

RECOMMENDATIONS by the ELDER THINK TANK to the DISTRICT of COLUMBIA OFFICE ON AGING ON THE STATE PLAN ON AGING 2011-2013

The Elder Think Tank (ETT) is a program of the Metro DC Lesbian, Gay, Bisexual, and Transgender (LGBT) Community Center. Our mission is to provide support, education and advocacy for aging members of the LGBT population and those who provide services to them.

We thank the Office on Aging and the leadership of Dr. Clarence Brown in taking the first steps toward full inclusions of the LGBT aging population in the aging service network through specific recommendations in the DCOA 2011-2013 State Plan. We support the recommendations outlined in Objective V of the draft plan.

We are also pleased to see concrete steps already taken. DCOA has analyzed the Department of Health Behavioral Risk Factor Surveillance System (BRFSS) for 2007-2008, a telephone survey conducted with randomly selected adults within households in the District of Columbia. The survey collected data, again for the first time, on sexual orientation. Results from the survey show that 7% of all adults identify themselves by sexual orientation other than heterosexual. 5% of adults aged 55-64 and 3% of those ages 65 or older in the DC area identify themselves as other than heterosexual. In addition, the survey attached to the plan asks that respondents, for the first time, identify themselves as Lesbian or Gay.

While these are important steps, we need to be cautious in our use of these data. The 2010 edition of OUTING AGE just published by the National Gay and Lesbian Task Force forcefully states: “While LGBT stigma has certainly declined over the past 40 years of visible and vigorous LGBT activism, there is no doubt that anti-LGBT bias remains a fact of life, and that any survey of our population, including community-based samples, provides an undercount that is fueled by fear.”

We provide the following additional comments on relevant goals.

GOAL 1: To increase the health and social supports for older residents to enable them to stay in their own home for as long as possible.

Objective B: Conducting lifestyle surveys at all wellness centers, to appropriately plan and conduct programs based on at least 500 participants’ needs annually by September 30, 2013

ETT RECOMMENDATION: Available research provides evidence that older lesbian and gays are more likely to live alone than older heterosexuals. (Community Mental Health Survey, New York City Department of Health and Mental Hygiene, July 2008) While this survey is based on a New York City population, ETT believes that similar

results would be obtained for the District of Columbia. We urge the DCOA to closely examine the lifestyle survey to assure that the District's LGBT population needs can be collected and analyzed appropriately. The DC survey should not only allow analysis of those who are living alone but of those who are truly living in isolation. This is an important distinction. These LGBT seniors often do not or cannot connect with public and social resources that enable them to participate actively in social and community life. They are very much at risk

Objective H: To provide services for caregivers in three categories: (1) those designed to benefit caregivers primarily; (2) those designed to benefit elders primarily, but which incidentally benefit the caregiver as well; and (3) special programs for elders and caregivers.

ETT RECOMMENDATION: The Federal Family Caregivers Support Program in the Older Americans Act, as amended in 2006 expanded the definition of family caregivers so that extended LGBT family members qualify. As a result, people caring for partners or other members of their chosen families can use services provided under the program. We urge the DCOA to insure that LGBT caregivers are appropriately included in District caregiver services. It is our experience that LGBT caregivers often assume that they will be unwelcome when they begin to discuss these issues. Outreach materials for DCOA caregiver services should remind service providers of the requirements of the caregivers support program and the necessity to make all participants, regardless of the sexual orientation, feel welcome.

GOAL 2: Through education, outreach, and advocacy, to empower older persons and stakeholders to make more informed decisions about services that impact on quality of life and long term care outcomes.

Objective I: To provide the District of Columbia's older residents, families, caregivers, adults with disabilities, and service professionals with the appropriate information and resources that are designed to help them make informed health care decisions.

ETT RECOMMENDATION: The DCOA should take steps to ensure that information is provided in a culturally competent way for LGBT seniors. In addition, health care providers should receive with training on the specific health concerns and sensitivities of LGBT elders. As stated in the revised and expanded 2010 edition of "Outing Age" published by the National Gay and Lesbian Task Force:

"Many providers of services for older adults never consider that their clients undoubtedly include LGBT elders who have not revealed their sexual identity. Even providers who know or suspect they have LGBT clients often do not know to serve these elders in culturally competent ways. For example, very few agencies and professionals who serve older adults receive any training on how to diffuse and counter homophobic or transphobic comments that one client may direct at another, and little or no attention has been paid to addressing the assumptions

and biases held by professionals themselves.”

Public advocates have noted that concerns about homophobia and transphobia keep LGBT elders from using health care services. LGBT seniors are afraid that they will be judged and will not get the proper care if they do disclose their sexuality.

Objective N: To improve the quality of life and quality of care for frail elderly residents of nursing facilities, assisted living residences, and community residence facilities in the District of Columbia.

ETT RECOMMENDATION: Senior housing communities in the District of Columbia should develop a policy that all seniors are welcome regardless of their sexual preference. The facility should provide sensitivity training for their staff and residents regarding LGBT issues such as visits by same-sex partners.

Objective V: Identify and represent the comprehensive needs of emerging culturally, physically and mentally challenged and socially diverse persons; effect philosophical and policy changes in the creation and design of programs; and normalize; to the greatest extent possible, the day to day experiences of them within the aging network.

ETT RECOMMENDATION: We endorse the recommendations of the draft plan to standardize data collection on the number of LGBT residents receiving services, convene a working group within the senior service network to address LGBT issues; and working with groups and establish a volunteer peer advocacy group for LGBT citizens in CRF and nursing homes. These are significant and historical first steps in ensuring a life of dignity for the LGBT aging population. The Elder Think Tank is prepared to offer assistance to the DCOA in carrying out these programs.

HIV/AIDS

The draft plan clearly outlines the challenges of HIV/AIDS in the District of Columbia by pointing out that persons over 50 years old account for one third (32.6%) of the 15,120 people living with HIV/AIDS in DC, noting 1,218 people are 60 years or older. The draft plan also outlines the challenge of financing these services in a time of declining resources along with the large number of individuals who report having no health insurance coverage. Unfortunately, we can find no recommendation in the draft specifically relating to these challenges. Available data underscore the need for remedying this situation. According to the AIDS Community Research Initiative of America: “Older adults with HIV are exhibiting higher than expected incidences of age-related illnesses and, they are occurring at much earlier ages. A recent ACRIA study of nearly 1,000 individuals over 50 with HIV/AIDS found an astonishing pattern. Fully 77% had two or more co-morbidities, with the most common being depression (52%), arthritis (31%), hepatitis (31%), neuropathy (30%) and hypertension (27%).”

ETT RECOMMENDATION: The DCOA must consider measures that would more fully integrate its programs for establishing wellness, healthy aging, and self care practices with an emphasis on appropriately serving this population. In addition, persons with HIV/AIDS including transgender individuals should be included in the process of carrying out recommendations in Objective V.

We again thank the DCOA and Dr. Clarence Brown for including the LGBT population in this draft plan. This is an historic step, and the ETT looks forward to assisting the DCOA in carrying out these objectives.

Respectfully submitted,
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