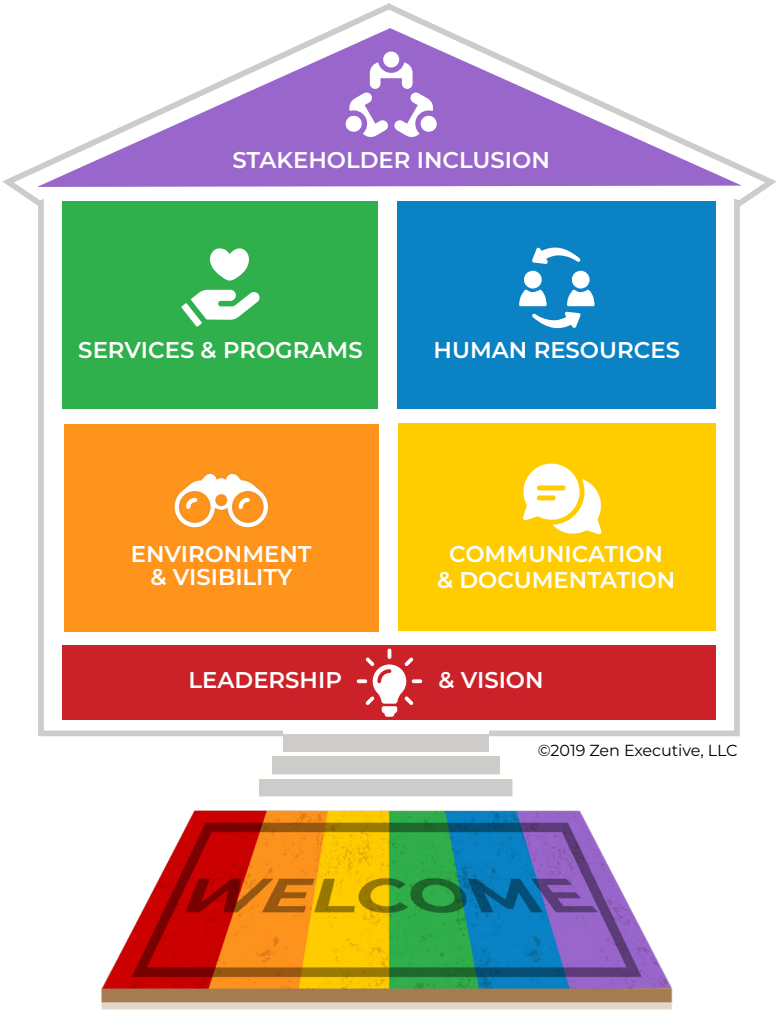
LGBT AGING READINESS SCAN New Hampshire

Report to the Endowment for Health
August 2020



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Acknowledgements

We are living and aging in unprecedented times. While coalitions of stakeholders have been preparing for the influx of baby boomers into the aging service delivery system, we were not prepared for a pandemic that affects older adults disproportionately. More marginalized populations, like lesbian, gay, bisexual, and transgender (LGBT) older adults, are especially vulnerable. This LGBT Aging Readiness Scan: New Hampshire reports on findings from a one-year project that assessed readiness to care for, serve, and protect LGBT older adults.

The Endowment for Health supported this research; we especially thank Kelly Laflamme for championing this work and Sue Fulton for her guidance. The contents of this report are solely the responsibility of the authors and do not necessarily represent the official views of the Endowment for Health.

We gratefully acknowledge the agencies and offices that participated in this project: Adult Protective Services, especially administrator Rachel Lakin with Renée Carlisle; Rockingham Nutrition Meals on Wheels, especially executive director Debra Perou; St. Joseph Community Services (SJCS), especially presidents Meghan Brady and Jon Eriquezzo with Joan Barretto, Michele Zebra, and Jillian Schucart; and the Office of the Long-Term Care Ombudsman, especially administrator Susan Buxton. These organizations are on the front lines addressing the very real needs of vulnerable older adults in New Hampshire. We could not have completed this project without the willingness of leadership and staff to candidly share their experiences, insights, successes, and challenges.

We have appreciated the support of our colleagues on the New Hampshire Alliance for Healthy Aging (NH AHA) Diversity, Equity, and Inclusion (DEI) Committee, especially facilitator Jennifer Rabalais and the members of the LGBT subcommittee.

Finally, we want to extend our deepest gratitude to all lesbian, gay, bisexual, and transgender older adults whose challenges, struggles, and triumphs have furthered equity for all.

Executive Summary

New Hampshire is home to one of the largest growing aging populations in the country. It is the second oldest state in the nation and ranks ninth for percentage of population age 65 and older (Himes & Kilduff, 2019). It is predicted that by 2030 over one-third of New Hampshire's population will be over 65 years of age (Dugan et al., 2019). Agencies, organizations, and programs serving older adults across the state are preparing for this influx. The Department of Health and Human Services, Bureau of Elderly and Adult Services, released a four-year New Hampshire State Plan on Aging (2019) to guide efforts in understanding, serving, supporting, and celebrating older adults across the state.

The population of lesbian, gay, bisexual, and transgender (LGBT) residents is growing and aging as well; 4.7% of the New Hampshire population is LGBT (The Williams Institute, 2019). The New Hampshire State Plan on Aging engaged in two listening sessions with LGBT older adults. Concerns that were unique to the LGBT older adult participants included "the need for LGBTQ competency training for caregivers and work force in general (including medical professionals), a need for more LGBTQ specific resources such as care guides and listing of resources, a lack of LGBTQ specific social events, and concerns related to stigma and consequences of identifying as LGBTQ including 'orphaned elders' and lack of informal supports" (State of New Hampshire, "State Plan on", p.118).

"LGBT older adults are less likely than their heterosexual peers to reach out to providers, senior centers, meal programs, and other entitlement programs because they fear sexual orientation- or gender-based discrimination and harassment"

– sageusa.org

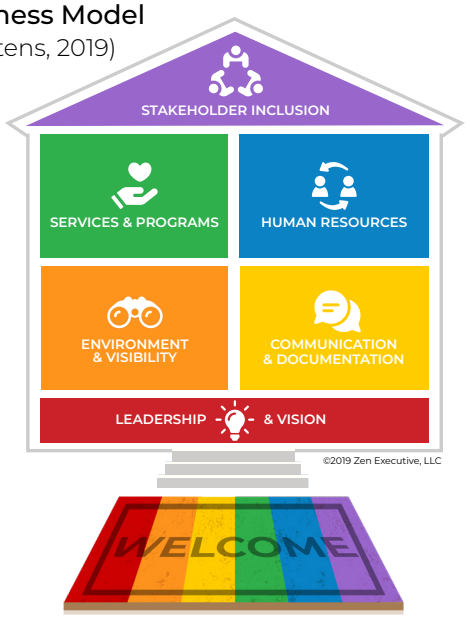
Considering the growing aging population in the state and the increased demands this will bring, how ready are aging service systems and providers to address the unique needs and vulnerabilities of LGBT older adults?

The Project

This project used a multistep approach to assess LGBT readiness as a starting point in a process to attain and sustain systemic change. Four New Hampshire agencies serving vulnerable older adults participated in the assessment process. In-person site visits at each agency involved interviews with key leadership, visual observations, and collection of materials such as policies and procedures. A readiness tool was created to guide the interview process. Agency websites and social media accounts were reviewed, and state employee policies were researched.

Using the LGBT Readiness Model, this project assessed the collective strengths and challenges and provides opportunities and recommendations **for agencies wanting to put the welcome mat out for LGBT older adults.**

LGBT Readiness Model
(Porter & Mertens, 2019)



Highlights

Strengths & Challenges

- Agency leadership are committed to ensuring equity for all older adults they serve.
- Senior staff are eager to learn about issues facing LGBT older adults and enthusiastic for staff training.
- The existence of LGBT stakeholders is assumed but not asked.
- Learning more about transgender older adults, including appropriate language and pronoun usage, is a high priority.
- Access to and funding for LGBT aging and transgender-specific training is a barrier.
- Policies and procedures already in place address protections for some specific marginalized populations.
- No LGBT-specific programing for older adults was found.

Opportunities & Recommendations

- Get the house in order before putting the welcome mat out. This report digs deeper into the difference between *willingness* to welcome the LGBT community (i.e., external action) and *readiness* to do so (i.e., an internal process).
- Expand the paradigm beyond cultural competence to cultivate cultural safety; first, do no harm.
- Attain and sustain a culture of diversity, equity, and inclusion through ongoing investment in a systematic and systemic approach that starts with leadership.
- To count, LGBT older adults must be counted. Ask sexual orientation and gender identity and expression to reduce disparities and ensure access and equity.
- Follow the lead. Utilize best available practices and program models, including the Resources curated in this report.

About The Funder

The Endowment for Health supported this research. The Endowment for Health is a statewide, private, nonprofit foundation dedicated to improving the health of New Hampshire's people, especially those who are vulnerable and underserved. Since 2001, the Endowment has awarded more than 1,300 grants, totaling $51 million to support a wide range of health-related programs and projects in New Hampshire. The Endowment uses its voice and influence to lead others toward health-related policy change.

About Zen Executive

Zen Executive LLC brings soul to science as a social impact consulting group.

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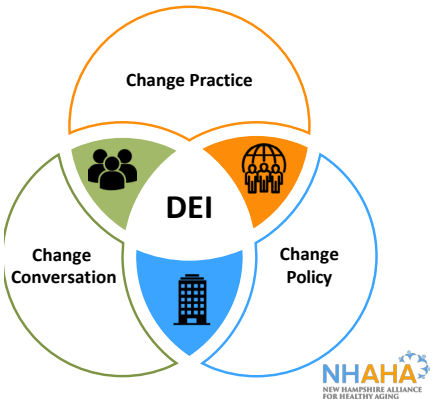
Introduction

Background & Purpose

The New Hampshire Alliance for Healthy Aging (NH AHA) has been working to advance diversity, equity, and inclusion (DEI) in the field of healthy aging through a **DEI Committee** formed in January 2018. This work addresses the unique needs of overlooked communities and subpopulations, and the challenges faced by those who have been historically underserved, including LGBT older adults in the Granite state.



Findings from a 2018 environmental scan supported by the DEI committee revealed that New Hampshire is greatly lacking organizational support as well as specific services or programs for LGBT older adults (O'Connell Lewis, 2018). Older LGBT residents echoed this concern at the 2019 State Plan on Aging listening sessions and expressed the need for LGBT-informed training and resources for aging care providers.

To support and extend the work of NH AHA's DEI Committee, and to respond to the concerns of LGBT older adult residents, this project sought to further conversations with stakeholders to understand what capacity exists for providing LGBT informed and welcoming aging services in New Hampshire and where greater capacity can be built. **Specifically, the project assessed LGBT aging readiness among four key stakeholders identified as serving the most potentially vulnerable older adults in the state.**

Note on Terminology

This report uses the acronym **LGBT** to refer to sexual and gender minority adults which include, but are not limited to, individuals who identify as lesbian, gay, bisexual, asexual, queer, transgender, Two-Spirit, nonbinary, gender nonconforming, and intersex. For the current generation of older adults, "LGBT" is the most culturally resonant term, and therefore is being used in this report. The authors appreciate that more inclusive terminologies exist (e.g., LGBTQ+), recognize the heterogeneity of LGBT communities, and acknowledge that not all LGBT people identify by this term.

This report also uses the acronym **SOGIE** which stands for sexual orientation and gender identity and expression. The Human Right's Campaign Glossary of Terms (see Resources) offers the following definitions:

Sexual orientation: An inherent or immutable enduring emotional, romantic or sexual attraction to other people.

Gender identity: One's innermost concept of self as male, female, a blend of both or neither – how individuals perceive themselves and what they call themselves. One's gender identity can be the same or different from their sex assigned at birth.

Gender expression: External appearance of one's gender identity, usually expressed through behavior, clothing, haircut or voice, and which may or may not conform to socially defined behaviors and characteristics typically associated with being either masculine or feminine.

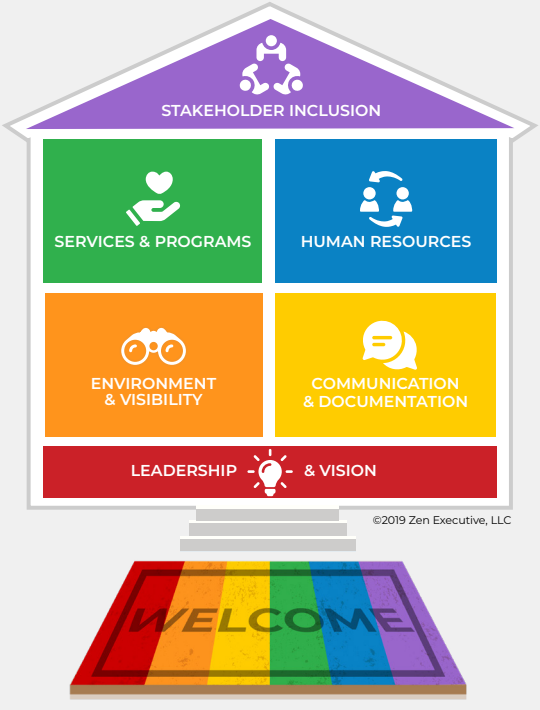
Transgender: An umbrella term for people whose gender identity and/or expression is different from cultural expectations based on the sex they were assigned at birth. Being transgender does not imply any specific sexual orientation. Therefore, transgender people may identify as straight, gay, lesbian, bisexual, etc.

LGBT Readiness Model

Why start with readiness? As Carson and Harper (2008) say "Considering…the social-political nature of the issue of sexual orientation, systemic change…might be very difficult. What we do know is that **unless a community is aware of the issue or problem and 'ready' for change, innovation will not be attainable and sustainable**. The challenges that inhibit forward movement include the reality of institutional discrimination, the varied context of service providers, the diverse needs of the LGBT community being served, and the lack of formal structures for examining existent characteristics and implementing appropriate change strategies" (para. 6).

Zen Executive LLC's readiness philosophy is rooted in a cultural safety framework (Papps & Ramsden, 1996; Crameri et al., 2015) and centered around the doctrine "primum non nocere," Latin for "first, do no harm." Well-intentioned agencies may be enthusiastic to provide welcoming messages to the LGBT community, however a *willingness* to open doors (i.e., external action) does not constitute *readiness* (i.e., an internal process) to do so. Readiness occurs when organizations step beyond the limitations inherent in cultural competence training (focus is learning about another's culture) and into a practice of cultural safety (focus is to understand one's own underlying assumptions and implicit biases; Ramsden, 2005).

Cultural safety is not an endpoint in a training curriculum but rather an ongoing practice of "self-reflection and self-awareness… measured through progress towards achieving health equity" (Curtis et al., 2019, p. 14). Only readiness offers *cultural safety*, while willingness to welcome without addressing other areas has the potential to harm already marginalized people. **In other words, get the house in order before you put the welcome mat out.**



The LGBT Readiness Model by Porter and Mertens (2019) depicts a house (i.e., the agency or organization) built upon the foundation of leadership and vision. Although leadership is sometimes conceptualized as the top level of an organization, we position stakeholders at the top because they can be within or outside the organization. Moreover, leadership and vision build an organization from the ground up, while stakeholders are essential to hold the structure together for long term sustainability. The four equal-sized rooms contain the additional key readiness domains: Environment and Visibility, Communication and Documentation, Services and Programs, and Human Resources.

When readiness is being tended to, the house is in order, and the guests can be safely welcomed in.

Participating Agencies

LGBT older adults who enter the long-term care system are particularly vulnerable, most especially individuals who move into long-term care facilities (National Senior Citizens Law Center, 2011). Older adults who came out of the closet (i.e., self-disclose sexual orientation or gender identity; live openly as an LGBT person) earlier in life, often feel the need to go back into the closet in order to feel safe in the long-term care system (Applebaum & Maddux, 2010; Putney et al., 2018). For this reason, a priority is to assess the readiness of the **New Hampshire Office of the Long-Term Care Ombudsman** and the numerous volunteers who investigate and mediate complaints while monitoring residents' care and quality of life in long-term care facilities.

Abuse and neglect of older individuals is often invisible. LGBT older adults experience additional vulnerabilities given the possibility of discrimination or bias against them due to their sexual orientation and/or gender identity and expression (SOGIE). Participants in The Caring and Aging with Pride study, a national community-based survey of over 2,500 LGBT older adults, reported high levels of victimization; 82% reported at least one experience of victimization while 64% reported three or more experiences (Fredriksen-Goldsen, 2011). According to Services and Advocacy for Gay, Lesbian, Bisexual and Transgender Elders (SAGE, "The Facts on," n.d.), 65% of LGBT older adults reported victimization because of their sexual orientation, with 29% surviving physical attacks. Thus, it is important to assess the readiness of **New Hampshire's Adult Protective Services System** to address the unique concerns and challenges of LGBT older adults.

Nutrition programs play an important role in the physical health and mental well-being of older adults. In addition to providing food, meals programs – whether they are delivered to homes or provided in a congregate setting – help to reduce social isolation and create needed social connections for participants. Loneliness and social isolation are associated with worse physical and mental health outcomes and early mortality (Polack, 2018; Rico-Uribe et al., 2018). LGBT older adults are particularly vulnerable to loneliness and social isolation as they are twice as likely to be single and live alone and four times less likely to have children, when compared to their heterosexual counterparts (SAGE, "The Facts on," n.d.). Further, LGBT older adults are less likely than their non-LGBT peers to engage with senior centers, meal programs, and other entitlement programs because they fear discrimination and harassment (SAGE, "Know your rights," n.d.). However, in states where LGBT congregate meal sites are offered, these programs are shown to be highly valued, sought after, and an important antidote to combat loneliness (Porter & Cahill, 2015; Porter, Keary et al., 2016).

It is important that nutrition programs and their volunteers are able and ready to serve the unique needs of LGBT older adults in existing programs and have access to appropriate supports and resources for future program development. This project assessed readiness at nutrition programs in the two most populous counties; **St. Joseph Community Services Inc. (SJCS) Meals on Wheels** (Hillsborough County) and **Rockingham Nutrition Meals on Wheels** (Rockingham County).

New Hampshire Department of HEALTH AND HUMAN SERVICES

Rockingham Nutrition Meals on Wheels

SJCS

Methods

Assessment Tool

An LGBT readiness assessment tool was created to guide the interviews with the agencies. This was developed by reviewing available assessment tools and models which were found to vary in their level of depth and brevity. These sources can be found in the Resources section and include the Community Readiness Model (Carlson & Harper, 2008), LGBT Health Center Readiness Assessment, LGBT Aging Project/Fenway Institute, The National LGBT Health Education Center, SAGE/National Resource Center on LGBT Aging's LGBTQ Inclusive Services Readiness Checklist, Human Rights Campaign's Healthcare Equality Index, and the Joint Commission's Field Guide on Advancing LGBT Health.

From these sources, the readiness dimensions identified were:

- **Welcoming environment, visibility, and material selection:** Questions ranged across a broad variety of categories and included both concrete assessment (e.g., types of materials, pride flag, etc.) and self-reported perceptions (e.g., "A transgender client would feel comfortable and welcome coming into our office and seeking help.").
- **Intake:** Most of the tools included questions related to the intake process, specifically whether staff asked and acknowledged (whether in verbal or written capacity) individual's SOGIE. This included asking the name of the person (which may be different from a person's legal name) and the correct pronoun to use.
- **Evaluation:** If an organization served clients, an appraisal component (e.g., individual satisfaction, worker satisfaction, etc.) was commonly included to evaluate how services could be improved to better serve the LGBT population.
- **Staff training:** Most tools included staff development inquiries. Questions ranged from new staff orientation to ongoing staff development.
- **Stakeholder Inclusion:** In tools that included stakeholders, questions sought to document the engagement of individuals who have knowledge of or expertise in LGBT disparities and lived LGBT experience.
- **Other:** Additional themes emerged that were only listed on one or two of the tools including values/attitudes, leadership and vision, and advocacy.

These dimensions were incorporated into the project tool resulting in six domains:

We purposefully did not create a checklist-based tool to avoid any connotation of a scoring, grading, or rating system. Rather, we situated the qualitative data gathering in curiosity-based conversation with leaders and agency staff. The tool developed was used during key informant interviews to guide the conversation and to ensure uniformity among the interviews.

Interviews

The face to face meeting between the interviewer and agency staff commenced with open ended questions such as, “Where do you think the field is when it comes to LGBT issues in aging?” The interviewer followed up with questions guiding the discussion across the assessment domains; however, the conversation was informant-led, not interviewer-directed. The interviews collected information, shared knowledge, and identified supports and resources wanted and needed. Answers that were captured through the pre-review of materials and forms were not asked. If multiple staff were interviewed, the discussion targeted their area of expertise. Questions were repeated if multiple perspectives were warranted.

Site visits varied in length depending upon the number of staff interviewed (e.g., executive director/CEO, VP, HR director, intake coordinator, clinician, or nurse manager) and agency operations. Additional time was spent on pre- and post-review of materials including: intake form or process, marketing materials, client and employee policies and procedures, and website and social media accounts. On site visual inspection included: signage, resources, magazines, bathrooms, the building, and area. New Hampshire Legislative policies were also reviewed pursuant to SOGIE.

Limitations

In the development of this project, input was solicited from the key stakeholders who provided letters of support. All four of the agencies accepted our invitation to participate. These key stakeholders, by having a willingness to participate, showed an inherent readiness for the readiness scan. No incentives to participate were offered or provided.

The scope of this project was limited to four agencies. Findings may not be generalizable given the heterogeneous experiences throughout the state, particularly in more rural areas, and different types of programs might not have same results (e.g., transportation, senior centers, etc.). The project focused soley on LGBT identity and thus lacks an intersectional perspective.

Findings & Recommedations

The following sections report on the findings and recommendations for each of the six domains: Leadership and Vision, Environment and Visibility, Communication and Documentation, Services and Programs, Human Resources, and Stakeholder Inclusion. Within each section, strengths and challenges are presented from the assessment interviews followed by opportunities we see for agencies and specific recommendations.

To protect the confidentiality of organizations, clients, staff, and volunteers, the report findings are presented in aggregate. Further, for the sake of anonymity, this report references each of the four groups as an “agency” and the people they serve as “clients,” however it is understood they may reference different terms (e.g., informant, resident, etc.). Not all agencies are open to the public, some are complaint driven systems, and so the opportunities and recommendations in this report should not be assumed to apply universally.

The scope of this project was to assess readiness and capacity, not to build it. Thus, the recommendations provided herein should not be considered as training, although they may offer educational benefits.

Leadership & Vision

Vision

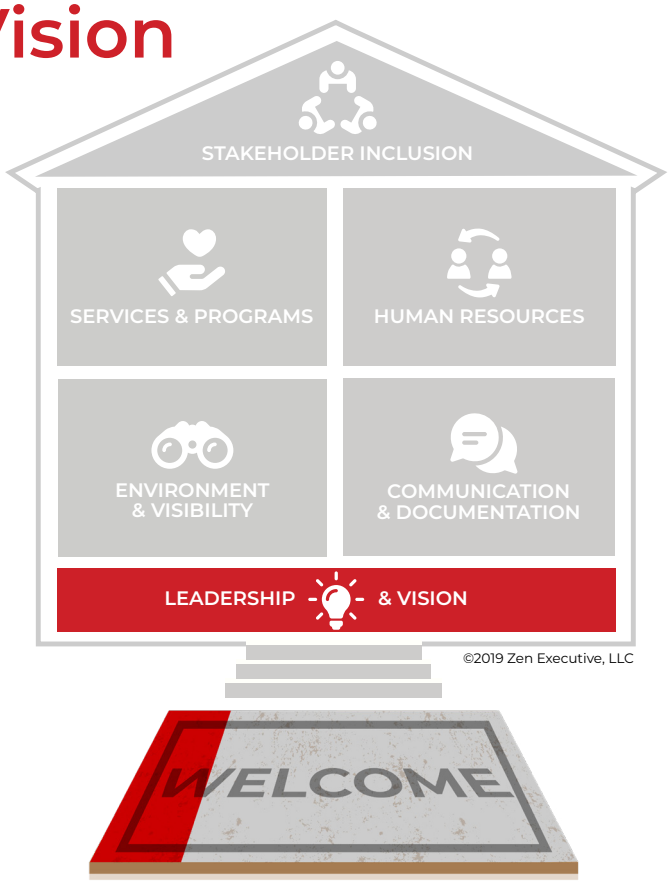
Creating a culture of DEI starts with the vision of leadership. All agency leaders expressed that LGBT-informed services was a priority. The agencies invited to participate dedicated time and authentic willingness to the project. All staff members interviewed were eager to learn more about LGBT older adults to provide welcoming services.

Policies and decision making

Some agencies were ahead of others in creating inclusive policies and procedures. While boards of directors and senior leaders are charged with setting the vision and steering the course, less is known about agencywide buy-in to create systemic change to be ready to serve LGBT older adults.

Opportunities

- The NH AHA DEI Committee objectives center around three areas of change quoted below (see Figure p. 4). Leadership who embrace these areas can play an impactful role as change agents.
- "Change the conversation by promoting personal awareness and change among professionals." Leaders do this when they walk bravely into processes to uncover personal implicit biases and discover ways their privilege and power influences their approach.
- "Change policy by promoting organizational-level awareness and change among partners." Leadership creates and upholds organizational policy, and, in turn, each policy either supports or detracts from creating inclusive organizational culture. Review existing policies for inclusion and equity and create new ones as needed (see examples provided throughout this report). Leaders can be allies by supporting state and federal policies that advance LGBT equity.



- "Change practice by promoting system/field-level awareness and change." Include collaborators, fellow leaders, and stakeholders in DEI conversations and strategic and long-term planning processes. Participate in DEI focused coalitions, like the NH AHA.
- The best prepared agencies embrace diversity as a strength, articulate an explicit inclusive vision, and provide DEI-engaged stakeholders with the tools, resources, and support needed to attain and sustain change.

"To make progress on diversity and inclusion, senior leaders first need to acknowledge societal inequities and recognize that, unintentionally, their organization isn't a level playing field."

– Center for Creative Leadership

Environment & Visibility

Awareness

None of the agencies asked clients' SOGIE, although several agencies have had or currently have self-identified LGBT clients (see the Communication domain for discussion on asking clients' SOGIE). A concern was raised about clients who may not want to be served by an LGBT staff or volunteer. Agencies did not ask staff, volunteers, or board members to identify SOGIE. Although agencies may assume or have knowledge that a staff member/ volunteer is LGBT, self-identification or outing oneself while engaging in agency work was rare.

Visibility

Not all the agencies were open to the public so in-person visual welcoming signs were not always applicable, and none were seen. Agency websites, when applicable, played an important role in effective communication that "all older adults welcome..." and specified regardless of "sexual orientation, gender identity..."

Restrooms

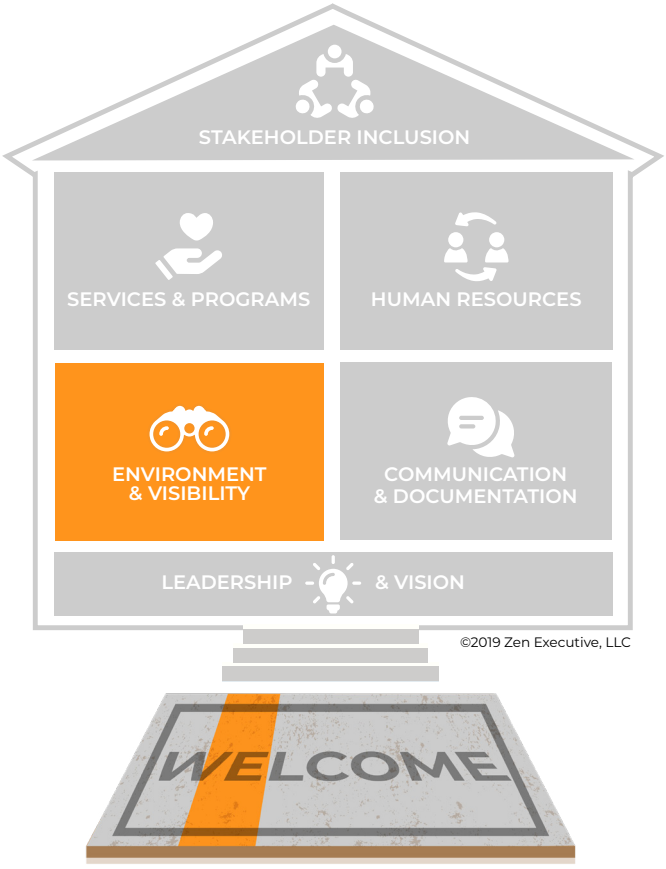
Agencies discussed the challenge of having multiple locations where single stall bathrooms are not always available or accessible. Many agencies do not control their location. None of the multi-stall restrooms observed had visible signage denoting them open to all-genders.

Welcoming climate

Without exception, these four agencies are committed to equity and inclusion. Concerns were most often related to training needs specific to transgender older adults and pronoun usage.

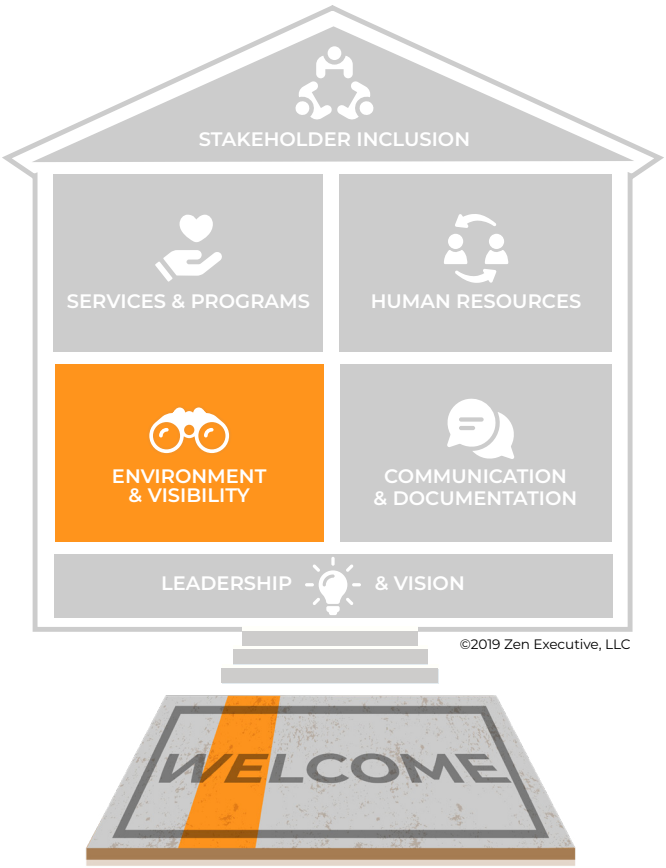
Opportunities

- Universal training is needed to understand the why, what, and how (best practice) of asking SOGIE of staff, volunteers, board, and clients. A foundation in the terminology (e.g., what is gender identity and how is it different from gender expression) is essential.
- Utilize all means of communication with the public, staff, and clients, to express that diversity is a core value of the agency. The caveat is to ensure training and ongoing supports are in place before visual welcoming messages (**get the house in order**). Think of it this way, would an agency translate its client brochure into Spanish and hang it in the local bodega if that agency had no Spanish-speaking staff? Of course not. Consider sexual orientation and gender identity in the same way; readiness to serve goes deeper than reaching out to or welcoming a specific demographic. **Remember, first do no harm.**



Environment & Visibility

- Once the house is in order, materials (e.g., brochure, rack cards, non-discrimination policies, bill of rights, etc.), website (front page), social media (e.g., DEI values can be included on a Facebook page About section), and policies all offer visible ways to show inclusion. Remember to include both sexual orientation and gender identity, which are separate constructs.
- Engaging in DEI-focused partnerships and collaborations speaks volumes about an agency's core values. Once established, increase DEI visibility on websites, social media, and materials by including name and logo of these partners with permission (e.g., SAGE, NH AHA DEI, NH ACLU, etc.). For agencies who do not yet have such partners, see section on Stakeholder Inclusion.
- Although agencies may not control their location, and may not have single stall bathrooms accessible in their locations, agencies do have an opportunity to create an accommodations policy that specifies that staff, clients, volunteers, and visitors may choose which restroom to use.
- The State of New Hampshire Department of Administrative Services, Division of Personnel (2016) specifies that "Employees shall have access to the restroom corresponding to their gender identity. Any employee who has a need or desire for increased privacy, regardless of the underlying reason, will be provided access to a single-stall restroom, when available (p. 4)."
- If the building policy conflicts with allowing employees or clients to use the restroom of their choice, be an ally and work to change that.
- Invest resources in agencywide training on LGBT older adults along with ongoing supports to cultivate a practice of cultural safety. Learning more about transgender older adults is a priority area and as such there is a specfic section in Resources.



Communication & Documentation

Inclusive language

Explicit statements that LGBT people are eligible/welcome for services were rare.

Communication practices

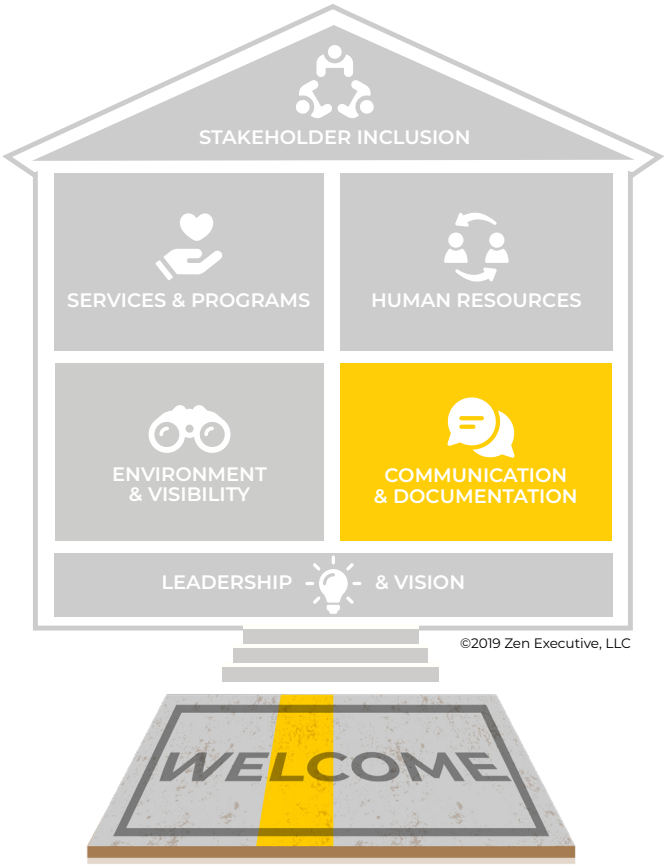
Concerns were raised about pronoun usage and communication of staff pronouns (i.e., what are the right words to use; fear of accidentally saying the wrong thing). Agencies desire training on the evolving best practices. For instance, what happens if one staff person includes their pronoun in their email signature, but others do not? Current recommendations suggest that workplace pronoun usage should be voluntary; staff should not feel pressure to out themselves.

Confidentiality and non-discrimination policies

All agencies follow the State non-discrimination policy, however whether SOGIE were included in agency materials as protected people was not universal. Some agencies included confidentiality as part of a Clients Rights and Responsibility.

Intake and forms

Intakes occur in various settings including on location (which may be a residential setting or home), over the phone, and via paper intake. SOGIE was not asked as part of demographic questions. Concerns about asking SOGIE included client privacy and whether older clients would understand these questions or react defensively. There were also fears that clients may face discrimination if SOGIE is asked and recorded. SOGIE is not asked on federal forms which poses a challenge for agencies that are required to use them.



Opportunities

As part of a systematic process of change, ensure that all materials (e.g., website, brochures, HR policies, etc.) explicitly include LGBT people. Use appropriate and inclusive language that avoids assumptions.

- Ask "are you married or *partnered*?" and "If you have a spouse or partner, what is *their* name?" The possessive pronoun "their" is being used as a non-gendered term instead of assumptions like "her name," "his name," "husband's name," or "wife's name."
- Incorporate open ended questions such as "we value all types of families, tell me who you consider family."

Communication & Documentation

- Transgender is an adjective and not used as a noun or verb. A person is a "transgender resident" or "transgender older adult," not "a transgender" or "transgendered."
- Use the correct name (which may be different from the person's legal name) and pronoun when referring to or talking with a stakeholder. A person's pronoun may be "she/her" or "he/him" or "they/them" or something else. This should be noted internally so the person is referred to appropriately.
- Do not use the word "preferred" as it implies choice. A person's sexual orientation or gender identity is not a choice. For instance, ask for a person's pronoun, not for a person's *preferred* pronoun. Ask a person's sexual orientation, not a person's sexual *preference*. Note: this recommendation is more nuanced than the New Hampshire employee policy which says, "If you are unsure what pronoun a transitioning coworker might *prefer*, you can politely ask your coworker how they *would like to be* addressed."
- Explicitly include SOGIE in both confidentiality policies and non-discrimination policies.
- Create an agency policy for asking SOGIE. Incorporate this into client and staff materials including why this is an essential set of questions. (e.g., "in order to ensure our programs best meet the individual needs of our clients, we ask the following demographic questions").
- Ask SOGIE to ensure access and equity for LGBT older adults. Not asking contributes to LGBT invisibility, consequential isolation, and fears around the need to go back into the closet so **first, do no harm**.
- Utilize best practices for how to ask these questions (see Resources). Fenway Health, a national leader in LGBT healthcare, says

  "patients understand and are willing to answer SO/GI questions. The recommended method for collecting SO/GI data is by making it part of the patient registration process. Include SO/GI questions alongside other questions asking about other demographic information, such as race/ethnicity and employment; this helps normalize the questions for the patient....."

  (Cahill et al., 2014, p. 2)
- Identify where and how this information will be kept, especially if the agency is required to use federal reporting.
- Review intake guidelines specific to transgender older adults in *Providing Competent and Affirming Services for Transgender and Gender Nonconforming Older Adults* (Porter, Brennan-Ing et al., 2016; see Resources).
- Invest in staff and volunteer training on how to ask these questions without bias. Terminology changes as peoples' identities evolve, therefore training and education work best as an ongoing process rather than a one-off session.

"Ignoring differences is not the same as respecting differences."

- Moone et al., 2016

Services & Programs

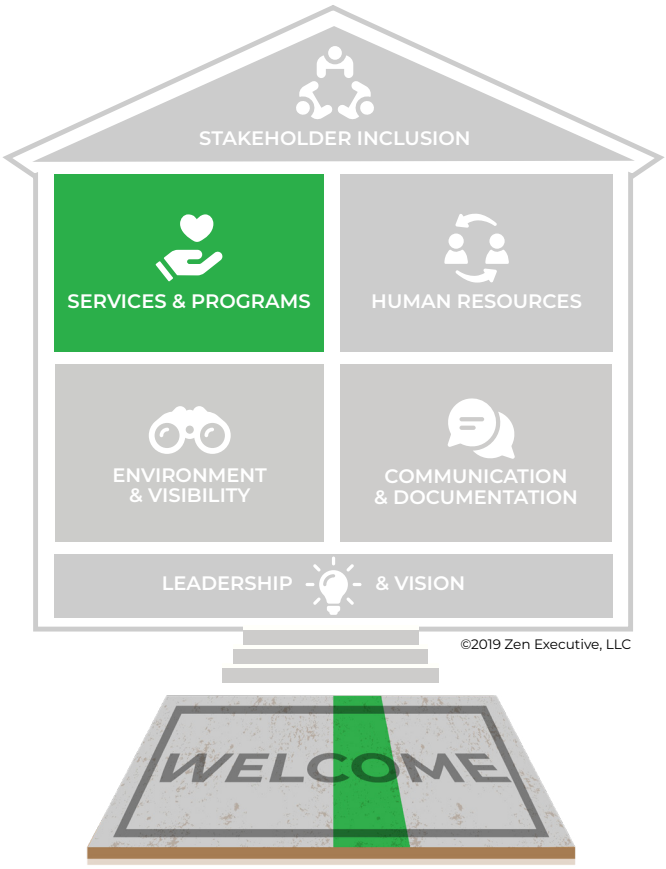
LGBT programs

No LGBT-specific programs were identified, although there is enthusiasm for developing such programs. We were unable to assess LGBT programs or services as a result.

LGBT resources in New Hampshire are largely unknown and if they do exist are geographic specific and not older adult/aging specific.

Opportunities

- Create LGBT programming, if applicable, such as community meal sites, telephone buddy systems, virtual supper clubs, or other programs requested by LGBT stakeholders.
- LGBT-exclusive offerings break down access barriers caused by fear of stigma and discrimination and are important even if you have invested resources into staff training. Consider that the bully from the playground is now potentially a tablemate at the congregate lunch program. There are national and New England models for such programs, see Resources (Porter & Cahill, 2015).
- Connecting to other providers is an important way to build LGBT capacity. By cultivating relationships with LGBT-specific providers, individuals, and organizations, you will develop referral sources and potential program collaborators.
- Include equity indicators, including those related to LGBT access, in continuing improvement practices and program evaluation.



LGBT-exclusive offerings break down access barriers caused by fear of stigma and discrimination and are important even if you have invested resources into staff training.

Human Resources

HR policy

New Hampshire State employee policies are explicit; non-discrimination policy includes SOGIE, sexual harassment policy includes sexual orientation, and the state has a gender transition form and policy. Non-state agencies do not universally include SOGIE in HR and non-discrimination policies.

Hiring practices were identified that explicitly state equal employment opportunities such as "without discrimination because ..... sexual orientation, gender identity and expression..... or any other characteristic protected by law."

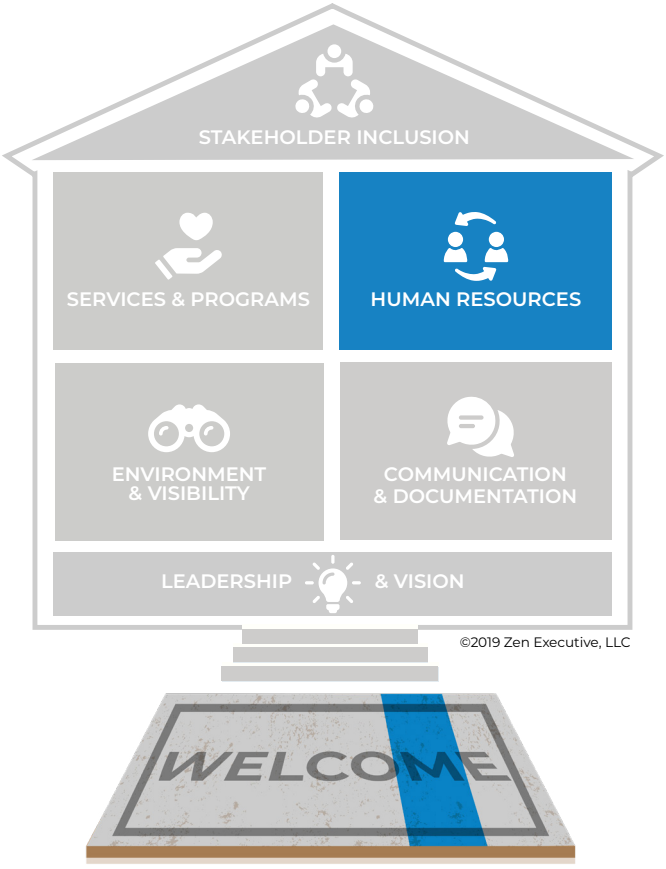
Harassment policies were identified that explicitly state "because of his/her/their ..... sexual orientation, gender identity and expression..... or any other protected characteristic."

Staff training

Staff, board, and volunteers have not universally received training on LGBT issues but are enthusiastic to do so; funding and access remains a barrier. Additionally, agencies are concerned about how to respect the rights of all staff when challenged by reconciling individual preferences (e.g., religious beliefs) while ensuring sensitivity to LGBT clients and staff.

Opportunities

- Include SOGIE explicitly in documents that may already be in use or could be created to address employee and volunteer workplace rights and responsibilities. These include Bylaws, Personnel Policy, Volunteer Manual, Non-Discrimination Policy, Harassment Policy, and Hiring Practices.



- Expand or add a dress code policy to explicitly state that employees may dress according to their gender identity.
- HR family policies are inclusive when they account for the unique ways LGBT older adults define and create family.
  - Whereas heterosexual older adults' social networks are largely comprised of children and other family, LGBT older adults' networks are comprised of non-kin or chosen family who are the primary source of social support and caregiving for LGBT older adults (Graham et al., 2011; Orel, 2006).

Human Resources

- Although marriage equality is recognized, it is still recent (i.e., ten years in New Hampshire and five years federally). Partnered LGBT older adults are less likely to be legally married for various reasons including their lived historical experience during a time when same sex relationships were criminalized or worse.
- As Goldsen and colleagues (2017) found, not getting legally married may offer LGBT older adults protection from stigma and discrimination. "Being married may voluntarily and involuntarily indicate one's sexual or gender identity to others, likely resulting in less control over one's degree of outness and visibility as an LGBT person. Marriage may thus lead to greater risk of being a target of LGBT bias" (p. S52).
- Policies that specifically reference "spouse" (e.g., spousal bereavement leave) can be expanded to "spouse/partner" to acknowledge these significant relationships.
- Include equity indicators, including those related to LGBT access, in staff evaluations.
- Agencies caring for older adults in New Hampshire would benefit from access to and funding for ongoing training in:
  - Sexual orientation, gender identity, and expression including pronoun usage
  - Diverse families and relationships
  - Civil legal protections for LGBT people
  - State legal protections for LGBT staff
- Staff providing the first point of contact and those who perform intakes may need additional, specific, and experiential training. Given the lack of statewide LGBT supports, agencies are recommended to designate an LGBT expert or consultant (internal/external) available for staff and volunteers for real-time situations and strategic decision making. **Cultural safety is cultivated with every interaction** and as such is an ongoing process.

Some New Hampshire agencies and providers have participated in *Gen Silent* screenings, a documentary on LGBT older adults (Applebaum & Maddux, 2010).

Zen Executive LLC's **Gen Silent Survey Project** is currently working with the film producers, The Clowder Group, and NH AHA to offer *Gen Silent* screenings for providers. These screenings include a survey to assess efficacy.

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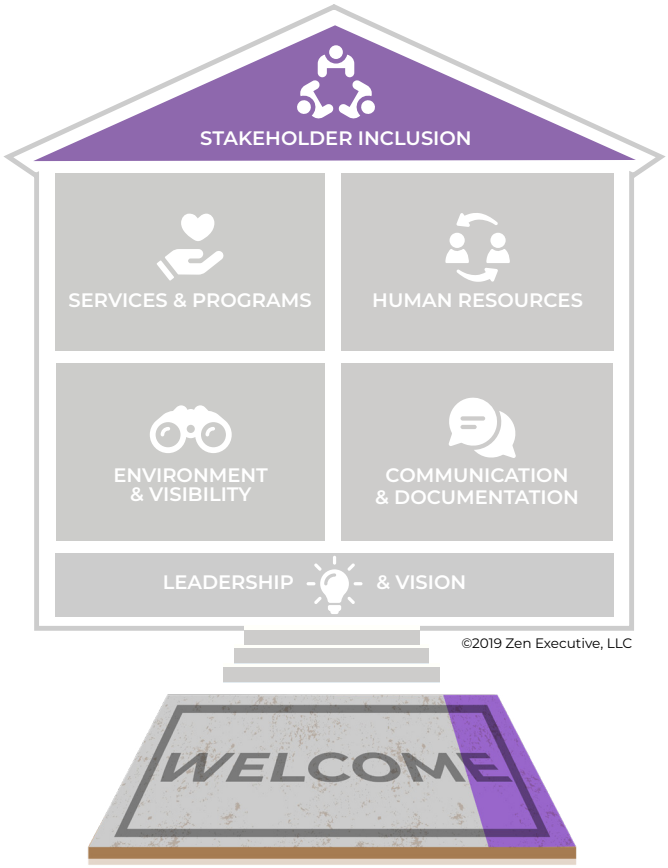
Stakeholder Inclusion

LGBT stakeholders

Stakeholders include clients, patients, residents, staff, volunteers, groups, communities, organizations, government, and others that have an interest in an agency's ability to fulfill its mission. Stakeholders can affect or be affected by organizational values, culture, and policies. It was not possible to assess stakeholder inclusion and advocacy because none of the agencies had self-identified LGBT stakeholders.

Opportunities

- Although agencies must build the house from the foundation up, engaging stakeholders is essential for long term sustainability. More specifically, LGBT readiness is enhanced when LGBT people authentically participate as stakeholders on advisory boards, committees and councils, and as staff and volunteers.
- First, do not harm by understanding why representation matters and what value DEI brings to your organization. Connect and participate with other groups doing parallel work (e.g., NH AHA DEI, NH ACLU, etc.; see Resources). Get clear on the competencies needed to fill positions on boards and councils.
- While well-intentioned checkbox diversity goals focus on the "D" in DEI, inclusion extends beyond seating LGBT people at the table. Creating equity through inclusion is achieved when LGBT people (or other marginalized groups) are not only at the table, but also creating the invitation list and the seating chart.
- Avoid tokenism- **get the house in order before putting the welcome mat out.**



Diversity is going to a party; Inclusion is being a member of the party-planning committee.

- Daniel Juday, M.Ed, C.D.P.

Next Steps

Zen Executive LLC's LGBT Readiness Scan identified areas where capacity exists for providing LGBT informed and welcoming aging services in New Hampshire and highlights recommendations for where greater capacity can be built. The LGBT Readiness Model (2019) provides the construction blueprint, but it is upon agencies, funders, the state, and other stakeholders to invest in the capacity building materials needed to advance diversity, equity, and inclusion across aging service delivery systems.

In closing, we impart these final thoughts:

- The Resources section of this report was curated in 2019-2020 in response to the specific needs and requests of the agencies interviewed. We recommend making these resources, and others, publicly accessible by means of a repository through NH AHA, or another appropriate location. Terminology evolves, as does understanding of complex constructs like implicit bias, so populating new resources over time will be important.
- Although the focus of this assessment was specific to LGBT older adults, embracing DEI as an organization value is best through an intersectional framework. Models like Five Corners (Porter & Brennan-Ing, 2019) can help us understand the convergence of multiple aspects of identity that contribute to stigma and discrimination, and impact equity.
- States that have advanced LGBT aging equity provide adaptable or adoptable models, like Massachusetts' LGBT Aging Commission established in 2014.
- That Commission recommended the appointment of an LGBT ombudsperson to advocate and mediate for LGBT older adults. We recommend a similar appointment or role within the New Hampshire Department of Health and Human Services.
- Reporting mechanisms on the federal and state level should include questions related to SOGIE to reduce invisibility and disparities of LGBT people. Agencies can be allies and advocate.
- Agencies have the opportunity and the responsibility to shift the paradigm beyond cultural competence to cultural safety in order to first, do no harm.

When the house is in order, go ahead, and put the welcome mat out.

Resources

Topic	Document/Resource	Source
ABUSE	Elder Abuse: LGBT	FORGE
AGING	Aging and Health Report	Caring & Aging with Pride
	Out and Aging Study of Lesbian and Gay Baby Boomers	MetLife
	The Facts on LGBT Aging	SAGE
ASKING SOGI	Inclusive Questions for Older Adults	SAGE & National Resource Center of LGBT Aging
	Questions about SOGI in Aging Services	SAGE & National Resource Center of LGBT Aging
	Maintaining Dignity (Challenges LGBT OA)	AARP
	Asking SOGI White Paper	Fenway Institute, Center for American Progress
COVID	COVID & LGBT Older Adults	SAGE, Movement Advancement Project, Center for American Progress
	Queering the COVID Response	Community Catalyst
	Preparing for COVID: LGBT and HIV	National Resource Center on LGBT Aging
CULTURAL SAFTEY	Cultural Safe Services LGBT people	Australasian Journal on Ageing
	Defining Cultural Safety	Springer Publications
	Implicit Bias: Project Implicit	Project Implicit
	Implicit Bias: Stanford Encyclopedia	Stanford Encyclopedia of Philosophy
DEMENTIA	LGBT Older Adults and Dementia	Alzheimer's Association
INCLUSIVE SERVICES	Inclusive Services- A Practice Guide	SAGE & National Resource Center
	Affirming Resources LGBT+ Older Adults	Affirming LGBT+ Resources 2018
	Maintaining Dignity: LGBT Older Adults	AARP
	Pushing for Equality: LGBT Elders	ASAaging.org
LEGAL	Lambda Legal	Lambda Legal
LGBT MEAL SITES	LGBT Congregate Meal Programs in MA	Fenway Health LGBT Aging Project
	Affirming Resources LGBT+ Older Adults	Affirming LGBT+ Resources 2018
	Research: Value of Meal Sites by Sexual Orientation	Journal of Applied Gerontology
	MA LGBT Meal Site Calendar	Fenway Health LGBT Aging Project
	Research: State-level review Congregate Meal Sites in US	Research on Aging
LGBT ORGANIZATIONS	New Hampshire LGBT Resources	University of New Hampshire
	PFLAG (Parents, Families, Friends, Allies...)	PLAG
	SAGE USA	SAGE
LTC NURSING HOME	LTC Ombudsman LGBT RR Fact Sheet	National Long-Term Care Ombudsman Resource Center
	Lambda Legal LGBT Nursing Home Resident Rights	Lambda Legal
	Stories from the Field LGBT + LTC	National Senior Citizens Law Center
MENTAL HEALTH	Suicide Risk and Prevention	Fenway Institute

Resources

Topic	Document/Resource	Source:
NATIONAL RESOURCES	State Resources and Helplines	SAGE & National Resource Center
	National Resource Center on LGBT Aging	SAGE & National Resource Center
	The National Gay and Lesbian Task Force	NGLTF
	National Center for Transgender Equality	NCTE
NH RESOURCES	State of NH Executive Order 2016-04 -State employee Sexual Harassment Policy	State of New Hampshire
	Policy and Procedure on Transgender Employment -State employee Gender Transition Form	State of New Hampshire
	LGBT Legal Rights	New Hampshire Legal Aid
	NH State Plan on Aging	State of New Hampshire
	NH ANA	New Hampshire Alliance for Healthy Aging
	Endowment for Health	Endowment for Health
POLICY	Advancing LGBT Policy- MA Model	The Fenway Institute
	ACLU New Hampshire	ACLU New Hampshire
	MA LGBT Commission	State of Massachusetts
READINESS MODELS	LGBTQ Inclusive Services Readiness Checklist	Aging Ahead, St. Louis Area Agency on Aging, National Resource Center on LGBT Aging
	Community Readiness Model	Tri-Ethnic Center, Colorado State University
	LGBT Health Center Readiness Assessment	National LGBTQIA+ Health Education Center, Fenway Institute
	The National LGBT Health Education Center	The Fenway Institute
	LGBT Aging Project	The Fenway Institute
	Healthcare Equality Index	Human Rights Campaign
	The Joint Commission's Field Guide on Advancing LGBT Health	The Joint Commission
TERMINOLOGY	Ally's Guide to Terminology	GLAAD & MAP
	Glossary of terms	Human Rights Campaign
	Words not to use	GLAAD
TRAINING	Training Aging Network LGBT Competent Care	Center for Consumer Engagement in Health Innovation
	Guide to Creating Welcoming Communities	National Resource Center on LGBT Aging
	Formerly Training to Serve	Just Us Health
TRANSGENDER	Book: Transgender and Gender Nonconforming Health and Aging	Springer Pub
	Providing competent and affirming services for transgender and gender nonconforming older	Clinical Gerontologist
	The Intersection of Transgender Identities, HIV, and Aging	Springer Publications
	Improving the Lives of Transgender Older Adults	SAGE
	Freedom New Hampshire	Freedon New Hampshire Coalition
	FORGE: Transgender Aging Network (TAN)	FORGE
	National Center for Transgender Equality	NCTE

References

Applebaum, J., & Maddux, S. (2010). *Gen Silent* [Motion picture]. United States: Interrobang.

Cahill, S., Singal, R., Grasso, C., King, D., Mayer, K., Baker, K., & Makadon, H. (2014). Do ask, do tell: High levels of acceptability by patients of routine collection of sexual orientation and gender identity data in four diverse American community health centers. *PloS ONE, 9(9), e107104.*

Carlson, L. A., & Harper, K. S. (2008, March). Using the community readiness model to guide services for LGBT elders. Based on a program presented at the ACA Annual Conference & Exhibition, Honolulu, HI.

Center for Creative Leadership (n.d.). 5 powerful ways to take REAL action on DEI (diversity, equity & inclusion). https://www.ccl.org/articles/leading-effectively-articles/5-powerful-ways-to-take-real-action-on-dei-diversity-equity-inclusion/

Crameri, P., Barrett, C., Latham, J. R., & Whyte, C. (2015). It is more than sex and clothes: Culturally safe services for older lesbian, gay, bisexual, transgender and intersex people. *Australasian Journal on Ageing, 34,* 21-25.

Curtis, E., Jones, R., Tipene-Leach, D., Walker, C., Loring, B., Paine, S. J., & Reid, P. (2019). Why cultural safety rather than cultural competency is required to achieve health equity: A literature review and recommended definition. *International Journal for Equity in Health, 18*(1), 174.

Dugan, E., Porell, F., Silverstein, N., & Lee, C.M. (2019). Highlights of the 2019 New Hampshire Healthy Aging Data Report.

Fredriksen-Goldsen, K. I. (2011). Resilience and disparities among lesbian, gay, bisexual, and transgender older adults. *The Public Policy and Aging Report, 21*(3), 3.

Goldsen, J., Bryan, A. E., Kim, H. J., Muraco, A., Jen, S., & Fredriksen-Goldsen, K. I. (2017). Who says I do: The changing context of marriage and health and quality of life for LGBT older adults. *The Gerontologist*, *57*(suppl_1), S50-S62.

Graham, R., Berkowitz, B., Blum, R., Bockting, W., Bradford, J., de Vries, B., & Makadon, H. (2011). The health of lesbian, gay, bisexual, and transgender people: Building a foundation for better understanding. Washington, DC: Institute of Medicine, 10, 13128.

Himes, C. & Kilduff, L. (2019). Which U.S. States Have the Oldest Populations? https://www.prb.org/which-us-states-are-the-oldest/

Juday, D. (2017, May 3). Inclusion isn't "being asked to dance." https://www.linkedin.com/pulse/inclusion-isnt-being-asked-dance-daniel-juday/

National Senior Citizens Law Center. (2011). LGBT older adults in long-term care facilities: Stories from the field. https://www.lambdalegal.org/sites/default/files/publications/downloads/ext_nsclc_stories-from-the_field.pdf

Moone, R. P., Croghan, C. F., & Olson, A. M. (2016). Why and how providers must build culturally competent, welcoming practices to serve LGBT elders. *Generations, 40*(2), 73-77.

O'Connell Lewis, N. (2018) Environmental Scan of LGBT older adults in New Hampshire, Capstone Project.

Orel, N. (2006). Documenting the need for affirmative services for LGBT older adults. Lesbian, gay, bisexual, and transgender aging. *Research and Clinical Perspectives*, 227-246.

Papps, E., & Ramsden, I. (1996). Cultural safety in nursing: The New Zealand experience. *International Journal for Quality in Health Care, 8*(5), 491-497.

Polack, E. (2018). New Cigna study reveals loneliness at epidemic levels in America. Cigna, May, 1.

Porter, K. & Mertens, P. (2019). LGBT Readiness Model. Zen Executive LLC.

Porter, K. E. & Brennan-Ing, M. (2019). The intersection of transgender identities, HIV, and aging. In C. Hardacker, K. Ducheney, & M. Houlberg (Eds.), *Transgender and Gender Nonconforming Health and Aging* (pp. 61 - 77). Springer Publications.

Porter, K.E., Brennan-Ing, M., Chang, S., dickey, l., Singh, A., Bower, K., Witten, T. (2016). Providing competent and affirming services for transgender and gender nonconforming older adults. *Clinical Gerontologist, 39*(5), 366-388.

Porter, K. E., & Cahill, S. (2015). A state-level review of diversity initiatives in congregate meal programs established under the Older Americans Act. *Research on Aging, 37*(7), 719-740.

Porter, K.E., Keary, S., VanWagenen, A., & Bradford, J. (2016). Social network and nutritional value of congregate meal programs: Differences by sexual orientation. *Journal of Applied Gerontology, 35*(9), 960-981.

Putney, J. M., Keary, S., Hebert, N., Krinsky, L., & Halmo, R. (2018). "Fear runs deep:" The anticipated needs of LGBT older adults in long-term care. *Journal of Gerontological Social Work, 61*(8), 887-907.

Ramsden, I., (2015). Towards cultural safety. In D. Wepa (Eds.), *Cultural Saftey in Aotearoa New Zealand* (2nd ed., pp. 5 - 25). Cambridge University Press.

Rico-Uribe, L. A., Caballero, F. F., Martín-María, N., Cabello, M., Ayuso-Mateos, J. L., & Miret, M. (2018). Association of loneliness with all-cause mortality: A meta-analysis. *PloS ONE, 13*(1), e0190033.

Services and Advocacy for Gay, Lesbian, Bisexual and Transgender Elders (SAGE; n.d.). Know Your Rights, Health Care. https://www.sageusa.org/your-rights-resources/health-care/

Services and Advocacy for Gay, Lesbian, Bisexual and Transgender Elders (SAGE; n.d.). The Facts on LGBT Aging. https://www.sageusa.org/wp-content/uploads/2018/05/sageusa-the-facts-on-lgbt-aging.pdf

State of New Hampshire, Department of Administrative Services, Division of Personnel (2016). Policy and procedure on transgender employment. https://das.nh.gov/hr/documents/Transgender%20Employment%20Policy%20and%20Procedure%209-15-16.pdf

State of New Hampshire, Department of Health and Human Services, Bureau of Elderly and Adult Services. (2019). New Hampshire state plan on aging. https://www.dhhs.nh.gov/dcbcs/beas/documents/spoa.pdf

The Williams Institute (January 2019). LGBT Demographic Data Interactive. Los Angeles, CA: UCLA School of Law.

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