



LGBTQ2 Seniors

(Lesbian, Gay, Bisexual, Transgender, Queer, 2-Spirit)

Providing Inclusive Care in Island Health

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SPEAK

THE TRUTH

EVEN IF

YOUR VOICE

SHAKES

People change what they do less because they are given an *analysis* that shifts their *thinking*, than because they are *shown* a truth that *influences* their feelings

- John Potter, *the Heart of Change*



Learning Goals

- o Expand your understanding of LGBTQ2 seniors experiences, fears and needs and how these factors impact care expectations.
- o Consider how your own understanding and/or assumptions about the LGBTQ2 community might impact care.
- o Enhance your capacity to work in an inclusive way with LGBTQ2 seniors.

Glossary

- Lesbian/Gay/Bi
- Two-Spirited
- Trans/Cisgender
- Queer
- Gender non-conforming/
Gendervariant/
genderqueer
- Heterosexism,
heteronormative
and homophobia

HRC Logo
The Human
Rights Campaign
logo



Pink Triangle



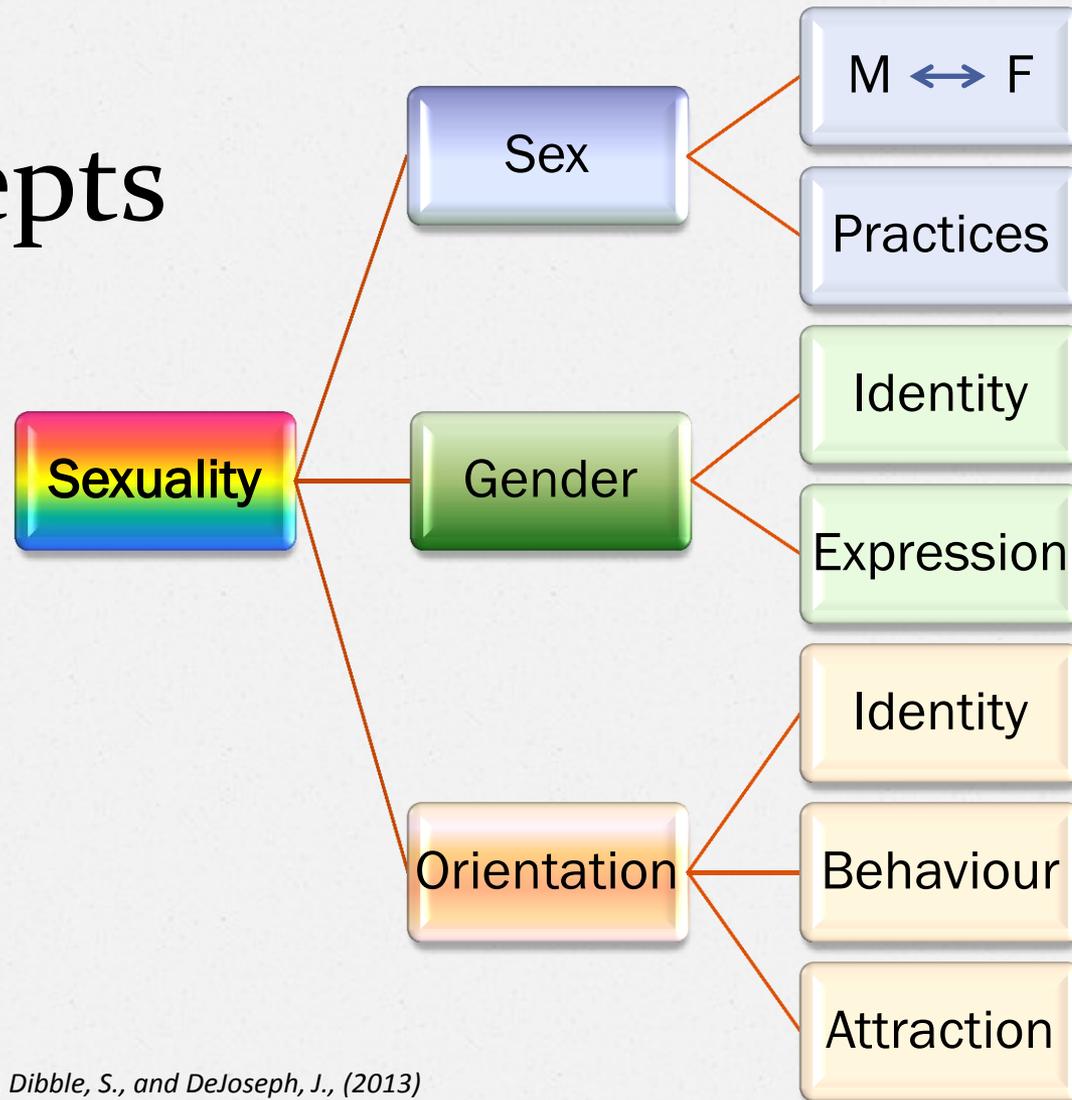
Rainbow Flag



Transgender Flag



Concepts



Describe someone you love...

- o No Names
- o No gendered pronouns (e.g. him, her, he, she)
- o Nothing that could disclose the person's gender
- o Try to communicate why this person is special and important to you and something you recently did with this person

- *Qmmunity exercise*

Why this education?

- Gay and Grey - CBC
- Improving the Lives of LGBT Older Adults
- Stories from the Field
- Aging and Health Report
- Inclusive Services

IMPROVING THE LIVES OF LGBT OLDER ADULTS

CBC RADIO ONE PRESENTS

GAY & GREY:

Tell Us Your Concerns About Being Gay and Getting Old

LONELINESS
BACKING
AIDS & AGING
THE CLOSET
COMING OUT LATE IN LIFE



Moderated by
Stephen Quinn from
On The Coast for broadcast
on CBC Radio One.

FREE FORUM
March 12, 2014 at 6:30 pm
The Fountainhead Pub
1025 Davie Street

#gayandgrey
VancouverCBC
@CBCVancouver | @CBCStephenQuinn
@CBCVancouver | @CBCStephenQuinn

CBC 88.1FM
radio one 690

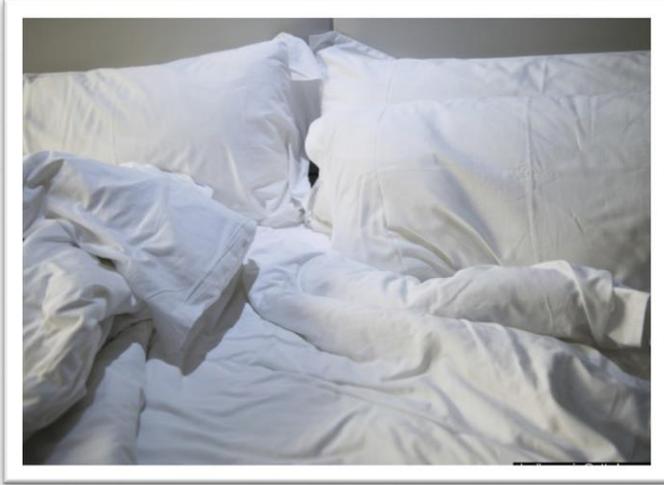
Insider/Outsider



Fact or Fiction?

1. Since seniors don't have sex anymore, so their sexual orientation isn't important to their care.

Seniors Sexuality



1. Desire for intimacy can remain
2. Sexual orientation and sexual behaviour are not the same thing!

Impact of difference?

One half of the couple life in residential care. They both want continued intimacy...

Mr. and Mrs. Jones



Mr. Bennet and Mr. Goble



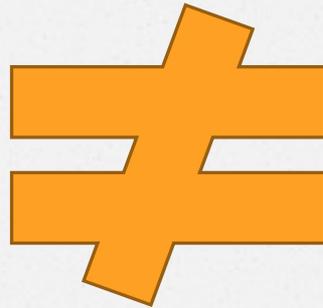
Fact or Fiction?

3. LGBTQ2s seniors have the same needs as other patients/clients/residents

X-Ray of
Transgender
elbow



Equal
treatment



Person
centred
care

“Equal” treatment erases our differences and ignores key aspects of a person’s identity and experience

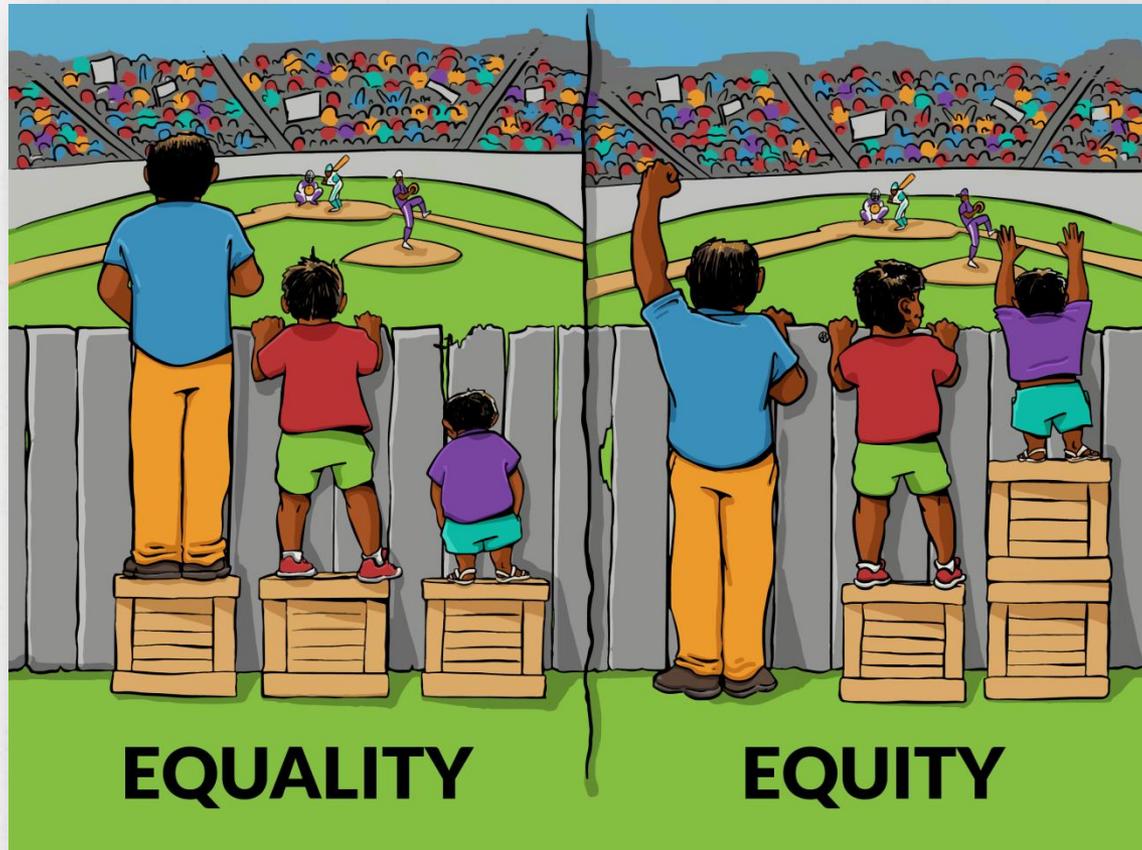




TRANSLATION:

**I'm going to use my place of privilege
to refute and deny the sufferings of
those who do not have
white privilege
while at the same time
erasing
their personal
and cultural history.**

Put another way...



LGBTQ2s Diversity

- o If you've met one person from the LGBTQ2s Community...you've met one person from the LGBTQ2s community!



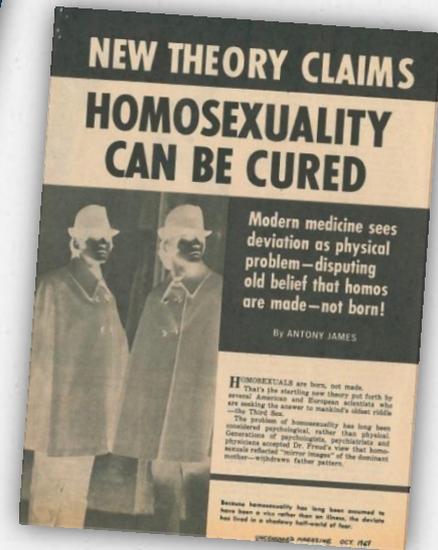
LGBT Seniors' Experiences

- o Mentally ill
- o Criminal
- o Immoral/Perverted
- o National security risk
- o Threat to “the family”



During Their Lifetimes

- o Gay Aversion Therapies:
 - o Shock therapy
 - o Lobotomies
- o The “Fruit Machine”



In the not so distant past...

A 1977 Gallup poll showed that:

- o 65% percent of Americans thought gays should not be allowed to teach school,
- o 44% percent believed they should not be allowed to practice medicine,
- o 38% believed they should be excluded from the armed forces

— (Morin and Garfinkle, 1978).

What do you think many LGBTQ2s seniors are wondering when they come into our services?



is it safe?

LGBTQ₂S Seniors Stories

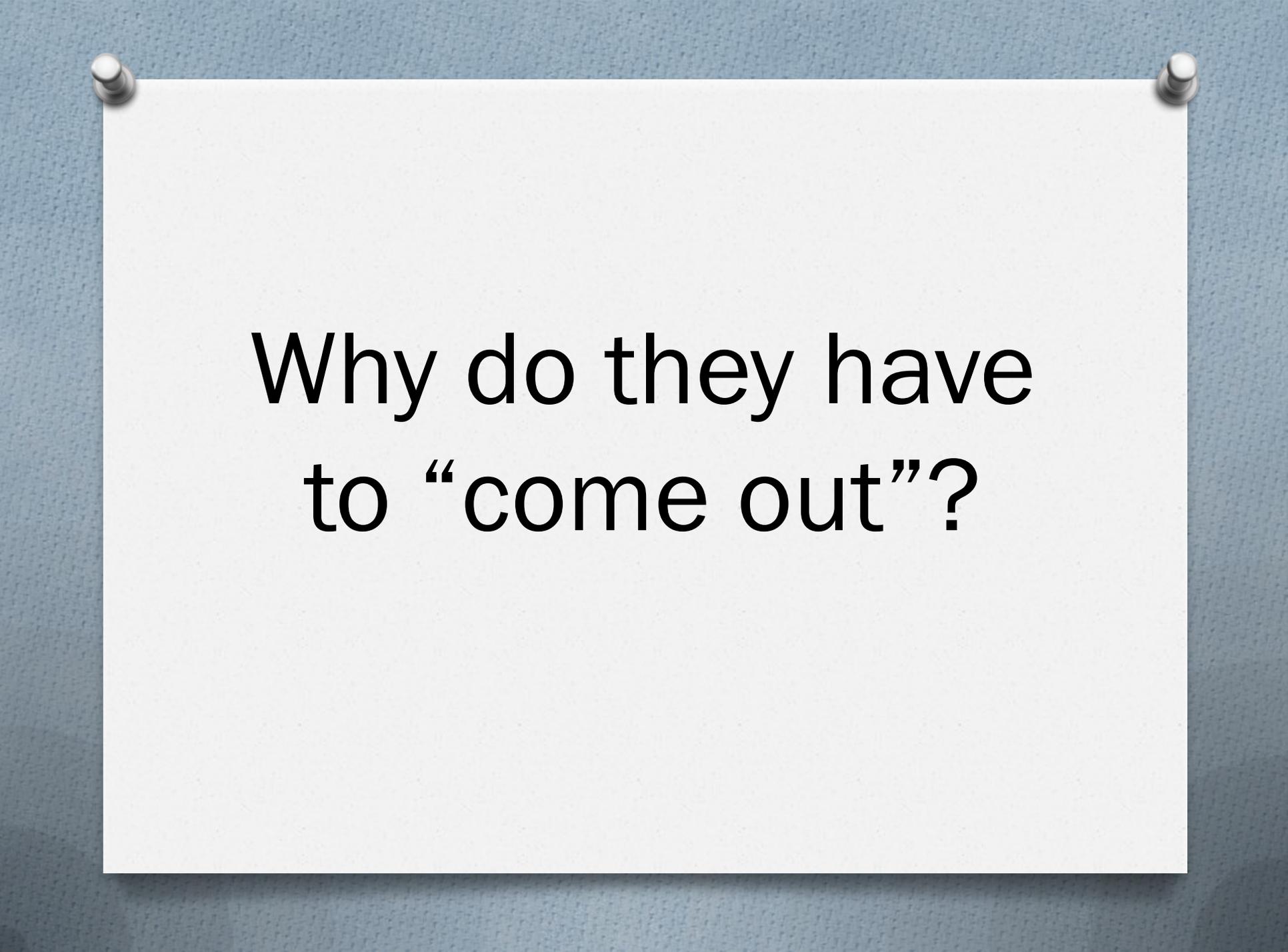


<https://www.youtube.com/watch?v=JD0dv792rBA>

Visibility

- o Many LGBTQ2s seniors have found “safety” in **invisibility**.
- o Results of QMMUNITY research: “*No LGBTQ seniors here...*”



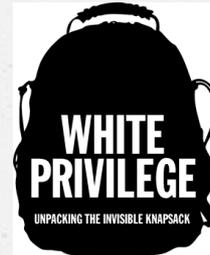


Why do they have
to “come out”?



If you don't
have to think about it,
it's a privilege.

Peggy White



“My work is not about blame, shame, guilt, or whether one is a "nice person." It's about observing, realizing, thinking systemically and personally...It is about unearned advantage, which can also be described as exemption from discrimination.”

Some Unique challenges for LGBTQ2S Seniors



Resiliency and Resistance

- o Strong, adaptive
- o Increased empathy and understanding
- o Participation in wellness activities
- o Have overcome many challenges
- o Sense of belonging to a community
- o Ability to “see from the margins” – unique historic location



A photograph of two elderly men. The man on the left is wearing a purple jacket and glasses, looking directly at the camera with a serious expression. The man on the right is wearing a brown jacket over a red shirt and glasses, looking slightly to the side. The background is blurred with red and white floral patterns. The text is overlaid on the image in a bold, white, sans-serif font.

THE GENERATION THAT FOUGHT
HARDEST TO COME OUT...

...IS GOING BACK IN
TO SURVIVE.

What does all this
have to do with the
care I provide?



Scenario 1



Two friends of mine, Vera and Zayda, had been together for 58 years. When Vera's Alzheimer's became too much, Zayda moved her to an assisted living facility. Zayda could barely trust family or neighbors with the truth, let alone strangers, so she and Vera became "sisters." Much later, after Vera's death, Zayda needed to move into an assisted living facility herself. She had many, many photos of the love of her life, but dared not display them in her new home. The other residents would talk about husbands, children and grandchildren, but she felt too vulnerable to tell the truth. Zayda was in hiding and terribly isolated.

**Participant story from 'Stories from the Field'*

What can we do for Zayda?

INTENTION

A vibrant watercolor splash in shades of purple, red, orange, and yellow, with some blue and green accents on the left side, serving as a background for the word 'IMPACT'.

IMPACT



CULTURE

- o Everyone has one!
- o Reactions to differences are automatic and often subconscious. These difference influence the care relationship.
- o Care providers are responsible for assessing and responding to their own and the other person's cultural expectations and needs.

Reflective Practice

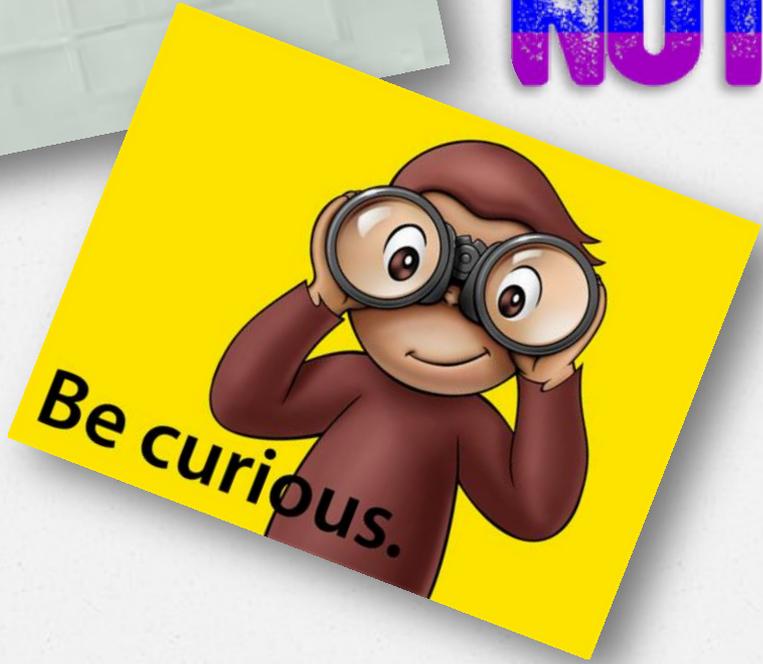
1. What are the assumptions, feelings, values, and beliefs guiding my current actions and behaviours?
2. How do these influence my action and behaviours?
3. What do I know about the assumptions, feelings, values and beliefs of the patients and families with whom I am working?

Where I'm at...





**ASSUME
NOTHING**



How to help:

- o Don't assume everyone is heterosexual and cisgender!
- o Use neutral language to “make room” for everyone (And if you don't know – ASK!)
- o Engage in reflective practice and explore assumptions.
- o Learn about health disparities and health care needs in LGBTQ2 communities.
- o Challenge homophobia and transphobia when you see it/hear it. Become an ally!

Moving to Action



Knowledge to Action Activities!

Challenge 1: Go one day without revealing your sexual orientation to anyone. This means not using pronouns like "him" or "her" to refer to your partner, if you have one. It also means changing your Facebook profile for the day so that it doesn't indicate who you are dating or who you are "interested in." If you are with your partner during the day, don't hold hands or touch each other in a way that shows you are dating. Reflect upon and/or journal about your experience at the end of the day. Was it hard? How did you feel? How did your partner feel, if you have one? Keep in mind that many LGBTQ people choose to keep their sexual orientation private at some point in their lives, or do so out of fear of others' reactions.

Challenge 2: Wear a rainbow ally pin for a day. Place it somewhere visible, either on your clothes or backpack. Journal about your experience at the end of the day. Did people talk to you about it? Did anyone treat you differently? Were others interested in becoming an ally?

Challenge 3: Use only gender-neutral pronouns for an entire day. Rather than using "he" or "she", use "they" or "them" or something else that does not give away the sex or gender of the person to whom you are referring. Reflect on that experience in the same ways as the first two challenges.

(From student wellness centre at University of North Carolina)

Three things are you committing to do differently as a result of learning gained in this workshop:

1. _____

2. _____

3. _____



Challenging homo/trans phobia



1. Education
2. Governance
3. Physical Facility and Environmental Design
4. Workforce/HR
5. Programs and Services/
6. Care Provision



Toolkit for Developing Inclusive and Affirming Care for LGBTQ2s Seniors



Learning Goals

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The end is just the beginning!