, the Patient-Non Discrimination and Equal Visitation policies have to be visible to patients and their families in at least two of the following ways: posted on facility website, posted in patient waiting area(s), and documented in materials available for take-away in patient waiting areas, or given to patients during admittance/registration or other times.

The HEI 2014 Report revealed an impressive growth in the adoption of LGBT inclusive, patient-centered policies by healthcare organizations across the country that actively participate in their annual survey and assessment. The report found that 84% of healthcare organizations who participated received “Leader in LGBT Healthcare Equality” status, reflecting a 101% increase in the number of organizations that achieved leader status from 2013 (HEI, 2014, p. 16). Additionally, of the 500+ healthcare facilities that voluntarily completed the HEI 2014, more than 96% had inclusive LGBT patient and employment non-discrimination and equal visitation policies that included both terms “sexual orientation” and “gender identity” (HEI, 2014, p.3). While this report highlights continual growth in the amount of participating organizations that are adopting fully inclusive LGBT policies, the healthcare organizations that did not participate were found less likely to meet the same inclusive policy standards. For example, only 51% of non-respondent hospitals were found to have a Patient Non-Discrimination policy that included both terms “sexual orientation and “gender identity,” as compared to 97% of HEI 2014 survey participants (HEI, 2014, p. 10). Additionally, although the HEI 2014 Report notes that 49 states have at least one healthcare organization deemed “Leader in LGBT Healthcare Equality,” there are still two states, Idaho and North Dakota, which have none identified (HEI, 2014, p. 16).

National and Local Issue

While research indicates healthcare organizations providing LGBT inclusive, patient-centered care is a national concern, it is fundamental for inclusive care to be understood at state and local levels. The HEI 2014 Report breaks down by state the healthcare organizations recognized as Equality Leaders by the Human Rights Campaign (HRC). The results showed 25 healthcare organizations in Massachusetts were identified as Equality Leaders, and 14 of these organizations were located within the Greater Boston Metropolitan Area (HEI, 2014, p. 22-23). In the City of Cambridge, three major hospitals were reviewed by the HRC: Cambridge Health Alliance (the Cambridge Family Health, Cambridge Hospital, Cambridge Primary Care Center and Windsor Street Health Center locations), Mount Auburn Hospital, and Spaulding Boston. Of these three, Mount Auburn Hospital earned the status of Core Four Equality Leader. Cambridge Health Alliance followed closely, as they met LGBT inclusive requirements for their Patient Non-Discrimination, Equal Visitation, and Employee Non-Discrimination policies, but did not meet the staff training requirements. Spaulding Boston, part of Partners HealthCare, was not found to meet any of the Core Four Criteria (HEI, 2014, p. 62).

While some local healthcare organizations have or continue to be assessed for LGBT inclusive care by the HEI, our survey and project seeks to survey additional, major healthcare organizations in the City of Cambridge, including assisted living facilities and nursing homes, that serve elders. Our report serves to understand and assess a wide range of LGBT inclusive policies and practices, in order to help support all major healthcare organizations in the City, and the patients they serve.

METHODOLOGY

Data Collection

In December 2014, the GLBT Commission invited various nursing homes, assisted living facilities and medical facilities located within the City of Cambridge to participate in a short, online survey entitled, “Inclusive Healthcare for LGBTQ Seniors in the City of Cambridge.” Attempts to contact a total of 14 healthcare organizations in the City were made by the GLBT Commission’s intern from December 2014 through February 2015, either by phone, email, and/or fax. In total, nine healthcare organizations participated: five medical facilities, three assisted living facilities, and one nursing home.

With the help of key management staff within Administration, Human Resources, Multicultural Affairs, and Diversity Councils, the online survey was distributed by email to staff of each organization. The Commission’s intern sent email reminders to each healthcare organization from December 2014 through March 2015, to ensure continued participation from organizations, and to maintain outreach efforts. Information from this report is derived from both completed and partially completed survey responses that remained after invalid surveys (e.g. missing key information regarding the organization or insufficient answer count) were eliminated.

Who Responded

A total of 71 staff members took the survey across healthcare organizations. Participants were asked to provide general information regarding the organization with which they are affiliated and to identify their role within the organization.

Survey Formation

The questions throughout the survey were created based upon current best practices for providing LGBTQ inclusive health care. We used various resources to collect information across key areas for inclusive care.

One major resource was the Healthcare Equality Index 2014, a national survey administered by the Human Rights Campaign Foundation Health and Aging Program to promote equitable and inclusive healthcare for LGBT people and their families. The content of this study’s survey questions were partially derived from two components of the HEI 2014 national survey. The first part is the HEI 2014’s “Core Four Leader Criteria,” which are as follows: Patient Non-Discrimination Policies, Visitation Policies, Employment Non-Discrimination Policies and Training in LGBT Patient-Centered Care. The second was the “Additional Best Practices Checklist,” which is comprised of national survey questions that reflect current best practices for inclusive care.

Other major, and equally influential, resources that helped inform questions on this survey were “Best Practices Guides,” authored by the National Resource Center on LGBT Aging of Services and Advocacy for GLBT Elders (SAGE). These guides included various best practices for creating LGBTQ inclusive, patient-centered agencies, and focused on many important sections of this study’s survey (see the **Resources** section of this report for further information on these guides).

From these major resources, as well as other research literature on various themes and topics of this report, the survey questions were created, and reviewed by the Cambridge GLBT Commission Co-chairs and members, the Executive Director of the Cambridge Human Rights Commission, and the Assistant to the City Manager.

DETAILED FINDINGS

What follows are key findings from the study of LGBTQ inclusive, patient-centered care across six main areas:

- A. Patient/Resident Self-Identification
- B. LGBTQ Senior Services and Programs
- C. Policies for Inclusive LGBTQ Patient-Centered Care
- D. Services and Supports for Transgender Patients/Residents
- E. Training Regarding LGBTQ Inclusive Care
- F. Additional Information

Important: The number of respondents throughout the survey fluctuates, as some participants did not complete the survey in its entirety. Additionally, certain questions require follow-up questions if they receive a specific answer (e.g. *If you answered “Yes” to Question A 3...*). Therefore, the value of N changes for various questions and sections throughout the report. **(Please pay careful attention to the value of N while reading Detailed Findings).**

Patient/Resident Self-Identification

(Medical facilities, N=53*; Assisted Living Facilities, N=15*; Nursing Homes, N=3*)

*Value of N changes throughout results. Exact value is reported.

One fundamental component of providing LGBTQ inclusive care in organizations that serve older adults is allowing patients and residents the opportunity to confidentially have their LGBTQ identities disclosed and affirmed. The ability for LGBT older adults to confidentially self-disclose information about both sexual orientation and gender identity to their care providers is essential for the formation of a positive relationship, and allows for them to have their health needs understood and met by healthcare professionals (SAGE, 2012). However, many healthcare professionals that serve older adults are unaware that LGBTQ patients/residents exist or receive services from the organization in which they work. One major reason for this is because their organization does not collect information regarding their patient’s and/or resident’s sexual orientations and gender identities in an official, explicit way. Additionally, many healthcare professionals do not convey, or even know about, their organization’s confidentiality policy to ensure privacy to patients and residents during the collection of this information.

Research suggests that, “one in five LGBT older people (20%) and nearly half of transgender older people (44%) feel that their relationships with other healthcare providers—such as hospital or nursing home staff— would be adversely affected if their sexual orientations/gender identities were known,” (SAGE, 2014, p. 14). While there is fear of being judged by healthcare professionals based upon sexual orientation and gender identity, research identifies ways to help LGBTQ individuals self-disclose their identities in a safe, confidential manner that will allow them to safely choose to volunteer this information. One way to create this environment is to allow for patients and residents to self-identify their sexual orientations and gender identities on intake forms and health records using inclusive language and terminology (SAGE, 2012, p. 8). Providing this opportunity can allow patients/residents to feel acknowledged and welcomed into the healthcare organization for their LGBT identity. Of equal importance is that healthcare professionals, who collect information or oversee these processes, inform and/or remind patients and residents of the organization’s confidentiality policy in order to ensure privacy, comfort and future safety (SAGE, 2012, p. 9).

The best practices for inclusive care regarding patient/resident self-identification are:

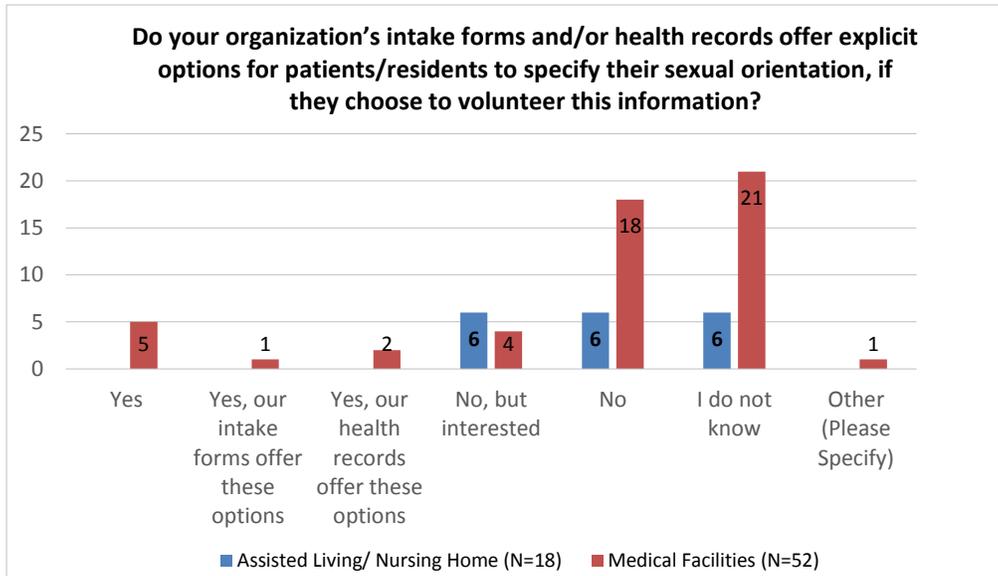
- **To give** patients/ residents the opportunity to self-disclose their sexual orientations and gender identities on intake forms and/or health records.
- **To use** LGBTQ inclusive terms while collecting information on marital/relationship status.
- **To establish** a confidentiality policy that protects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

This study asked healthcare professionals to report their organizations’ practices for collecting information regarding patients’/residents’ sexual orientations and gender identities, as well as the nature of their confidentiality policies.

Opportunities for Self-Identification

Many healthcare professionals reported that patients and residents are not offered the opportunity to specify their sexual orientations and gender identities on intake forms and/or health records across the medical facilities, assisted living facilities and the nursing home, in which they work.

Additionally, many healthcare professionals reported that they did not know if their healthcare organization offers these options.



1. When staff were asked if their organization offers explicit options on their intake forms and health records for patients and residents to specify their *sexual orientation*...

Across **medical facility** respondents (N=52),

- 34% reported, “No,” their organization does not offer this. An even greater 40% responded, “I do not know.”
- About 10% of respondents answered, “Yes.” 4% specified their health records offer these options, and 2% specified their intake forms offer these.
- 8% said they did not offer this option, but were interested.

Across **assisted living facility/nursing home** respondents (N=18),

- No one reported that their organization offers options for patients/residents to specify their sexual orientation.
- Respondents results were split evenly: One-third said, “No, but interested,” one-third respondents said, “No,” and one-third said, “I do not know.”

2. When asked if their organizations offer explicit options on their intake forms and health records for patients and residents to specify if their *current gender identity* differs from the gender they were assigned at birth and/or the gender shown on any identification, insurance, or other documents used during admittance/registration...

Across **medical facility** respondents (N=52),

- 48% reported that they did not know if these options were offered.
- 31% responded, “No,” that these options are not offered, while a smaller 6% responded, “No, but interested.”
- 4 out of 52 total respondents (8%) reported that these options are explicitly offered through their intake forms and/or health records.

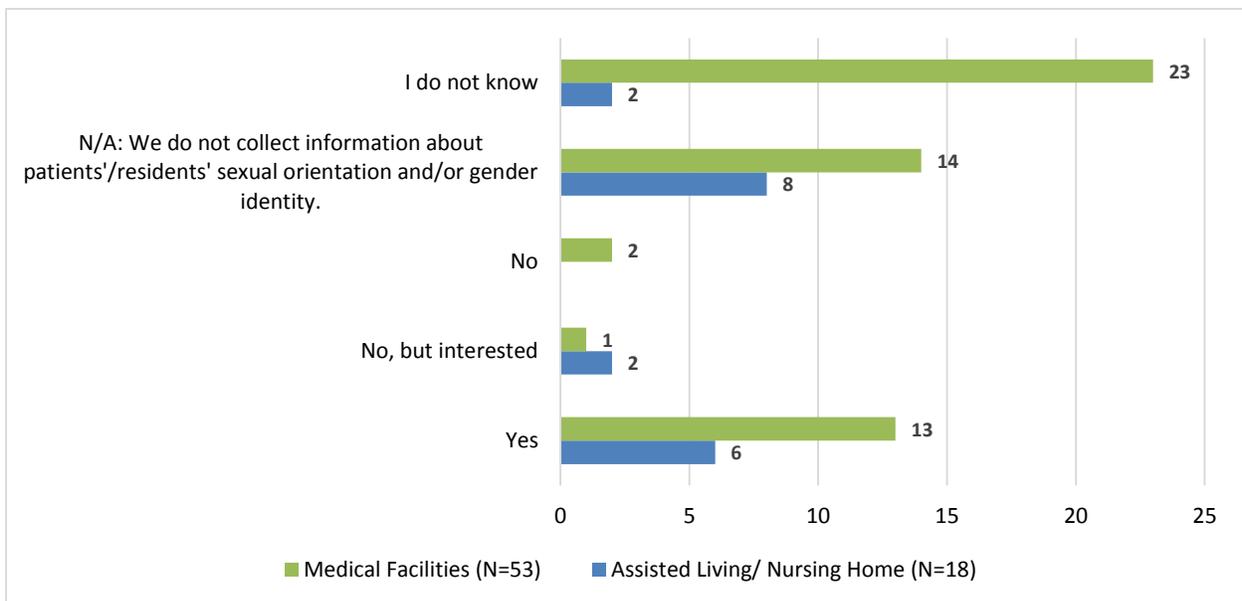
- The respondent who chose “Other” specified: “Some forms specific to our program offer these options.”

Across **assisted living facility/nursing home** respondents (N=18),

- Almost half (8 of 18) reported, “No.” 4 responded, “No, but interested.”
- 5 out of 18 responded, “I do not know.”
- One respondent reported, “Yes,” their organization does offer these options.

Confidentiality Policy

When healthcare professionals collect information from patients and residents about sexual orientation and gender identity, it is essential that they are clear about who will have access to this information and how it will be used. In order to ensure patients/residents comfort to self-disclose their LGBTQ identities, healthcare professionals must be specific about confidentiality with their patients and residents. If a confidentiality policy exists, it is necessary that healthcare professionals understand and convey it fully to patients/residents.



1. When asked if their organization’s healthcare professionals communicate the confidentiality policy to patients and residents while collecting information about their sexual orientation and/or gender identity...

Across **medical facility** respondents (N=53),

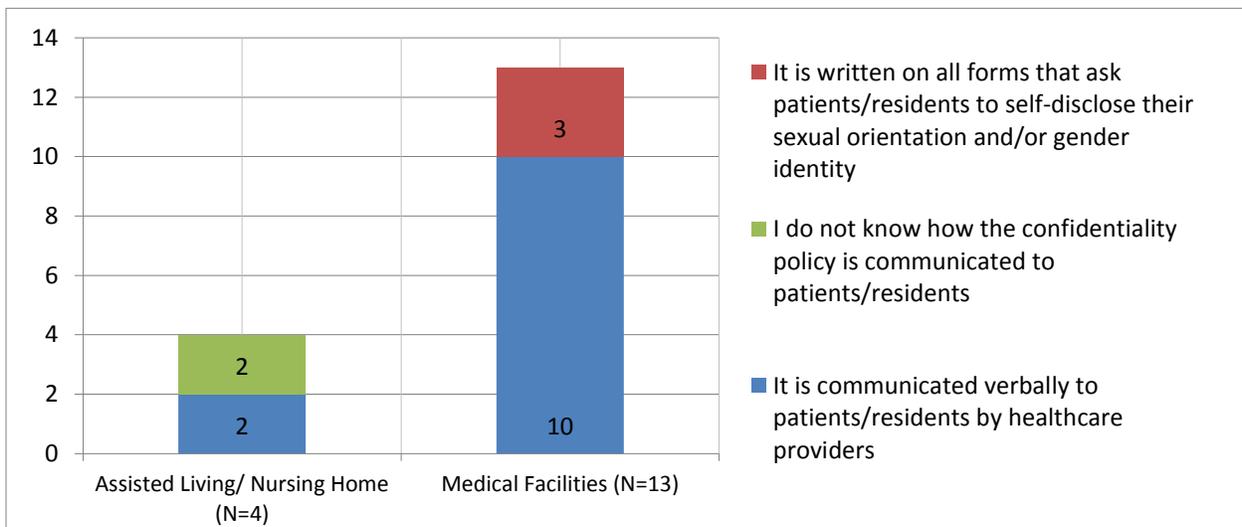
- A large amount (23 out of 53) reported that they did not know if a confidentiality policy was communicated to patients/residents while healthcare professionals collected information regarding sexual orientation and gender identity.

- 25% responded that yes, the confidentiality policy is communicated by healthcare professionals, while 26% responded, “N/A: We do not collect information about patients’/residents’ sexual orientation and/or gender identity.”
- 4% reported, “No,” and a smaller 2% reported, “No, but interested.”

Across **assisted living facility/nursing home** respondents (N=18),

- One-third (6 out of 18) said, “Yes,” to communicating the confidentiality policy to patients/residents while collecting information about their sexual orientation and/or gender identity.
- However, almost half of respondents (8 out of 18) reported that this question was, “N/A: We do not collect information about patients’/residents’ sexual orientation and/or gender identity.”
- The remaining responses were split: two said that they did not know, and two said, “No, but interested.”

Out of the participants who responded, “Yes,” that their organization’s healthcare professionals communicate the confidentiality policy to patients/residents...



Across **medical facility** respondents (N=13),

- The majority (10 out of 13) specified that a confidentiality policy is communicated verbally to patients/residents by healthcare providers.
- Three out of 13 reported that a confidentiality policy is written on all forms that ask patients/residents to self-disclose their sexual orientation and/or gender identity.

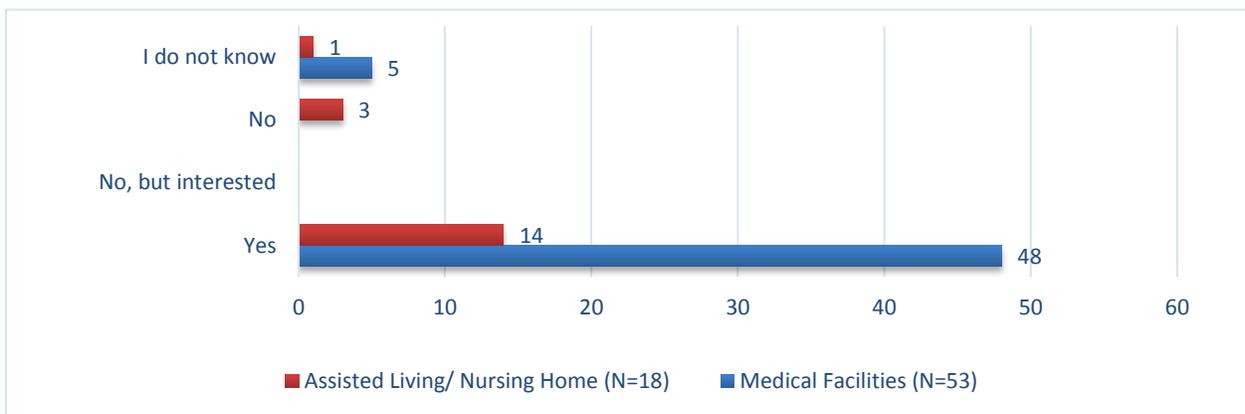
Across **assisted living facility/nursing home** respondents (N=4),

- Half of respondents reported they did not know how the confidentiality is communicated, while the other half specified it is communicated verbally.

Inclusive Terms for Marital/Relationship Status

While the majority of staff responded that their healthcare organizations collect information regarding patients'/residents' marital or relationship status, there are minimal options to specify status using LGBTQ inclusive terms. Common inclusive terms for LGBTQ individuals to specify their marital or relationship status include: "state-registered partnership," "non-state-registered same-sex partnership," "Partner," "Same-Sex Partner," "Domestic Partner," "Same-Sex Domestic Partner," "Significant Other."

When staff were asked if their organization records the marital or relationship status of patients/residents using the options "single" and "married"...



Across **medical facility** respondents (N=53),

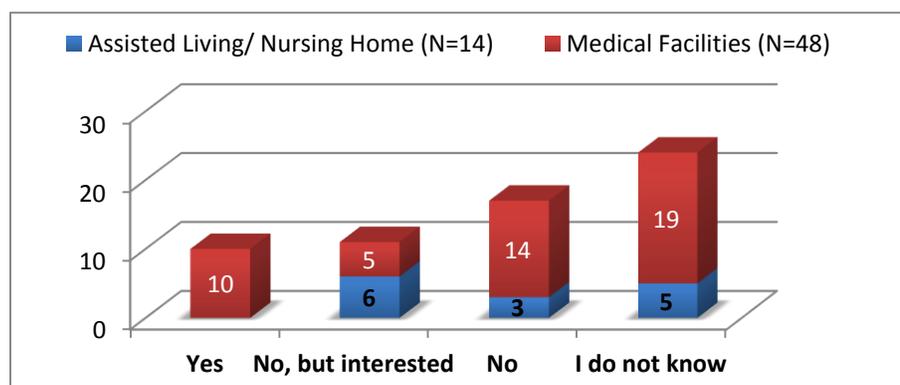
- 91% of staff reported that they record marital and relationship status using terms "single" and "married." 9% responded, "I do not know."

Across **assisted living facility/nursing home** respondents (N=18),

- Similar to medical facility respondents, the majority (14 out of 18) reported that their organizations record patients'/residents' marital or relationship status using terms that include the options "single" and "married."
- 3 out of 18 said, "No," and just one respondent reported they did not know.

While the majority of staff across healthcare organizations reported that information about patient's and resident's marital and relationship status is recorded using terms "single" and "married," there is limited use of LGBTQ inclusive terms during this process.

Of the staff who responded, “Yes,” their organization records patients’/residents’ marital or relationship status using terms “single” and “married,” when asked if their organization’s health records offer an explicit option for patients to specify that they are in a state-registered partnership...



Across **medical facility** respondents (N=48),

- 21% of staff responded that they offer an explicit option for patients/residents to specify that they are in a **state-registered partnership**, whereas 40% of respondents did not know if this option was offered, and 29% reported that it was not.
- 10% said this option was not offered, but they were interested.

Across **assisted living facility/nursing home** respondents (N=18),

- No one indicated that their organization offers an option for patients to specify that they are in a **state-registered partnership**.
- The responses were varied: 6 out of 14 responded, “No, but interested,” which was twice as many as respondents who said, “No,” (3 out of 14). 5 out of 14 did not know if their organization offered this option.

Out of the same staff who reported their organizations offer options “single” and “married” to record patients’/residents’ marital or relationship status, when asked if their organization’s health records offer an explicit option for unmarried patients/residents to specify that they are in a non-state-registered same-sex partnership... (See graph on next page)

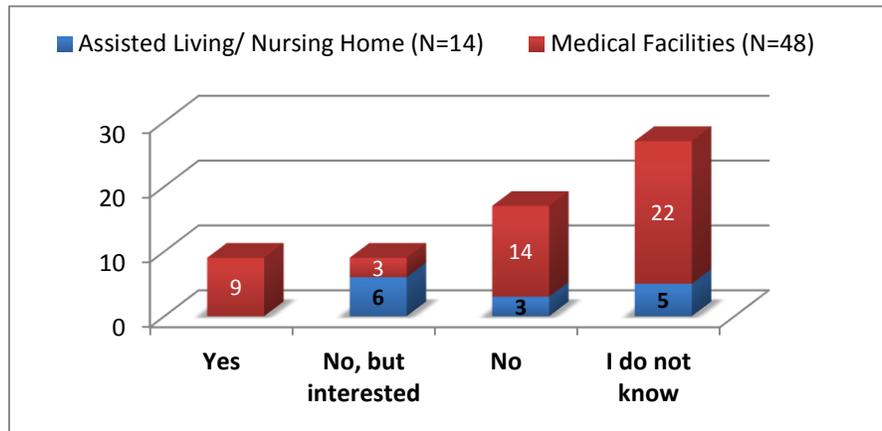
Across **medical facility** respondents (N=48),

- A minority (9 out of 48) of participants reported that their organization’s health records offer an explicit option for **unmarried** patients/residents to specify they are in a **non-state-registered same-sex partnership**.
- The majority (22 out of 28) of staff responded, “I do not know,” followed by 14 out of 48 who responded, “No.” 3 staff responded, “No, but interested.”

Across **assisted living facility/nursing home** respondents (N=18),

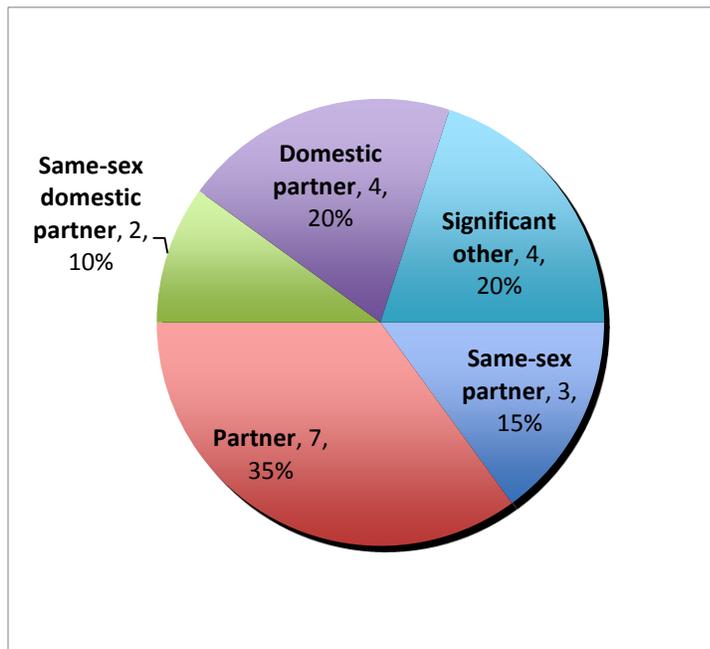
- No one reported that this option is offered.
- The responses were varied: 6 out of 14 responded, “No, but interested,” while half as many (3 out of 14) said, “No.”

- 5 out of 14 did not know if their organization offered this option.



Which option(s) are explicitly offered to unmarried patients to specify that they are in a non-state-registered same-sex partnership? (Please check all that apply):

Medical Facilities (N=9; 20 Checks Total)



¹

Since medical facilities were the only type of healthcare organization to offer unmarried patients/residents the option to specify if they are in a non-state-registered same-sex partnership, the 9 participants across medical facilities who responded, “Yes,” specified the options their organization offers. The option “Partner” is most likely to be offered across medical facilities, followed by “Domestic Partner” and “Significant Other.” “Same-sex partner” and “Same-sex domestic partner” were the least common options reported by staff.

¹ *N=9, however many respondents checked off more than one option to answer this question.

LGBTQ Senior Services and Programs

(Medical facilities, N=44 *; Assisted Living Facilities, N=14 *; Nursing Homes, N=2 *)

*Value of N changes throughout results. Exact value is reported.

A major way to provide LGBTQ patient-centered care is the intentional inclusion of LGBTQ services and programs by healthcare organizations into their agencies. In order for organizations to help all patients and residents feel comfortable and welcome in their healthcare environments, especially with other peer patients and residents, they should provide LGBT-specific programming and events (SAGE, 2012; SAGE, 2015b).

Best Practices:

For programming, organizations can: tailor already existing programming/events to LGBT patients and residents; co-sponsor programs or events with local LGBTQ community groups and organizations; offer opportunities for support groups, such as “Coming Out Later in Life group,” “Older LGBT Discussion Group,” or mentor groups, for example LGBT older adult groups who mentor LGBT youth (SAGE, 2012; SAGE, 2015b).

For providing inclusive health services, organizations can: publish and/or provide published printed materials to educate and support LGBTQ health needs; review inclusive services via patient/resident satisfaction surveys that allow them to confidentially disclose LGBTQ status; review clinical services for LGBTQ related gaps; conduct or substantially support LGBTQ health related research; appoint an LGBTQ-focused office, point-person, and/or advisory group (SAGE, 2012; SAGE, 2015b).

Inclusive Health Services

1. When asked if their organization publishes printed materials to educate or support LGBTQ patients...

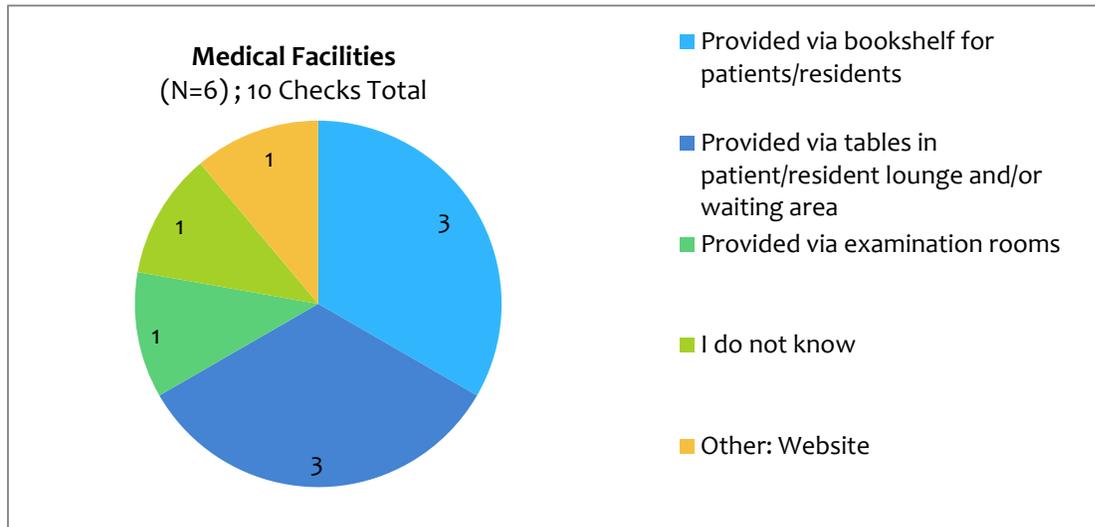
Across **medical facility** respondents (N=44),

- Almost half of the staff (21 out of 44) reported that they do not know if their organization publishes printed materials to educate or support LGBTQ patients.
- 6 out of 44 said that yes, their organization does publish these materials, while twice as many (12 out of 44) said, “No,” their organization does not publish these materials. A smaller number (five out of 44) responded, “No, but interested.”

Across **assisted living facility/nursing home** respondents (N=18),

- One reported that their organization publishes printed materials to educate or support LGBTQ patients.
- Most respondents were split: 6 out of 16 reported, “No, but interested,” and 6 out of 16 reported, “No.”
- 3 out of 16 reported that they did not know.

Out of the respondents who indicated that their organization publishes these printed materials, when asked to indicate all the ways it makes them available to patients...

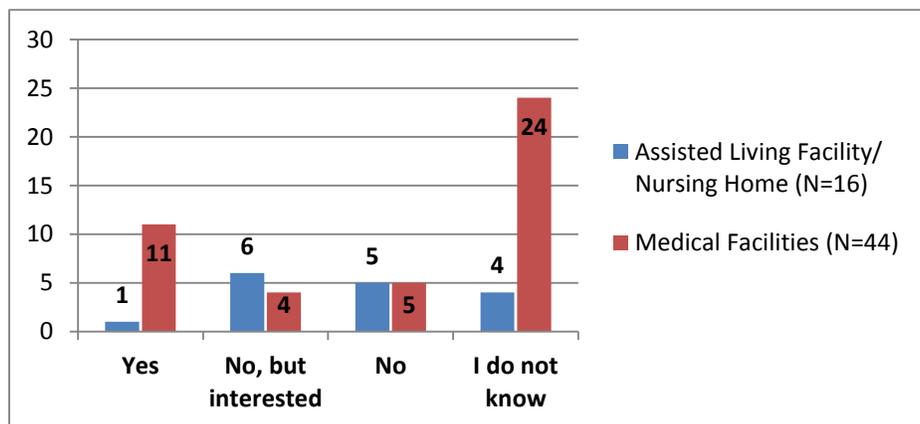


2

Across **medical facility** respondents (N=6)

- The most common way medical facilities make their published, printed materials available to patients/residents is by providing them via bookshelf, and via tables in a patient/resident lounge and/or waiting area.
- The respondent from an **assisted living facility/nursing home** who indicated his/her organization publishes printed materials to educate and support LGBTQ patients did not specify how they were made available to patients.

2. When staff were asked if their organization makes printed materials that are published by other organizations available to patients...



² Across medical facilities, there were 6 people who specified how their organization makes these published materials available to patients. However, there are 10 responses in total from 6 respondents because more than one answer could be selected (i.e. “Please check all that apply”).

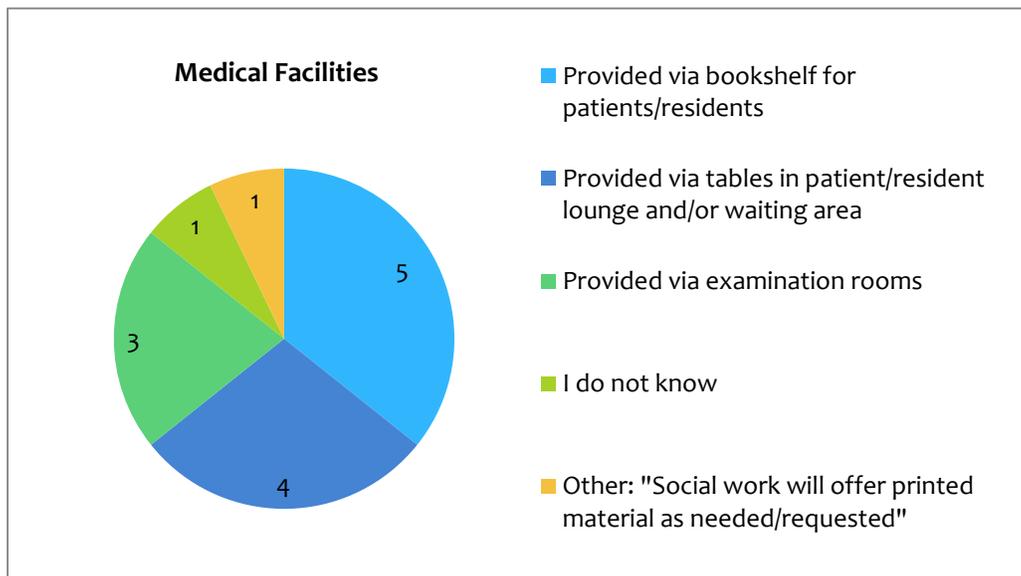
Across **medical facility** respondents (N=44),

- The majority (24 out of 44) reported that they did not know.
- A quarter of respondents said, “Yes,” their organization does make printed materials published by other organizations available to patients.

Across **assisted living facility/nursing home** respondents (N=18),

- One out of 18 said, “Yes.”
- The majority of responses were varied: 6 said, “No, but interested,” 5 said, “No,” and 4 responded that they did not know.

Out of the respondents who indicated that their organization makes LGBTQ printed materials published by other organizations available to patients, when asked to indicate all the ways that their organization makes them available to patients...

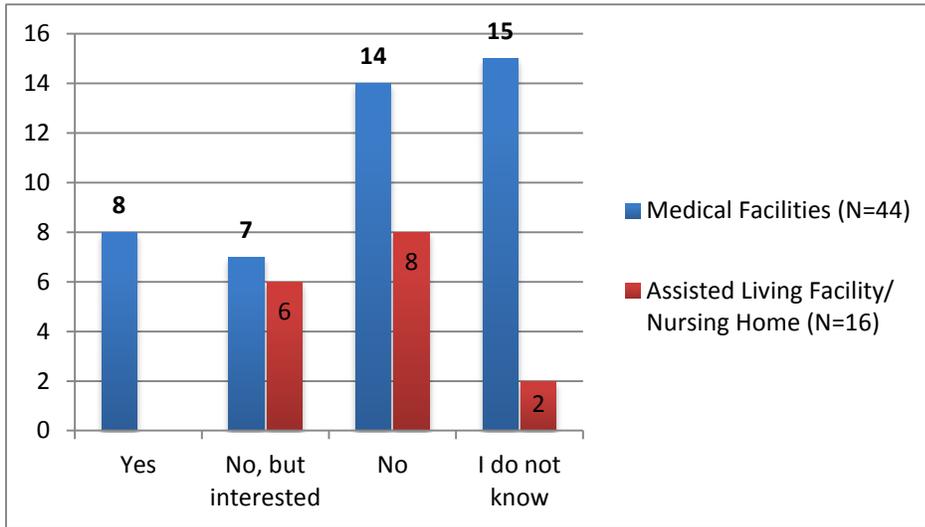


Across **medical facility** respondents (N=11),

- Staff reported that the most common way their organization makes these materials available to patients/residents is providing them via a bookshelf for patients/residents.
- The second most common way is to make these materials available by tables in patient/resident lounge and/or waiting area.
- The third most common way is providing these materials in examination rooms.

The one respondent from an **assisted living facility/nursing home** reported that the organization provides these materials via a bulletin board.

3. When staff were asked if their organization has a visible, LGBTQ friendly symbol/sign that is messaged to patients/residents...

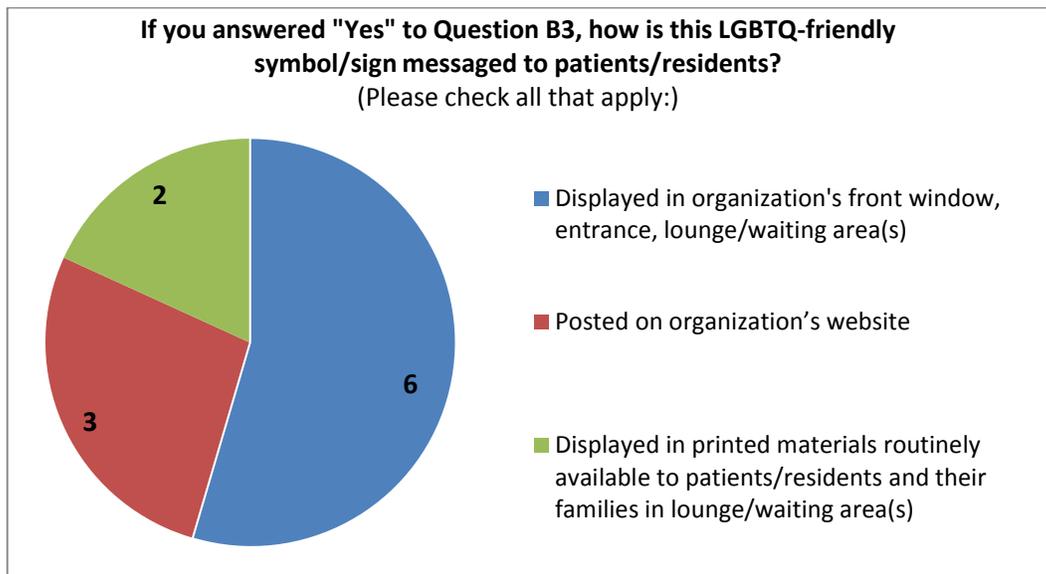


- Eight of 44 respondents from **medical facilities** reported that they have this.

- No respondents from **assisted living facilities or the participating nursing home** reported they had this.

For the staff across medical facilities that indicated their organization has this symbol/sign:

- The most common way staff reported this symbol/sign is messaged to patients/residents is by displaying it in their front window, entrance, and lounge/waiting area.
- The second most common way reported is by posting it on the organization’s website.
- The least common way is by displaying it in printed materials routinely available to patients/residents and their families in lounge/waiting area(s).



³ *N=8, however there are 11 responses in total from 8 respondents because more than one answer could be selected (i.e. "Please check all that apply").

4. When asked if their organization has held a meeting with one or more representatives of an LGBTQ organization to discuss LGBTQ senior-related concerns (prior to this survey)...

Across **medical facility** respondents (N=44),

- The majority (31 out of 44) reported that they did not know.
- The remaining responses were varied: 5 responded, “Yes,” to having held this meeting; the remaining eight were split, with four responding, “No, but interested,” and the other four, “No.”

Across **assisted living facility/nursing home** respondents (N=16),

- 2 out of 14 responded, “Yes.”
- 5 out of 14 reported that they did not know if their organization had held this meeting, 5 who said, “No, but interested,” and 4 respondents who said, “No.”

5. When staff were asked if their organization has an LGBTQ-focused office, point-person, and/or advisory group...

Across **medical facility** respondents (N=44),

- Over half of respondents (23 out of 44) reported they did not know.
- 10 responded, “No.” Slightly fewer (8 out of 44) responded, “Yes.”
- Three responded, “No, but interested.”

Across **assisted living facility/nursing home** respondents (N=16),

- Half (8 out of 16) reported that they **did not** have an LGBTQ-focused office point-person, and/or advisory group.
- The remaining responses were: five responded, “No, but interested,” and the other three responded, “I do not know.”
- No respondents answered, “Yes.”

6. When staff were asked if their organization regularly surveys patients about the care they receive, most respondents across healthcare organizations reported, “Yes.”

Across **medical facility** respondents (N=44),

- An overwhelming majority (**41 out of 44**) said, “Yes,” their organization regularly surveys patients. 2 responded, “I do not know,” and one responded, “No, but interested.”

Across **assisted living facility/nursing home** respondents (N=16),

- An overwhelming majority (**13 out of 16**) said, “Yes.”
- Two responded, “No, but interested,” and one respondent said, “No.”

When the same staff who indicated their organization regularly surveys patients about the care they receive were asked if their organization’s surveys explicitly allow patients/residents to identify as LGBTQ...

- None said, “Yes” across both medical facilities and assisted living facilities/nursing home.

Across **medical facility** respondents (N=41),

- The majority (28 out of 41) of respondents did not know if the survey explicitly allowed this.
- Eight out of 41 said, “No,” while slightly fewer, five out of 41, responded, “No, but interested.”

Across **assisted living facility/nursing home** respondents (N=13),

- Five out of the 12 respondents reported that they did not know.
- The remaining responses were split: Four responded, “No,” and four responded, “No, but interested.”

From the staff who indicated their organization regularly surveys patients about the care they receive, when asked if these surveys explicitly collect LGBTQ-related information to improve services...

Across **medical facility** respondents (N=41),

- None said, “Yes.”
- The majority of respondents (28 out of 41) reported that they did not know if their organization explicitly collects this information.
- Eight out of 41 responded, “No”, and five responded, “No, but interested.”

Across **assisted living facility/nursing home** respondents (N=13),

- One person out of 13 reported, “Yes.”⁴
- The remaining 12 responses were evenly split: Four reported, “I do not know;” four reported, “No,” and four reported, “No, but interested.”

7. When staff were asked if their organization conducts or substantially supports LGBTQ health-related research...

Across **medical facility** respondents (N=44) and **assisted living/nursing home** respondents (N=16),

- No one reported that his or her healthcare organization conducts or substantially supports LGBTQ health-related research.

8. When staff were asked if their organization reviewed any of its clinical services to identify possible LGBTQ-related gaps...

⁴ This respondent was one of three total respondents from the same assisted living facility that answered this question. The two other respondents reported, “No,” and, “I do not know,” as answers to this same question. Therefore, it is reasonable to conclude that this organization may not explicitly collect LGBTQ-related information to improve services in their patient care surveys.

Across **medical facility** respondents (N=44),

- The majority of respondents (31 out of 44) did not know.
- Six out of 44 did respond, “Yes.”
- 4 responded, “No, but interested,” and three responded, “No.”

Across **assisted living facility/nursing home** respondents (N=16),

- Six out of 16 responded that their organizations did not review any of their clinical services to identify possible LGBTQ-related gaps, but were interested in doing so.
- Five out of 14 respondents did not know, and five out of 14 responded, “No.”

Inclusive Programming

1. When asked if their organization provides services/events to educate and support LGBTQ patients/residents...

Across **medical facility** respondents (N=44),

- 12 out of 44 (approximately 27 %) respondents reported, “Yes.”
- Half (22 out of 44) reported they did not know if services/events were provided.
- Eight out of 44 respondents said, “No,” and two respondents said, “No, but interested.”

Across **assisted living facility/nursing home** respondents (N=14),

- 2 out of 14 said, “Yes.”
- Almost half (6 out of 14) reported, “No,” their organization does not provide these services/events. Slightly fewer (4 out of 14) reported, “No, but interested.”

2. When staff were asked if their organization has either participated in or supported one or more LGBTQ-related services and/or events in Cambridge...

Across **medical facilities** (N=44),

- 12 out of 44 respondents (approximately 27%) replied, “Yes,” their organization has participated in or supported one or more LGBTQ-related services and/or events.
- Half (22 out of 44) reported they did not know.
- 7 out of 44 said, “No,” and one respondent said, “No, but interested.”

Across **assisted living facilities** (N=16), responses varied.

- Half reported, “Yes,” while five out of 16 responded, “I do not know.”
- Two respondents said, “No, but interested,” and two respondents said, “No.”

Policies for LGBTQ Inclusive, Patient-Centered Care

(Medical facilities, N=37 *; Assisted Living/Nursing Home N=13*)

*Value of N changes throughout results. Exact value is reported.

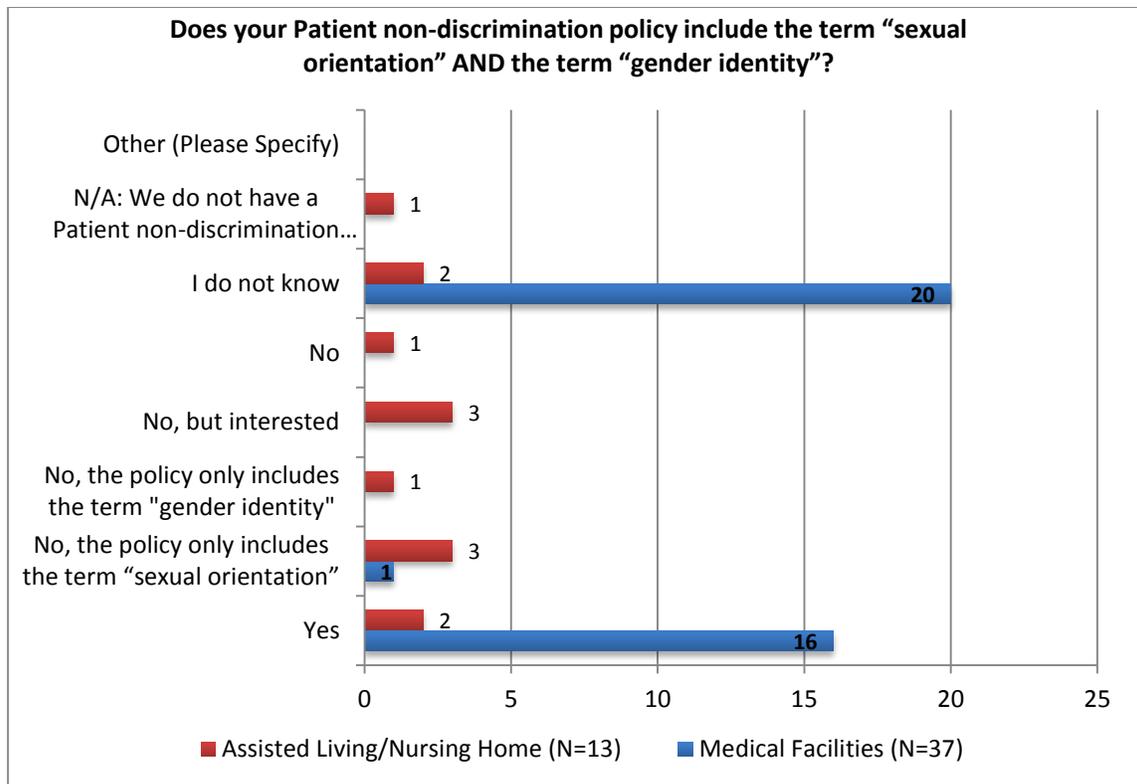
By adopting and messaging clearly to patients/residents LGBTQ inclusive, patient-centered policies, healthcare organizations are stating in a powerful way that they are dedicated to LGBTQ older adults. Across medical facilities, assisted living facilities and nursing homes, the main policies that should include LGBTQ protections are Patient and Employee Non-Discrimination policies, as well as Equal Visitation Rights. Furthermore, healthcare organizations that have adopted equal visitation policies regardless of LGBTQ status are complying with federal requirements of The Joint Commission and Centers for Medicare and Medicaid Services (HEI, 2014). Not only are inclusive policies essential for welcoming LGBTQ patients and residents into healthcare organizations, but of equal importance are inclusive practices that are carried out by healthcare providers and staff.

Best Practices Include:

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

Patient Non-Discrimination Policy

1. When staff across medical facilities, assisted living facilities, and a nursing home were asked if their organization's Patient non-discrimination policy included the terms "sexual orientation" and "gender identity"...



Across **medical facility** respondents (N=37),

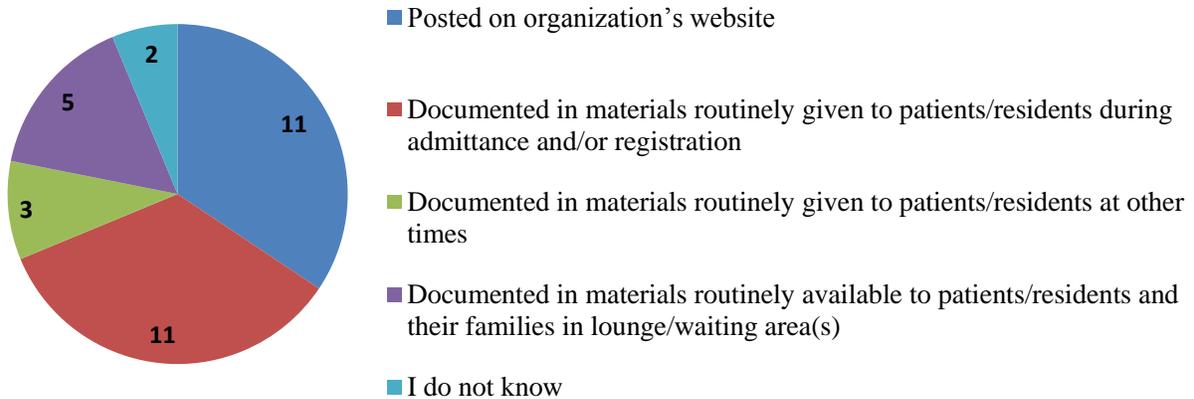
- Many reported that their organization had a patient non-discrimination policy that included both of these terms. 16 out of 37 (approximately 43%) responded, “Yes.”
- One respondent reported that their organization’s policy only includes the term “sexual orientation.”
- However, the majority of respondents (20 out of 37) reported that they did not know if their patient non-discrimination policy included these terms.

Across **assisted living facility/nursing home** respondents (N=13), responses varied.

- **Two** of the 13 reported their organization’s Patient non-discrimination policy includes both terms “sexual orientation” and “gender identity.”
- **Three** out of 13 respondents reported their policy only includes the term “sexual orientation.” **One** of the 13 respondents reported their policy only includes the term “gender identity.”
- The remaining seven respondents were varied: three responded “No, but interested” and one responded “No;” two responded, “I do not know,” and one responded, “N/A: We do not have a Patient non-discrimination policy.”

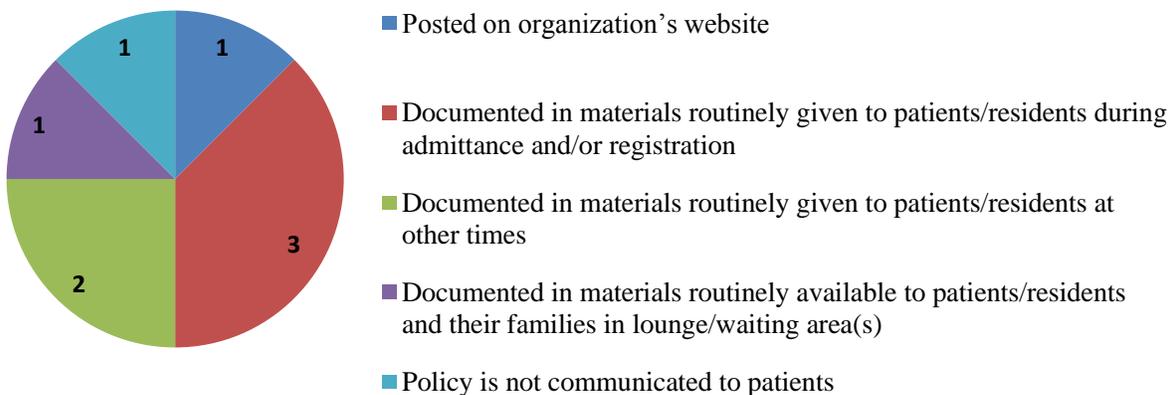
Of respondents who indicated their Patient non-discrimination policy either includes terms “sexual orientation” and “gender identify,” or just one of these terms...

Please check off all the ways your organization informs patients/residents of your Patient non-discrimination policy: (Medical Facilities)



- The two most common ways that respondents from **medical facilities** indicated their organizations inform patients/residents of the Patient non-discrimination policy were: that it is posted on their organization's website and documented in materials routinely given during admittance and/or registration.

Please check off all the ways your organization informs patients/residents of your Patient non-discrimination policy: (Assisted Living Facility/Nursing Home)



- The two most common ways that the **assisted living facility/ nursing home** respondents said their organizations inform patients/residents of the Patient non-discrimination policy were: that it is documented in materials routinely given during admittance and/or registration, and documented in materials routinely given at other times.

- When staff were asked if their Patient non-discrimination policy includes an email and/or phone number for reporting discrimination...

Across **medical facility** respondents (N=37),

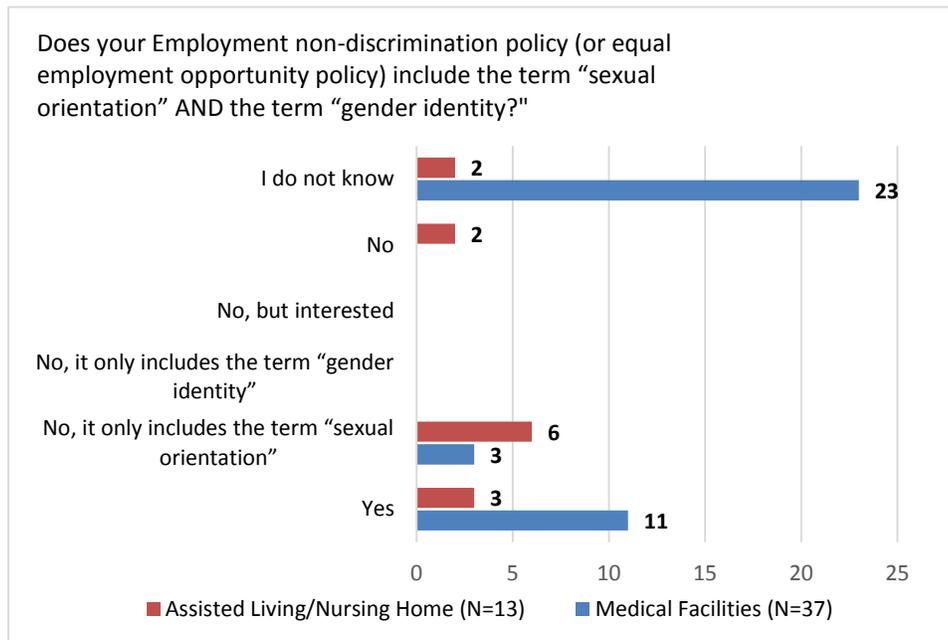
- Over half (21 out of 37) reported yes, their policy does include an email and/or phone number for reporting discrimination. 15 out of 37 also responded, “I do not know,” while one respondent replied, “No.”

Across **assisted living facility/ nursing home** respondents (N=13),

- Over half (7 out of 13) responded yes, their policy does include an email and/or phone number for reporting discrimination. Three out of 13 respondents said, “No, but interested.”

Employment Non-Discrimination Policy

- When staff were asked if their organization’s Employment non-discrimination policy (or equal employment opportunity policy) include both the terms “sexual orientation” and “gender identity”...



Across **medical facility** respondents (N=37),

- The majority (23 out of 37) reported that they do not know if their Employment non-discrimination policy includes these terms. However, 11 out of 37 (approximately 30%) responded that yes, this policy does include both terms. Three out of 37 respondents reported, “No, it only includes the term ‘sexual orientation.’”

Across **assisted living facility/nursing home** respondents (N=13),

- Almost half (six out of 13) reported, “No, it only includes the term ‘sexual orientation,’” while the remaining responses varied. Three out of 13 reported, “Yes,” while two reported, “No,” and two reported, “I do not know.”

2. When staff were asked if their organization’s Employment non-discrimination policy (or equal employment opportunity policy) includes an email and/or phone number for reporting discrimination...

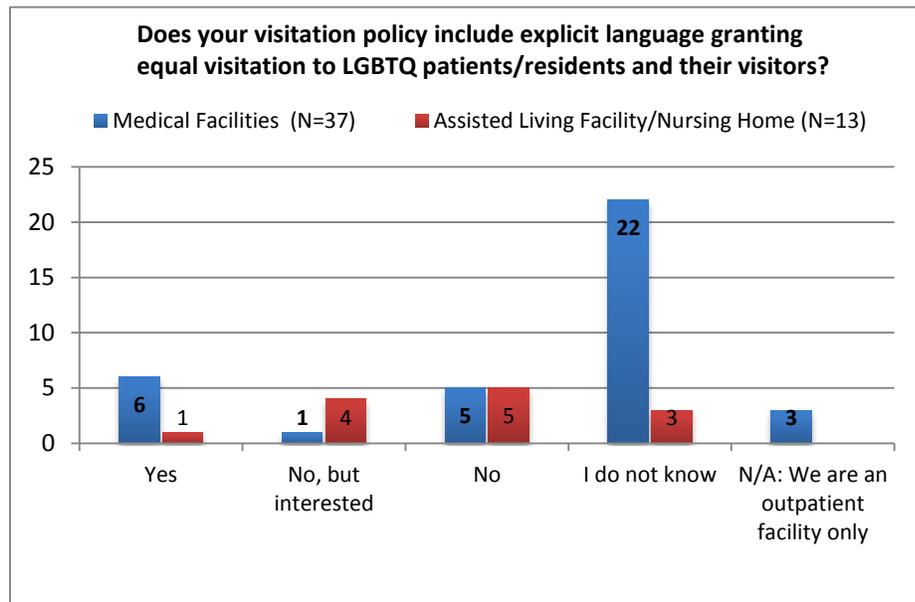
Across **medical facility** respondents (N=37),

- The majority (23 out of 37) said, “Yes.” 13 out of 37 said, “I do not know,” while one reported their policy did not include an email and/or phone number to report discrimination.

Across **assisted living facility/nursing home** respondents (N=13),

- The majority (7 out of 13) responded, “Yes.” Three out of 13 responded, “No, but interested.”

Equal Visitation Policy



1. When staff were asked if their organization’s visitation policy includes explicit language granting equal visitation to LGBTQ patients/residents and their visitors...

Across **medical facility** respondents (N=37),

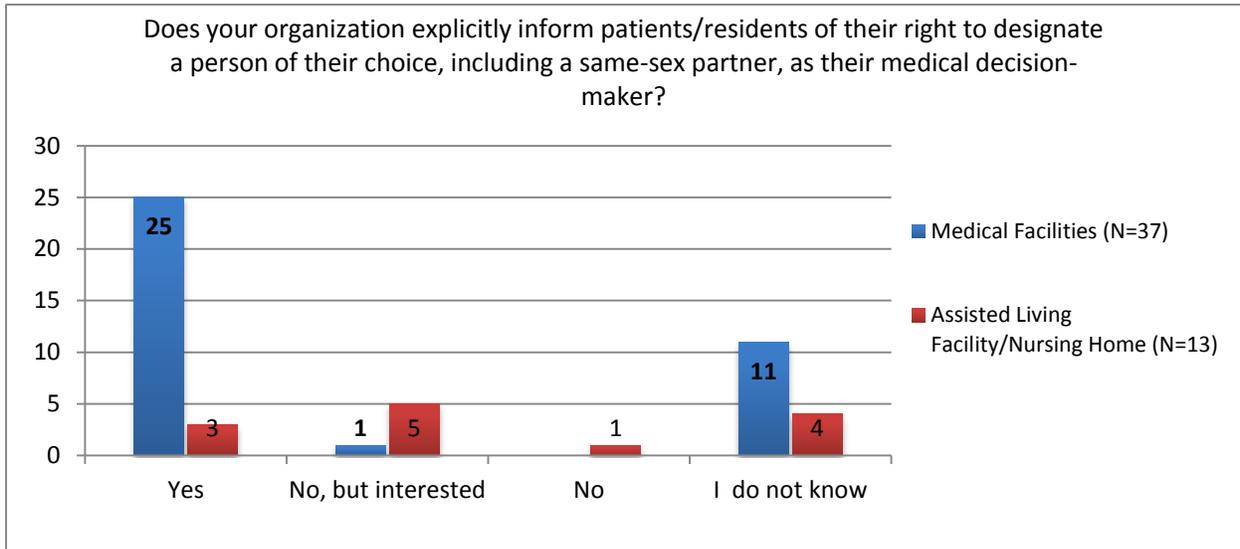
- Over half (22 out of 37) reported that they did not know. 6 out of 37 responded, “Yes,” while 5 out 37 responded, “No,” and one responded, “No, but interested.”

Across **assisted living facility/ nursing home** respondents (N=13),

- The majority of respondents either reported, “No,” or, “No, but interested.” Three out of 13 responded that they did not know.

Medical Decision Making

1. When staff were asked if their organization explicitly informs patients/residents of their right to designate a person of their choice, including a same-sex partner, as their medical decision-maker...



Across **medical facility** respondents (N=37),

- The majority (25 out of 37) answered, “Yes.” 11 out of 37 responded, “I do not know,” while one responded, “No, but interested.”

Across **assisted living facility/nursing home** respondents (N=13),

- Responses varied. Three out of 13 said, “Yes,” while five said, “No, but interested,” and four said, “I do not know.”

Services and Supports for Transgender Patients / Residents

(Medical facilities, N=33*; Assisted Living/Nursing Home N=12*)

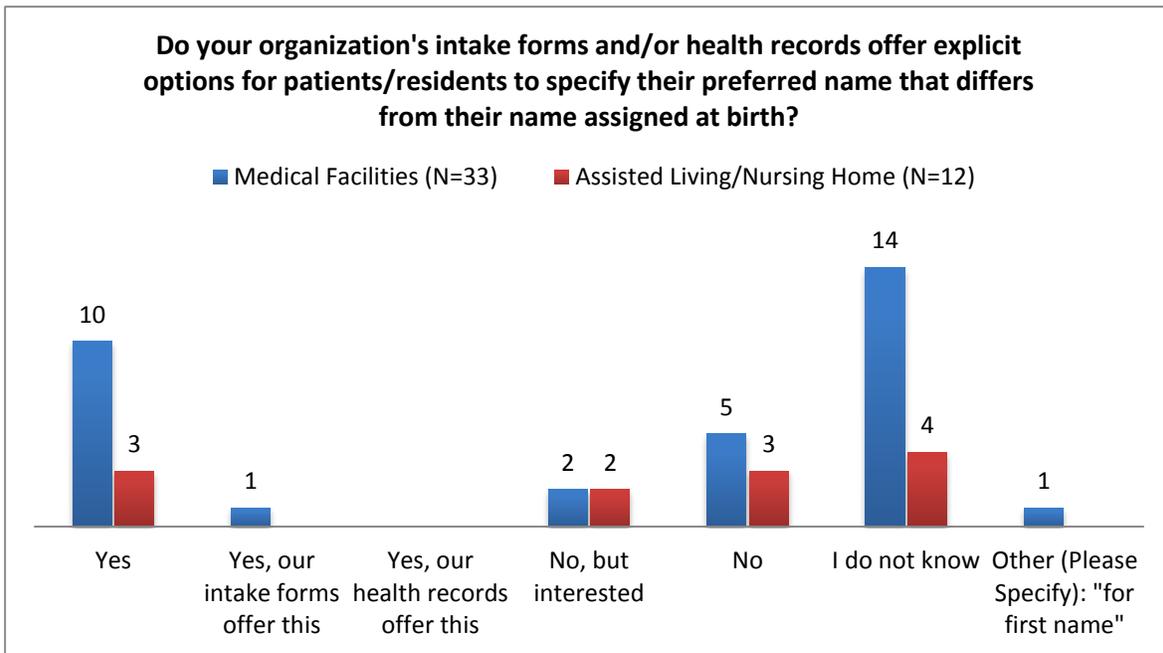
*Value of N changes throughout results. Exact value is reported.

Transgender supports and services are of particular importance. Research suggests that 65% of transgender older people feel that they will have limited access to healthcare as they age, and 55% believe that they will be denied medical treatment (SAGE, 2014, p. 14). Therefore, it is critical that healthcare professionals understand and ensure the needs of transgender older adults. Efforts towards providing unisex/gender neutral bathrooms, using preferred pronouns and names that align with transgender elders’ chosen gender identities, and appointing trained staff members as navigators and supports for transgender patients/residents have all been suggested for creating inclusive healthcare services (SAGE, 2012; SAGE; 2015a).

Best Practices Include:

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

1. When staff were asked if their organization’s intake forms and/or health records offer explicit options for patients/residents to specify their preferred name that differs from their name assigned at birth...



Across **medical facility** respondents (N=33),

- One-third of staff reported that their organization offered this option on their intake forms and/or health records (11 out of 33).
- Almost half (14 out of 33) reported that they did not know.
- One respondent who chose “Other” specified: “for first name.”

Across **assisted living facility/nursing home** respondents (N=12),

- One person reported, “Yes, our intake forms offer this.”
- One-third (four out of 12) responded, “I do not know,” and one-fourth (three out of 12) reported, “No,” slightly more than two respondents, who replied, “No, but interested.”

2. When staff were asked if their organization's intake forms and/or health records offer explicit options for patients/residents to specify their preferred pronoun...

Across **medical facility** respondents (N=33),

- 42% (14 out of 33) answered, "I do not know," and 30% (10 out of 33) responded, "No."
- Five respondents responded yes, their intake forms and/or health records offer these explicit options.

Across **assisted living facility/nursing home** respondents (N=12),

- Half (6 out of 12) reported, "No," while just two respondents replied, "No, but interested."
- Four responded, "I do not know."
- None responded, "Yes."

3. When staff were asked if their organization has trained and clearly designated at least one employee at an appropriate level of skill, knowledge, and influence to serve as a navigator, advisor and/or support for transgender patients...

Across **medical facility** respondents (N=33),

- Slightly more than half (17 out of 33) responded they did not know. 12 out of 33 were split: six said, "No," and six said, "No, but interested."
- Four respondents indicated that yes, their organization has trained or clearly designated at least one employee for this purpose.

Across **assisted living facility/nursing home** respondents (N=12),

- Half reported, "No."
- Two responded, "No, but interested," while three responded, "I do not know."
- One respondent chose "Other," and specified, "We have a social worker."
- No respondents reported that they trained or designated at least one employee for this purpose.

4. When staff were asked if their organization has designated one or more bathrooms as gender neutral/unisex...

Across **medical facility** respondents (N=33),

- More than half (18 out of 33) said, "Yes."
- Six out of 33 said, "No," whereas half as many (3 out of 33) said, "No, but interested."
- The three respondents who chose "Other" specified: "Some restrooms are not designated as any particular sex;" "all bathrooms at our day center are unisex but not specifically for gender identify reasons;" "multiple single bathrooms."

Across **assisted living facility/nursing home** respondents (N=12),

- Almost half (5 out of 12) responded, “Yes,” while four out of 12 responded, “No.” One person responded, “No, but interested.”
- Two respondents who chose “Other” specified: “All bathrooms are one person only.”

Training Regarding LGBTQ Inclusive Care

(Medical facilities, N=33*; Assisted Living/Nursing Home N=12*)

*Value of N changes throughout results. Exact value is reported.

1. When staff across organizations were asked if staff/employees receive expert training in LGBTQ patient-centered care...

Across **medical facility** respondents,

- 5 out of 33 said, “Yes.”
- Almost half (14 out of 33) responded, “No,” while fewer (7 out of 33) responded, “No, but interested.”
- 7 out of 33 responded, “I do not know.”

Across **assisted living facility/nursing home** respondents,

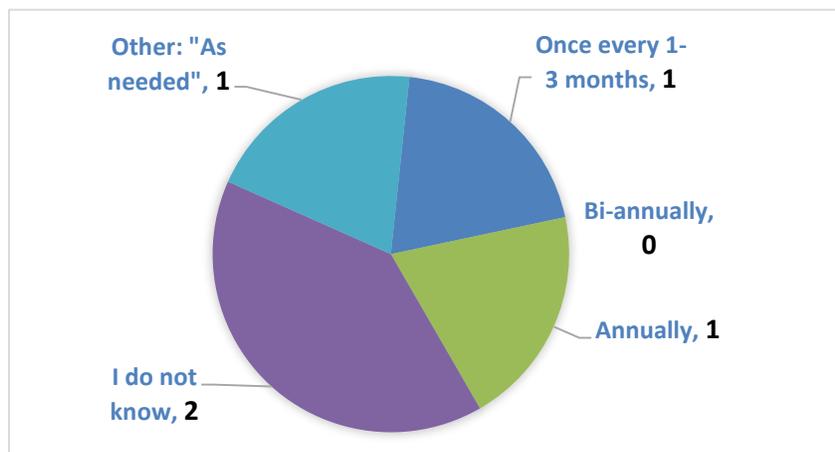
- No one responded, “Yes.”
- The majority (7 out of 12) said, “No,” while fewer (5 out of 12) said, “No, but interested.”

Out of the five respondents from **medical facilities** within the City who indicated that their organization provides expert training in LGBTQ patient-centered care to staff/employees:

- a. When asked if this training includes information focused on inclusive care for LGBTQ patients/residents... (N=5)**
 - All five respondents said, “Yes.”
- b. When asked if this training includes information focused on inclusive care for LGBTQ seniors, specifically... (N=4)**
 - One out of 4 respondents said, “Yes.”
 - One respondent said, “No, but interested,” while 2 out of 4 said, “No.”
- c. When asked if this training includes information regarding the unique health needs of LGBTQ senior patients and residents (60+)... (N=4)**
 - 1 out of 4 respondents said, “Yes.”
 - One respondent said, “No, but interested,” while 2 out of 4 said, “No.”
- d. When asked if this training includes information about medical, hormonal and surgical options for transgender patients... (N=5)**

- 2 out of 5 said, “Yes.”
 - 2 out of 5 said, “No,” while one out of 5 said, “No, but interested.”
- e. **When asked if this training includes information about varying physical characteristics among transgender patients... (N=5)**
- The majority (3 out of 5) said, “Yes.”
 - 1 out of 5 said, “No,” and 1 out of 5 said, “No, but interested.”

Out of the five respondents across medical facilities who reported that their organization provides this training, when staff were asked how frequently their organization offers this training...



- The most common response (2 out of 5) was, “I do not know.”
 - Three out of five were varied evenly: One respondent reported once every 1-3 months, one respondent said annually, and one respondent specified, “As needed.”
2. When staff were asked if their organization provides training to staff on how to respectfully and safely ask patients to self-disclose their sexual orientation and/or gender identity...

Across **medical facility** respondents,

- 3 out of 33 said, “Yes.”
- 12 out of 33 responded, “I do not know,” and 11 out of 33 responded, “No.”
- 7 out of 33 said, “No, but interested.”

Across **assisted living facility/nursing home** respondents,

- One respondent said, “Yes.” One respondent said, “I do not know.”
- Half (6 out of 12) said, “No,” and slightly fewer (4 out of 12) said, “No, but interested.”

Out of the three respondents from medical facilities, and one respondent from assisted living/nursing home, who said that their organization provides this training, when asked how frequently their organization offers this training...

Across **medical facility** respondents (N=3),

- One specified the training was provided bi-annually.
- One specified the training was provided, “At employee orientation as needed.”
- One specified, “I do not know.”

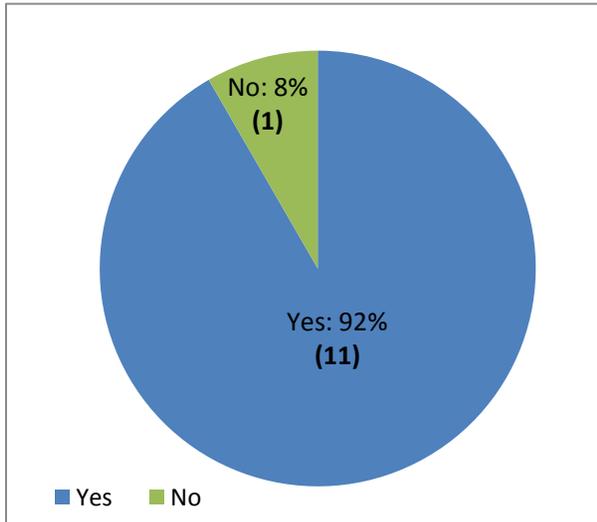
The single **assisted living facility/nursing home** respondent to answer this question reported, “I do not know.”

Additional Information

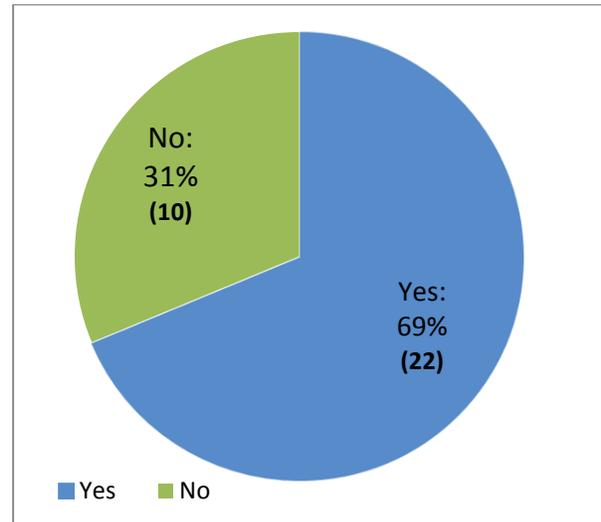
(Medical facilities, N=32 *; Assisted Living/Nursing Home N=12*)

*Value of N changes throughout results. Exact value is reported.

1. When staff were asked if they were interested in receiving support from the GLBT Commission to improve/enhance LGBTQ inclusive care within their healthcare organization, based upon the results of this survey:



Across **medical facility** respondents (N=32)



Across **assisted living facility/nursing home** respondents (N=12)

The majority of respondents across healthcare organizations are interested in receiving support from the GLBT commission.

2. When staff across healthcare organizations were asked...

Do you know of any LGBTQ patient-centered care services or policies your organization is currently working to develop or improve?
"I know there is a male pap smear service."
"Improving the electronic health record to be more inclusive for LGBT patients. Creating LGBT friendly and welcoming signs at clinics."
"Our mission is to care for all who come our way and we truly, consciously try not to discriminate. It's what makes our community different and so welcoming. Come and visit and see for yourself."

3. When staff across healthcare organizations were asked...

Please provide any additional or relevant information regarding LGBTQ policies and/or practices within your healthcare organization that you would like to share with us:
"[We have been] designated as Leader in LGBT Health Care Equity by the Human Rights Campaign in 2013. During this collaborative process, we have revised our employment, visitation and patient rights policies, as well as trained over 30 senior leaders in our hospital system."
"We have had problems with our EMR for transgender patients- the only options are male or female- i.e. we were unable to order a pregnancy test or a PAP test for a female- to male transgender patient who was identified as male in the EMR. In order to order the test we had to change the gender ID to female."
"We provide artificial insemination service for same sex partners."
"We routinely have patients in same-sex marriages or partnerships whose partner is the health care proxy."
"Somerville-Cambridge Elder Services' LGBTQ resources."

CONCLUSIONS

COMMISSION RECOMMENDATIONS

Based on this study's results, there are various recommendations to support healthcare organizations and healthcare professionals in their work toward providing LGBT inclusive, patient-centered care for senior patients and residents.

In addition to concrete recommendations for healthcare organizations and professionals, there are references to resources in each section that can help further support healthcare organizations to adopt identified "Best Practices" for inclusive care (see **Resources** section for detailed information). These resources offer concrete, practical suggestions for how to help healthcare professionals create LGBT inclusive environments, and can be easily integrated into many different healthcare settings.

Patient/Resident Self-Identification

***See Resources**

All healthcare organizations should offer explicit options on their intake forms and/or health records (whichever is more commonly used within the organization to collect patient information):

- For patients and residents to specify their sexual orientation AND gender identity in a confidential manner.
- For patients and residents to specify their preferred name and pronouns, if they differ from that assigned at birth, in a confidential manner.
- For patients and residents to specify their marital and/or relationship status using inclusive terms, such as "Partner," "Domestic Partner," "Same-Sex Partner," "Significant Other," etc. (if these documents are where this information is normally recorded).

All healthcare organizations should:

- Adopt the practice of collecting information about sexual orientation and gender identity from all patients and residents. A significant amount of staff reported that they do not collect information about the sexual orientation and/or gender identity of patients and residents. Patients and residents should be given the option to volunteer this information. If this information is collected in a uniform manner by all staff across the organization, there should be training provided to all healthcare professionals about how to collect this information in a safe, confidential way. The confidentiality policy during this process should be clearly communicated to all healthcare professionals.

All healthcare professionals should:

- Fully understand and clearly communicate their organization's confidentiality policy to patients and residents while collecting information about sexual orientation and/or gender identity.

While a significant amount of staff (a quarter of staff across medical facilities, and a third of staff across assisted living facilities and the participating nursing home) reported healthcare professionals communicate the confidentiality policy to patients/residents, there is still need for improvement. For medical facilities, there is a great need to clarify if and how the confidentiality policy is communicated to patients/residents while collecting information about their sexual orientation and/or gender identity. 43% of staff respondents from medical facilities did not know if a confidentiality policy was communicated to patients/residents.

LGBTQ Senior Services and Programs

*See Resources

All healthcare organizations should:

- 1. Make published, printed materials (either their own or from other organizations) that educate and support LGBTQ elders, and their unique health needs.**
 - Provide them through a bookshelf that is easily accessible and visible to patients and residents, on tables in a patient/resident lounge or waiting area, in examination rooms, and have staff distribute them as needed. It is important to make these materials easily accessible to patients and their families, and in a way that can be safe and confidential for them to use.
- 2. Display a visible, LGBTQ friendly symbol/sign that is messaged to patients in one or more of the following: a front window, a main entrance, lounge, waiting area(s), in printed materials routinely given to patients/residents and their families, and on the organization's website.**

IMPORTANT: Messaging this sign/symbol is an indication of LGBTQ acceptance and inclusion. Practices and policies of an organization should reflect this message if it is to be advertised publicly.

- 3. Review clinical/program services for LGBTQ gaps.**
 - This can be done through patient satisfaction surveys, which an overwhelming majority of staff across healthcare organizations reported that their organization routinely gives to patients/residents. In surveys given to patients/residents regarding their care, include a confidential opportunity for patients/residents to identify their LGBTQ identity, in order to understand the unique experiences of LGBT elders, and possibly improve services. An organization can also include a question that directly gathers information from patients on their experiences with LGBT inclusivity as a patient/resident.
 - Meet with one or more representatives of an LGBTQ organization to discuss LGBTQ senior-related concerns.
 - Conduct, support and/or review LGBTQ health-related research to best understand how to serve LGBTQ patients/residents, and message this subject as a priority and value.

4. **Assign an LGBTQ-focused office, point-person, and/or advisory group to your organization if possible. This will help carry out and ensure LGBTQ inclusive care in your organization.**

Policies for LGBTQ Inclusive, Patient Centered Care

***See Resources**

All healthcare organization’s patient *and* employee non-discrimination policies should adopt *both* inclusive terms “sexual orientation” and “gender identity.”

All healthcare organization’s visitation policies should include explicit language granting equal visitation for LGBTQ patients/residents and their visitors.

All healthcare organization’s medical decision-making policies should explicitly inform patients/residents of their right to designate a person of their choice, including a same-sex partner, as their medical decision-maker.

Transgender Services and Supports

***See Resources**

All healthcare organizations should:

- Use inclusive terms related to gender identity on their intake forms and health records.
 - Allow patients/residents to specify preferred name and pronouns that may differ from those assigned at birth.
- Designate at least one gender neutral/unisex bathroom that is accessible for all patients and residents.
- Train and clearly designate at least one employee to serve as a navigator and support for Transgender patients.

Training Regarding LGBTQ Inclusive, Patient-Centered Care

***See Resources**

All healthcare organizations should provide training for ALL staff members about LGBTQ Inclusive, Patient-Centered Care.

This training should include:

1. Information focused on inclusive care (policies and practices) for LGBTQ patients/residents, that offers a focus on older adults and their unique health needs.
2. Information about medical, hormonal and surgical options for transgender patients.
3. Information about varying physical characteristics among transgender patients.
4. Information on how to confront personal bias in an open, safe space.

5. Information on how to safely and confidentially ask LGBTQ elder patients/residents about their sexual orientations and gender identities.

*Training should be offered frequently. In order to assess how frequently trainings should occur, organization's should create and distribute (optionally anonymous) surveys for staff and management to understand how prepared they are to serve LGBTQ elders.

LIMITATIONS

Results of this survey do not specifically represent the level of LGBTQ inclusive care of each participating organization. Therefore, results should not be interpreted as overall conclusions that are organization specific, but more generally applied to the overall status of inclusive care across major healthcare organizations in the City.

The results of this study are based upon survey responses from a wide range of staff within healthcare organizations. Therefore, multiple survey respondents who are from the same organization may answer a single question differently. This study does not look at the level of variety among answers for specific organizations. Additionally, answers are self-reported, and cannot necessarily be verified.

Due to differing numbers of participating organizations for both types of healthcare organization (medical facilities and assisted living facility/nursing home), as well as differing sample sizes of staff respondents across all healthcare organizations, this study does not seek to compare by organization type. Additionally, staff responses do not represent all staff from their individual organization.

FUTURE DIRECTIONS FOR RESEARCH

This study seeks to understand the current status of LGBTQ inclusive care from the perspective of staff within healthcare organizations. However, future research should seek to understand patient and resident experiences of inclusive care within these healthcare organizations, to have a broader, deeper understanding of their practices and policies.

Furthermore, more work should be done to address possible biases and perceptions of LGBTQ elders that may be held by healthcare professionals/providers to better understand the current climate of healthcare organizations among staff. Additionally, there remains the need to assess how inclusive non-LGBTQ patients and residents are of their LGBTQ peers, and/or if they welcome LGBTQ inclusive programming and services. The experiences of LGBT elders are largely affected by their relationships with peer patients and residents. How LGBT elders are acknowledged, welcomed, and accepted by their peers, impacts their ability to feel safe and comfortable within their sexual orientations and/or gender identities (Alpert, J., 2015).

RESOURCES

Best Practices

1. The SAGE (Services and Advocacy for GLBT Elders) National Resource Center on LGBT Aging has authored “Best Practices Guides” to support healthcare organizations with providing LGBT inclusive care to elders (see **References** for full citation). The guides are listed below (in order of publishing date):
 - a. “Age-Friendly Inclusive Services: A Practical Guide to Creating Welcoming LGBT Organizations.” (2015).
 - b. “LGBT Programming for Older Adults: A Practical Step-by-Step Guide.” (2015).
 - c. “Inclusive Questions for Older Adults: A Practical Guide to Collecting Data on Sexual Orientation and Gender Identity.” (2013).
 - d. “Inclusive Services for LGBT Older Adults: A Practical Guide to Creating Welcoming Agencies.” (2012).

URL link to resources listed above:

<https://www.lgbtagingcenter.org/resources/resources.cfm?s=35>

2. Health Imperatives is a non-profit organization that runs the program, “The Gay, Lesbian, Bisexual, and Transgender Youth Support Project and OutHealth.” This organization provides cue cards for providers who work with adults to support LGBT inclusivity. These cue cards are available for electronic download and hard copy.

URL link to LGBT related cue cards: **<http://www.healthimperatives.org/glys/cue-cards>**

3. The National LGBT Health Education Center of the Fenway Institute in Boston, Massachusetts, provides educational programs, resources, and consultation to health care organizations in order to promote and improve quality and affordable health care for LGBT people. On their website (listed below) are various publications and resources regarding health information and best practices to support LGBT senior patients, clients and residents.

URL link: **<http://www.lgbthealtheducation.org/publications/top/>**

Training and Community Education Seminars

1. SAGE's National Resource Center on LGBT Aging:

In addition to “Best Practice Guides,” SAGE also provides in-person and online trainings, created to support staff within healthcare organizations learn the best ways to provide a welcoming environment for LGBT senior patients and residents.

- **Webinars (1 hour) Trainings include:** Introduction to LGBT Aging; Embracing LGBT Older Adults of Color; Transgender Aging: What Service Providers Need (and Don't Need!) to Know; Respected and Whole: Preventing Anti-LGBT Bias between Constituents, Staff, and across Aging Services.
- **In-Person Trainings include:** Welcoming LGBT Older Adults; Improving Aging Services for LGBT Older Adults; Hospice and Palliative Care for LGBT Patients and Families; Psychosocial Needs of LGBT Veterans; Including Older Adults in LGBT Organizations.

Further information, such as how to request training or further details regarding training content, can be found at the following URL link:

<https://www.lgbtagingcenter.org/training/index.cfm>

2. LGBT Aging Project:

The LGBT Aging Project is a local organization, whose work is focused in Massachusetts and on LGBT issues related to aging. This organization provides both Cultural Competency Trainings and Consultation, as well as Community Education Seminars, tailored specifically to mainstream elder service providers and healthcare organizations to help support their work.

Further information, such as training content details and how to request services, can be found at the following URL links:

Cultural Competency Training: <http://www.lgbtagingproject.org/our-programs-and-services/cultural-competency-training/>

Community Education Seminars: <http://www.lgbtagingproject.org/our-programs-and-services/community-education-seminars/>

3. The Fenway Institute's National LGBT Health Education Center:

Another great local resource, the National LGBT Health Education Center has many training opportunities for staff of healthcare organizations. They offer webinars, and live education and training programs.

Further information, such as how to request training or further details regarding training content, can be found at the following URL link:

<http://www.lgbthealtheducation.org/training/educational-programming/>

GLOSSARY of Terms

*The terms listed below were derived from: “Age-Friendly Inclusive Services: A Practical Guide to Creating Welcoming LGBT Organizations,” by SAGE’s National Resource Center on LGBT Aging; Glossary of “Greater Boston Parents, Families, and Friends of LGBTQ People,” <https://www.gbpflag.org/Glossary>.

Assisted Living Facility:

Assisted living residences are homelike settings for older or disabled people who do not require the level of services offered by a nursing home or hospital, but need assistance with some of the activities of daily living. They are also for older or disabled people who prefer entrusting household management to others, having medical care that is accessible on call, and/or having shared and centrally located residential services and living accommodations.

Bisexual:

A person who is physically, romantically, and/or emotionally attracted to both men and women (the attraction does not need to be equal). People may experience being bisexual in differing ways and degrees throughout their lifetime.

Gay:

A term used to describe someone who has primary physical, romantic and/or emotional attraction to someone of the same sex. This word is predominantly used to describe men, and is commonly preferred over “homosexual.”

Gender Expression:

How someone expresses their gender identity on the outside. This can refer to how someone dresses, talks, walks, etc. Usually transgender people match their gender expression with their gender identity, instead of their sex assigned at birth.

Gender Identity:

The gender you feel you are. This can be man, woman, both, or neither. For transgender people, their gender assigned at birth and their personal sense of gender identity are not the same. Additionally, gender identity and sexual orientation are not there same. Example: A transgender woman, who was assigned a male gender at birth and is attracted to other females.

Heterosexual:

A term used to describe someone who has primary physical, romantic and/or emotional attraction to someone of the opposite sex.

Lesbian:

A woman whose primary physical, romantic and/or emotional attraction is to other women. (The term gay can also be preferred).

LGBTQ:

Acronym for: Lesbian, Gay, Bisexual, Transgender, Queer or Questioning

Nursing Home:

Nursing homes are residential facilities for people who are not sick enough to need hospital care, but are unable to remain at home (typically long-term care). Nursing care or personal care are provided to patients who are unable to take care of themselves properly.

Queer:

An inclusive term for people in sexual orientation or gender minorities. This term has been taken back, or reclaimed, by many LGBT people.

Questioning:

A person who is undetermined about his or her sexual orientation and/or gender identity.

Sexual Orientation:

A person's primary physical, romantic, and/or emotional attraction to members of the same and/or opposite sex.

Transgender:

An umbrella term used for people who transition from one gender to another, and includes people whose gender identity and/or expression defies societal expectations of how they should look or act based on the sex they were assigned at birth, and conventional expectations of masculinity or femininity.

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